

**NSW**

**AGED**

**CARE**

**ALLIANCE**

**Submission to the  
Productivity Commission Inquiry:  
Caring for Older Australians**

**August 2010**

# *NSW Aged Care Alliance*

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 submission in order to raise the important State issues as they relate to the Inquiry. The NSW Aged Care Alliance has prioritised the following issues of particular concern for older people including a brief description of each issue with a total of 92 recommendations. The Submission has been jointly written and consulted with representatives of older people's organisations and other sector experts in NSW.

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## **Chapter headings in this submission are:**

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

***PERSON CENTRED HEALTH CARE FOR OLDER PEOPLE***

***COMMUNITY CARE***

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

***CULTURALLY APPROPRIATE CARE***

***OLDER PEOPLE LIVING WITH PARKINSON'S DISEASE***

***HOUSING***

***TRANSPORT***

***RURAL, REGIONAL AND REMOTE ISSUES***

***LEGAL ISSUES***

***SECTOR UNDER STRESS***

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

“If older people can remain healthy, and if they live in an "age-friendly" environment, there is no reason why they cannot continue to make a positive contribution until the very last years of life.” *World Health Organisation*

Healthy ageing encompasses the physical, mental, emotional, social and spiritual dimensions of the individual. It is in the best interests of governments to ensure that older people remain engaged and productive for as long as they wish to do so. Commitment and resources are needed which promote and sustain independence, wellbeing and quality of life of older people.

## **Community Involvement**

According to the Australian Institute of Health and Welfare<sup>1</sup> older people do support their families and communities in many ways, in fact:

- a quarter of all older Australians provided direct or indirect financial support for adult children or relatives outside their household;
- almost half of all people aged 65-74 years provide unpaid assistance to someone outside their household, one-third provide volunteer services, and 29% are actively involved in a community organization
- 24% of men and 13% of women aged 65-69 years participate in the workforce
- older Australians aged 65-74 make up 13% of primary carers who assist people with disability.

It is imperative that any barriers to participation are removed. Planning safe and accessible neighbourhoods provide opportunities for intergenerational interactions and active engagement of people of all abilities.

Access to clear information (including in community languages), information technology, volunteer support, lifelong learning and intergenerational projects make for lively and inclusive community involvement. Activities such as these enable older people to remain physically and mentally active, improved memory, self esteem, well being and a sense of purpose and involvement, reducing social isolation for the most vulnerable older people in our community.

## **Consultation**

It is necessary to recognise that older people want to be active participants in shaping and making the decisions that affect their lives. The best outcomes for older people will be achieved by government agencies working together and consulting with older people and their organisations. Organisations that represent older people are keen to provide consumer representatives to work with policy makers, planners, service providers and others to provide consumers' perspectives. Good service design is based on consultation with stakeholders, including consumers. It is necessary that any consultations are inclusive of the diversity of

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<sup>1</sup> Australian Institute of Health and Welfare (AIHW), *Older Australia at a glance*, 2007

older people in NSW including those with a disability, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander communities.

The NSW Ministerial Advisory Committee on the Ageing (MACA) provides an important avenue for feedback and input into Ministerial decisions affecting older people. The MACA has conducted a range of consultations across NSW to ensure that the views, aspirations and concerns of older people are captured and form the basis of policy and service design.

## **Grandparents Raising Grandchildren**

Current statistics on grandparents raising grandchildren are questionable. National figures are available in the Australian Bureau of Statistics Family Characteristics and Transitions Survey<sup>2</sup> however claims that grandparent headed families are declining in number from 23000 in 2003 to 14000 in 2006-2007 are difficult to accept. The Council on the Ageing (COTA) NSW has been working with grandparents and support services for over a decade. COTA's experience is that services assisting grandparents raising grandchildren are experiencing the opposite of any downturn in client numbers; if anything demand outstrips supply. This is understandable given that NSW has by far the highest number of children in out-of-home care in Australia<sup>3</sup>.

Grandparents raising grandchildren often face complex and difficult situations. Many are struggling simultaneously with managing fraught relationships with their grandchildren's birth parents, limited incomes, raising children who have experienced trauma and or abuse, and issues of ageing. For those of retirement age, it is a vastly different retirement to the one they had envisaged. Caring for children at older ages can be isolating. As peers without caring responsibilities drift away, grandparents gain much from the support offered by local support groups and services where they can meet people with common experiences. Presently, formal grandparent support services in NSW are struggling to remain open due to funding constraints.

Some grandparents are eligible for financial assistance in NSW through the Supported Care Allowance paid by Community Services. However, there are many grandparents, especially Aboriginal Grandparents who are members of the Stolen Generations, who do not wish to apply for the payments because it involves interacting with an organisation that has the power to remove children from their care.

Grandparents raising grandchildren deserve our support. As fulltime carers of children grandparents make a vast contribution to child protection in NSW. In doing so they sacrifice their time, energy and retirement savings- the role can also place enormous strain on their personal relationships and their emotional and physical wellbeing. Grandparents<sup>4</sup> have identified a number of avenues of support that they require. These are:

- Access to support services that are culturally appropriate and funded in a manner that allows them to be sustainable.
- Access to information through a one stop shop style service that has knowledge on common issues facing grandparents.
- Recognition of the role they play in child protection in NSW.
- Access to low cost or free legal information and services.
- A well resourced, professional national body to advocate for them in all jurisdictions.

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<sup>2</sup> ABS, 2008, 'Family Characteristics and Transitions Survey' Australian Bureau of Statistics.

<sup>3</sup> AIHW, 2009, 'Child Protection in Australia 2007-2008', Australian Institute of Health and Welfare, p.58.

<sup>4</sup> Those attending the Grandparenting Forum NSW, 2008.

## **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 re-released an Interagency Protocol in 2007 covering identification, assessment, case management, other interventions and legal intervention. However, NSW does not have a central repository of data collection of the abuse of older people. It appears that NSW has fallen behind other states in responding to this issue since the turn of the century, with some other states providing dedicated elder abuse phone lines and services to older people experiencing abuse.

### **RECOMMENDATIONS**

1. That any consultations with older people include resourcing to ensure the participation of older people from Aboriginal and CALD backgrounds, and those with a disability.
2. Provide consultative and advisory bodies such as the NSW Ministerial Advisory Committee on Ageing with appropriate resourcing to conduct necessary research and consultations and raise issues affecting older people directly with government and decision-makers.
3. Provide continuing and expanded support for community-based wellness programs. Additional funding is required to extend successful programs in other areas of NSW.
4. Support older peoples' organisations to provide information technology training which meets the specific needs of older people, including access to computers and internet connections.
5. 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.
6. Provide incentives to education providers to offer courses to older people.
7. Resource older people's representative 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 (including CALD, Aboriginal and disability) and maintain office space so as to provide well informed and timely advice to all stakeholders.
8. That funding is made available to support local grandparent support services that are open to grandparents raising grandchildren under both formal and informal arrangements.

9. That the NSW Government funds research to better understand the numbers of grandparents raising grandchildren in the state and uses that information to formally recognise the contribution they make.
10. That a peak body to assist grandparents raising grandchildren is funded to provide information, advice and advocacy to the grandparents of NSW.
11. That the income and assets test for legal aid has the same eligibility criteria as the Age Pension and that legal aid practitioners assisting grandparents are adequately trained in family law.
12. 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.
13. 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.
14. Fund training of staff in key agencies to identify and respond to abuse of older people.

# **PERSON CENTRED HEALTH CARE FOR OLDER PEOPLE**

The optimum health system should be responsive to the health needs of all Australians regardless of their age. However, the Alliance advocates for a life course approach to health in which early intervention and prevention, health promotion, palliative care, primary care, oral health and mental health services and programs are available and affordable to all.

Older people must be valued in the health system as they are vulnerable and often disadvantaged.

Recent health reforms are trumpeting the strength of local networks to bring better outcomes to patients/ health consumers. During this exciting time of change the NSW Aged Care Alliance calls for meaningful consultation with a diverse range of older people to ensure that their needs and aspirations are listened to and acted upon. This will require older people to be an integral part of not only early decision making processes but also the long term activities of the Local Health Networks, health policies and their evaluation.

As health consumers it is imperative that older people are empowered to make informed decisions about their health needs and that the system is capable of responding accordingly. Bringing forward this reality will require that older people are included in decision making processes in hospitals, at home, in community care and in all matters pertaining to their health and wellbeing. Similarly, the NSW Aged Care Alliance is concerned that ageist attitudes are impeding a service system that produces the best outcomes for older people.

The Aged Care Alliance asserts that older people should be involved in meaningful consultations about intervention and prevention and engaged in the activities of Local Health Networks. Further, older people should participate in decisions about their own health care. Health consumers must be represented in decision-making in health and hospital policies, implementation and evaluation.

## **Linking levels of care**

Increasingly, older people are fit into the level of care that is available, rather than the one that meets their needs. This may mean moving from an acute care bed to an aged care facility, or being sent home without appropriate levels of support or access to rehabilitation. This situation sets up an unwelcome argument about older people and the use of resources when ultimately it is gaps in the system that are producing inefficiencies and poor clinical outcomes for the health consumer. This is particularly evident in rural and remote areas where resources are scarce.

The NSW Aged Care Alliance contends that more resources must be committed to levels of care that sit between acute care and aged care facilities. These include - rehabilitation, palliative care, health transport, hospital in the home, flexible community care and home care services, transition care, primary care and emergency departments.

The Aged Care Alliance proposes that the efficient price of health care delivery and quality benchmarks to be set as part of health reforms take account of varying recovery times so that older people are not shifted to meet unrealistic benchmarks or funding allocations.

## **Integrating care services**

The best health outcomes for older people will be fostered by a system that allows for a variety of services to work together. Similarly, the system must facilitate ease of access to a range of services as their care needs change.

## **E-Health**

The move toward E-Health is being floated as an efficiency gain for health service providers. Similarly, it is predicted that information sharing will produce positive clinical outcomes and reduce incidences of contra indicative treatments. Consumers will particularly benefit from not having to repeat information many times. However consultations with older people have raised a number of questions that should be answered as these records are implemented. These questions involve privacy and controlling of information by the consumer, ownership of the information, influencing/correcting and managing the information by the consumer, accessing the information without a personal computer or computer literacy.

The NSW Aged Care Alliance contends that an interactive consumer education campaign is mounted to address these issues and gauge any further issues that need to be addressed to ensure E-Health is successful, ethical and equitable for older consumers.

## **Health Promotion**

Health Promotion provides an excellent opportunity to promote early intervention and prevention strategies. Prevention and early intervention have been a welcome focus in health discussions of late however; the focus has been predominantly on younger people. The NSW Aged Care Alliance believes this sets up an unwelcome inference that there is an aged related cut off date for adopting healthy practices. There is a great opportunity to promote the health benefits of adopting healthy habits in later ages. Campaigns using a framework based on the idea that **"It's never too late"** could be launched to address nutrition, exercise, heart health, sexual health and health priority areas such as smoking, obesity and alcohol intake. These campaigns could utilise a peer education model to demonstrate the benefits of adopting healthy practices in older ages.

The promotion of a health screening calendar for older people would also be a welcome addition to the health environment. Reminder letters and prompts from GPs tend to wane once people reach older ages age setting up an age related screening regime.

The NSW Aged Care Alliance insists that health policy include early intervention and prevention strategies for all ages and that a range of health promotion campaigns (including a peer education model) be launched to promote the adoption of healthy practices in older ages.

## **Oral Health**

The continued separation of oral health from other health related services is thought to have a detrimental effect on the affordability and provision of dental services in NSW. This is an area where prevention strategies that are maintained throughout the life course can bring forth the greatest change to people as they age. The NSW Aged Care Alliance believes the instigation of yet another separate system in the guise of "Denticare" will not address access and equity issues that provide barriers for older people to meet their oral health needs.



Similarly, calls for a system of integrated care require that related symptoms such as cardiac disease and oral health issues can be dealt with in a streamlined fashion.

The NSW Aged Care Alliance believes that universal dental care must be included as part of Medicare and that oral health prevention and early intervention strategies are promoted throughout the life course to inhibit the occurrence of preventable dental diseases.

### **Allied Health services and workforce**

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 NSW Ministerial Advisory Committee on Ageing made recommendations on foot care and podiatry, which the NSW Aged Care Alliance supports. These include:

- 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. All health professionals working in the health system and in aged care should be required to achieve recognised levels of competence.

### **Nutrition**

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.

Older people must have ready affordable and easy access to assistance from professional nutritionists. Hospital nutrition must be subject to continuous improvement strategies.

### **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 government to renew its commitment to addressing mental health issues, providing appropriate community-based supports for older people and assisting families and carers throughout the process.

### **Medication Management**

Medication management for older people is essential as they are known to be the highest age cohort users of medicines. Consumer education campaigns aimed at a diverse range of older people and their carers, could help to facilitate informed choices about the best way to manage medications effectively. These campaigns should cover topics such as:

- The use of Webster packs or similar devices.

- Maintaining a current list of medications.
- Speaking to your Doctor or Pharmacist to obtain more information about prescriptions and why medicines are prescribed.
- The role of health care professionals, service providers and care workers in assisting people to take medications safely.

The NSW Aged Care Alliance contends that consumer education campaigns aimed at promoting informed choices around medication management should be funded in a manner that allows them to reach a diverse range of older people in NSW. The campaign should include programs and resources that are respectful and culturally appropriate for Aboriginal people, people from culturally and linguistically diverse backgrounds and people with disability.

## **Palliative Care**

Palliative care is used by people at the end of their lives as well as assisting people to manage chronic disease to maintain their comfort. 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 have chronic disease and those 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.

## **Diversity in Health**

It is vitally important that the health system recognises that older people are not a homogenous group bound together by the number that denotes their age. To do this all health services should ensure they have systems in place to provide culturally appropriate health resources that are available in a wide variety of formats and languages. It is also important that the system recognises that waves of immigration will see the emergence of new cultural and linguistic groups of older people that may require targeted services, information and resources such as medical interpreters.

## **RECOMMENDATIONS:**

1. Increased resources must be committed to levels of care that sit between acute care and aged care facilities. These include - rehabilitation, palliative care, health transport, hospital in the home, flexible community care and home care services, transition care, primary care and emergency departments.
2. The efficient price of health care delivery and quality benchmarks to be set as part of health reforms take account of varying recovery times so that older people are not shifted to meet unrealistic benchmarks or funding allocations.
3. An interactive consumer education campaign is mounted to address these issues and gauge any further issues that need to be addressed to ensure E-Health is successful, ethical and equitable for older consumers.
4. that health policy includes early intervention and prevention strategies for all ages
5. That a range of health promotion campaigns (including a peer education model) be launched to promote the adoption of healthy practices in older ages.
6. That universal dental care must be included as part of Medicare

7. That oral health prevention and early intervention strategies are promoted throughout the life course to inhibit the occurrence of preventable dental diseases.
8. Workforce strategies are developed to increase the availability of podiatrists and low risk foot care workers in NSW
9. Affordable podiatry is easily accessible to older people with foot related problems
10. Access to allied health services for people in rural areas requires deliberate and specific strategies.
11. All health professionals working in the health system and in aged care should be required to achieve recognised levels of competence.
12. Older people must have ready affordable and easy access to assistance from professional nutritionists.
13. Hospital nutrition must be subject to continuous improvement strategies.
14. A renewed commitment addressing mental health issues, providing appropriate community-based supports for older people and assisting families and carers throughout the process
15. Consumer education campaigns aimed at promoting informed choices around medication management should be funded in a manner that allows them to reach a diverse range of older people in NSW.
16. Palliative care must be readily available, culturally appropriate and affordable to all who require it.
17. That older Aboriginal and Torres Strait Islander people are assured access to culturally appropriate services and literature. This includes the widespread employment of Aboriginal Health Workers.
18. That older people from culturally and linguistically diverse backgrounds are assured access to interpreters and applicable medical literature in their own language. This will include interpreters specifically trained for health consultations.

# 1.

## **COMMUNITY CARE**

### **Funding Reform of HACC Program**

The NSW and Australian Governments have agreed, as part of the Rudd Government's Health Reform package, to transfer responsibility for inter-governmental funding of the aged care component of the Home and Community Care (HACC) Program to the Australian Government from 1 July 2011. Responsibility for operational management and funding contracts with HACC service providers will transfer on 1 July 2012.

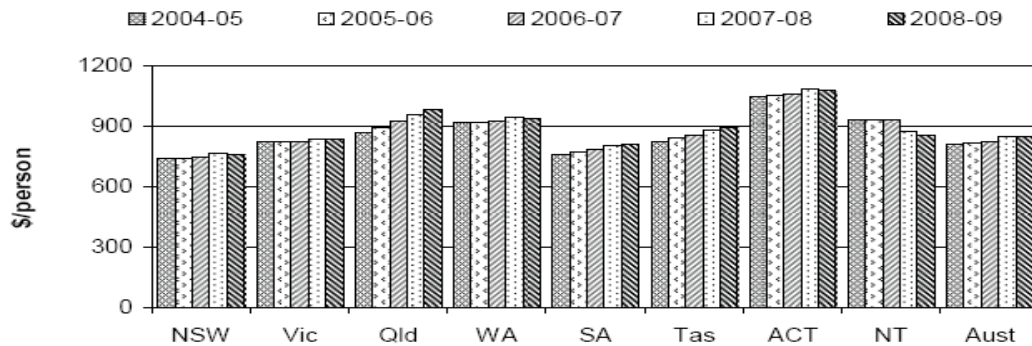
This major realignment of funding and management responsibilities in community care could have significant consequences for the community care sector and the frail older people, people with disabilities and their carers who use HACC services. The National Health and Hospitals Network Agreement notes that "there is no requirement for services to be delivered under competitive tender processes" and that the funding arrangements should "have little or no direct impact on service providers and clients." The NSW Aged Care Alliance believes the NSW and Australian Governments should establish a transition process for HACC services, with a steering group including service provider and consumer peak bodies.

### **Commitment to HACC Growth**

In the lead up to the transition to Australian Government responsibility for the aged care component of HACC, the NSW Government must maintain its investment in HACC services. There have been welcome increases in HACC Program funding in recent years, with an increase of 7.1% in 2008-09 over 2007-08. However, there is still 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.

*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.*

**Figure 13.31 Australian, State and Territory government real expenditure on HACC services per person aged 70 years or over plus Indigenous people aged 50–69 years (2008-09 dollars)<sup>a, b, c, d, e</sup>**



<sup>a</sup> People aged 70 years or over plus Indigenous people aged 50–69 years are not the HACC target population. Expenditure per person and the definition of the HACC target population are contained in table 13A.55. <sup>b</sup> This figure only represents expenditure under HACC Agreements. <sup>c</sup> Reports provisional HACC data that have not been validated and may be subject to revision. <sup>d</sup> Expenditure reflects an equalisation strategy. See notes to table 13A.56 for more detail. <sup>e</sup> Population data for June 2008 and June 2009 are based on ratios from ABS 2006 Census data applied to population projections by SLA 2006–2026 and 2007–2027, respectively. Population data for earlier years are based on 2001 Census data applied to population projections by SLA 2002–2022. See footnotes to table 13A.2 for more information.

Source: DoHA (unpublished); table 13A.56.

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.

### Sector Improvements

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 Common Arrangements work that has been undertaken by the Australian Government in collaboration with the States. The progress achieved in this area, on a national level is quite limited. NSW has completed significant work through the Hunter Access Point in relation to single access to HACC services in that region, but the connection to the wider community care and health sectors has not been achieved to date.

There has also been significant work undertaken by the sector to promote the IMPACT<sup>5</sup> principles, whereby efforts are made to promote independence and choice by HACC clients, to align service provision to the client's personal goals, and to assist in promotion of active lifestyles.

It is important the NSW Government maintains its efforts to improve the efficiency of HACC system as the work to transfer responsibility for program management occurs.

<sup>5</sup> Refer: [www.impactnsw.com](http://www.impactnsw.com)

## RECOMMENDATIONS:

1. **Ensure that recipients of HACC services are provided with full support for the remainder of the time that NSW government is responsible for HACC**, and that clear and comprehensive transitional arrangements are in place overseen by a steering group including service provider and consumer peak bodies.
2. **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.
3. **Replace the inequitable indexation models currently used.** This means replacing 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.
4. **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.
5. **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.
6. **Contribute in a meaningful way to the development of Common Arrangements across the community care systems.** To 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.
7. Develop a strong plan to introduce new and innovative models of service delivery for Home and Community Care clients to ensure services are responsive to individual need and focus on early intervention and enhancing client abilities, through flexible service delivery.

# **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>6</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. A new and expanded policy statement is now under development by the Gathering Committee.

## **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. There are serious concerns about the provision of unviable funding levels to Aboriginal organisations providing support services to older people. Government must be aware of the increased establishment and operational costs in operating Aboriginal controlled and specific services and must not cause viability problems by providing inadequate per capita funding levels.

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<sup>6</sup> Available in April 2007 on the NCOSS website [www.ncoss.org.au](http://www.ncoss.org.au)

## **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 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.



# **CULTURALLY APPROPRIATE CARE**

The population in New South Wales is diverse in terms of its ethnicity, language, culture, gender, age, sexuality, socio-economic status, migration and employment history, and experience of ageing and disability. Within NSW's diverse population of older people are small numbers of people who cross a range of human aspects of ethnicity, sexuality and migration history who could miss out on aged care services. When we consider older people's issues in New South Wales, we need to bear in mind that older people are a heterogeneous group with diverse needs that are influenced by a range of aspects of their human experiences.

## **Culturally and linguistically diverse population**

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 (2008), the proportion of NSW population aged 65 years and over increased from 8.9% in 1974 to 14% in 2007 while those aged 85 years and over increased from 0.6% to 1.7%. When we consider the CALD population of older people, the age profile of migrants is older than that of the Australian born population, influenced by the rapid ageing of some migrant groups. At least 50% of both males and females born in Hungary, Italy, Latvia and Slovenia were aged 65 years and over in 2006 while at least 30% of males and females are older than 65 years in migrant populations from Austria, Germany, Greece, Malta, Netherlands, Poland and Ukraine. The next wave of ageing migrants is much younger with a higher proportion of their population now aged between 45-64 years. The new birthplaces include Chile, former Yugoslav Republic of Macedonia, Portugal, Sri Lanka and Malaysia.

According to the ABS (2008), the diversity of birthplaces of NSW's older population is matched by the diversity of language, other than English, spoken at home. In the 2006 Census, there were several language groups where over 60% of the persons aged 75 years and over reported that they spoke English not well or not at all: Assyrian, Cantonese, Korean, Macedonian, Mandarin, Portuguese, Spanish, Turkish and Vietnamese.

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 *for services* 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, gender, sexuality, 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.

## **Consideration for specific groups**

Older **gay, lesbian, bisexual and transgender (GLBT)** people constitute a cohort of ageing CALD people whose needs are poorly defined compared those of people in CALD communities generally. Older GLBT people can face discrimination and stigmatisation on the basis of sexuality and/or transgender status where mainstream services fail to recognise the needs of this cohort in workforce training, professional development, and in provision of services. There is little information about the numbers of older GLBT people accessing mainstream services, or of unmet need in this cohort. The stigma associated with sexual and gender difference within some CALD communities further marginalises some older people within this older GLBT cohort. The result is that some people are unable to access either mainstream or ethno-specific services. Others access services but may feel compelled to hide their sexuality and conceal same-sex de-facto relationships – or suffer stigma.

The level and nature of unmet need among GLBT people of CALD background must be identified, and programs developed to ensure that this population is able to access mainstream and/or ethno-specific services staffed by a workforce that is sensitised to the particular issues faced by older GLBT people.

People from **refugee communities** who arrived prior the 1970s and between the 1970s - 1990s are ageing. As part of their refugee or refugee-like experience, some people were exposed to torture and trauma which scars bring particularly physical, social and psychological challenges as they age (DADHC 2008) and the need for recognition and greater sensitivity in service provision.

**Carers** are increasingly recognised for their substantial contribution to support an older person or younger person with disability to remain at home. Among the cohort of carers worthy of consideration are Older Parent Carers who continue to care for an adult child with a disability. This group of carers belong to the 'hidden' carers who are less likely to be receiving services. It is likely that a number of such carers will be part of the cohort of NSW's CALD carers who remain invisible (Carers NSW 2009).

### **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 interpreter and translation services. Translation services need to move beyond the written word and include other forms of sharing information using new technologies where appropriate such as audio and visual resources that generally have a greater impact. Research shows that older CALD consumers often lose their English language skills after retiring from the workforce and this should be taken into account in service provision. Translation and interpreter services have a considerable impact on the care and clinical outcomes for CALD consumers therefore a coordinated approach to state-wide free interpreting and appropriately funded translation services is necessary.

### **Cultural awareness to cultural competence**

There are grounds for concern regarding the cultural competency of support services. Evidence exists of a lack of cultural competence within government departments and funded organisations, 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 continue 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. The mantra espoused by some government agencies that 'diversity is core business' must be transformed from an ideology to service applicability at all levels of government.

### **Planning**

According to the ABS (2008), the demographic changes that are occurring present a fundamental transformation of New South Wales' older population. The change will be impacted by a range of factors, including the financial position of individuals and their ability to meet the cost of essential goods and services such as housing and health care.

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 disability 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 that the NSW Department of Human Services, Ageing, Disability and Home Care has a CALD Strategy (2005-2008) that is in the process of being updated. Public reporting against the targets and measures set out in the 2005-2008 Strategy would be welcome particularly in provision of services to CALD communities.

### **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

The Alliance would also welcome the release of any research that Government agencies have commissioned that looks at the specific needs and gaps in service provision for older people from CALD backgrounds across housing, health, community care and transport as sectors with high impact on older people.

## **RECOMMENDATIONS:**

1. Guarantee the continued implementation of Ageing Disability and Home Care's CALD Strategy 2005-2008 and its Commonwealth counterpart, including public reporting against progress and the development of new Plans which build on achievements for a further three years.
2. Develop and resource Commonwealth and statewide strategies to address the availability, use, and training of interpreters in community care. This should be a fee-free service for support 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 all levels of government initiatives for improving services and access for CALD communities and special needs groups.
4. Improve participation by representatives of CALD communities in planning and decision making processes of government departments.
5. Promote opportunities for older people, people with disability and carers from CALD backgrounds, and special groups within, 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, and special groups within, to 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 cultural, social and linguistic needs of the diversity 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.

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# **OLDER PEOPLE LIVING WITH PARKINSON'S DISEASE**

Parkinson's disease is one of the most common neurological conditions in Australia, second only to dementia. It's a chronic, progressive movement disorder. Symptoms of the disease include: slowness of movement, muscle rigidity, balance problems and tremors. Non-motor symptoms are also common including depression, anxiety, sleep disorders and hallucinations.

Currently twenty five people are diagnosed with Parkinson's disease every day in Australia. The number of people with Parkinson's disease is expected to treble to 240,000 by 2033.

In 2005 the total financial cost of Parkinson's disease per annum was around \$527.7 million (the total economic costs per annum was \$6.8 billion). The cost to NSW of the currently diagnosed people with Parkinson's during their average lifetime will be \$2.4 billion. The prevalence of Parkinson's disease is expected to grow by 4% per annum due to demographic ageing.<sup>7</sup>

Despite its growing prevalence, suitable knowledge of Parkinson's disease is not widespread amongst health professionals. Specialised support services including neurological nurse educators and specialist counsellors are required to improve the quality of life for those living with Parkinson's disease. Such services enable people living with Parkinson's disease to remain longer in employment, continue to live at home rather than in a residential care facility, require less hospitalisation and receive better medical management. These specialist services will significantly enhance the quality of life for people living with Parkinson's disease in NSW.

## **RECOMMENDATION:**

1. Fund and establish Parkinson's specialist support services to improve the expertise of health professionals in understanding, treating and managing this disease as well as supporting the people living with Parkinson's and their families. These specialist support services should be widespread, available to people with diverse needs and cultures and readily available within health systems. The specialist support services should include neurological nurse educators and specialist counsellors.

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<sup>7</sup> Access Economics Pty. Ltd, *Living with Parkinson's Disease, 2007, p.ii*

# HOUSING

By 2036, 18% of people in NSW will be aged 65-84 years, and 3.9% will be aged 85 years and over. This compares with the 2006 rates of 12% and 1.6% respectively. Of those aged 65 and over, 29.3% live alone, with women aged 85 and over most likely to live on their own (58.4%).

The NSW Aged Care Alliance also understands 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, e.g. stairs, bathrooms.

Older people have some of the highest levels of home ownership in NSW. In 2006, a total of 70.6% of older people were living in homes owned or mortgaged as compared with 66% of people in younger age groups<sup>5</sup>. This statistic is declining though, suggesting that home ownership is decreasing among younger groups and more people are renting when heading into retirement.

In 2006, 6.9% of people over 65 in NSW lived in “cared accommodation” (nursing homes and hostels). Proportions of older people living in cared accommodation is higher among the over 85s with 27.8% living in this type of arrangement.<sup>8</sup> This compares with national data in 2003 that showed the proportion of older people living in cared accommodation was 37%. About 85,000 people over 65 were living in ‘selected accommodation’ in 2006, including nursing homes, hostels for people with disability and shelters or refuges.<sup>9</sup>

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; and affordability regarding costs of home ownership (local government land rates, repairs, etc.).

## 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

The proportion of older people renting in public housing in 2006 was 4.2%. Only 1.2% of older people live in community housing, retirement villages or residential parks (about 11,500 people).<sup>10</sup>

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<sup>8</sup> Australian Bureau of Statistics & Department of Ageing, Disability and Home Care ‘Tenure and Landlord Type (a), by selected ages and sex, NSW – 2006’ *Planning for Change, Population Ageing in NSW*, pp. 29-30.

<sup>9</sup> Ibid; p.84

<sup>10</sup> This figure may have changed in light of recent investment in the social housing sector.

The Australian Government's stimulus package will boost NSW's social housing stock by 6,000 homes, with the NSW Government contributing \$1 billion to build an additional 3,000 homes. Approximately 3,190 new homes will be built to "meet the needs of a growing senior population".<sup>11</sup> These homes will be wheelchair accessible, and allow space for medical equipment. Bathrooms will be easily convertible to accommodate hobless showers, grab rails and lower level cabinet tops.

However, anecdotal evidence suggests that some of the planned social housing for older people is not being matched with access to public transport. Other problems include insufficient space a live-in carer and multi-story buildings constructed without lifts installed. These are basic requirements of any social housing designed for older people and must be incorporated into planning processes as a matter of course.

The Alliance also recommends that the 2009 pension increase as part of the Australian Government's Pension Reform not be included in public housing rent assessment as of September 2010. This would be in line with Queensland, the Northern Territory and Tasmania.

## **Private rental**

In 2006, 5.5% of older people were renting in the private market (which equates to 49,951 people).<sup>12</sup> Housing NSW's assessment of median rents in NSW showed that private rents varied from \$350 to \$470, at December 2009.<sup>13</sup>

Private renters aged 65 and over spent 41% of their total income on housing costs in 2005/06.<sup>14</sup> Commonwealth Rent Assistance delivers a maximum payment of \$113.40 per fortnight (where there are no dependent children). The 2009 Pension Review found that if Rent Assistance was indexed in accordance with movements in average rents, it would be between \$8 and \$10 a week higher than what it is (in 2009).

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

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<sup>11</sup> Correspondence from the Minister for Housing.

<sup>12</sup> Ibid; pp. 29-30

<sup>13</sup> Housing NSW (2010) 'Rent and Sales Report' *Housing Analysis and Research* Available at: <http://www.housing.nsw.gov.au/NR/rdonlyres/3ED12025-2549-4875-9C1D-3AACE9D32541/0/RentandSalesReport90.pdf> p.1.

<sup>14</sup> Australian Bureau of Statistics, p. 20

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.

Residential parks residents also experience discrimination regarding access to state-based rebates and hardship measures for utilities. Payment of utility bills by the park resident is generally made to the park-owner rather than the utility provider. As a result, pensioners cannot access payment and hardship assistance on offer by the NSW Government (except for the Energy Rebate). If a resident is late paying a utility bill, they risk losing their tenure in the park.

As many residential parks provide a more affordable housing option for people on low incomes (compared with private rental), and therefore takes pressure off public housing, ACA recommends that park residents receive equal access to utility rebates and payment assistance measures.

### **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 and index the Local Government rates rebate to assist home-owners cover the cost of council rates.
- 4 Increase the investment in new properties to address the long waiting list of people for public housing.
5. Continue quarantining the 2009 Pension Reform pension increase from public housing rents.
6. Address the housing and support needs of older people who are homeless.
7. Implement stronger planning laws to protect residential/caravan park housing and provide adequate compensation to enable residents to re-house should the park close.
8. Provide residential parks residents with equal access to utility rebates and payment assistance measures.



# TRANSPORT

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, ferries, rail stations and depots 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. Stations need to be upgraded with lifts, lights, handrails and tactile paths to improve access for older people particularly those with varying abilities and mobilities.

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.

In 2007, the affordability of *CountryLink* services was questioned. Since 1 July 2009, four **free** NSW Pensioner Travel Vouchers for economy class travel were offered to enable pensioners economical travel over long and short distances for special events or everyday activities.

Older people need regular access to transport services in the off-peak periods when they tend to travel. With an increasing number of older people living longer, it is not acceptable that off-peak periods equate to reduced services especially bus services which enable people to connect with other modes of transport. Reduced transport services mean that people continue to rely on cars as a primary mode of transport which has the potential for vehicular accidents and injuries or even lifelong disability and health-related issues arising from such accidents. In the event an older person suffers a vehicular-related accident, the responsibility for caring shifts to a carer with possibly an associated spiral into reduced employment and change in family dynamics and income. The reduced availability of daytime and off-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 which pushes up demand for community transport and impacts on the bottom line for government.

As transport is an important aspect of older people's lives, it is important that any information about changes to public transport is accessible and communicated in a range of formats to meet the diversity of need as well as in different languages. Recently the launch of *MyInformation* about changes to public transport may have caused confusion for older people but it can be used as a good starting base to improve communication and allay the fears of older people.

A small but growing number of older people migrate to Australia at a later age, usually as parents, carers or other family members. While waiting for their application to be processed, older people in this category have to pay adult transport costs as they are not permanent residents. The lack of access to concessional transport impacts on older people's health and well-being. While older people's migration status is a federal issue, the health and wellbeing of an individual is a state issue.

## 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 and housing developments before they are open to occupancy.
6. Provide increased funding for Community Transport to support the travel needs of older people.
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 accelerate the upgrading of railway stations to advance accessibility.
11. Extend the coverage of the Pensioner Excursion Ticket to areas outside metropolitan areas.

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# **RURAL, REGIONAL AND REMOTE 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*.

## **Health and 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 familiar 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.

“Carers in rural NSW are ageing with their own unique health problems while still providing long-term care for an adult member with disabilities within the limitations of disability specific services and other health and welfare services in rural NSW”

*Hussain & Edwards 2009*

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 for 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, while suited to rural and regional areas, are vulnerable to already declining health and community care services. This impacts not only on their viability as a service but reduces health and welfare service options for older people in rural areas.

## **Retirement villages and seniors housing**

In 2007 NSW Election Kit<sup>15</sup>, the NSW Aged Care Alliance expressed concern about the impact of some recent large private sector retirement housing developments in some rural towns. We emphasised the importance of 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. 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 and increased demands on a limited care workforce.

The NSW Government implemented a moratorium in December 2005 on the development of serviced self-care housing (i.e. independent living accommodation) on land adjoining land zoned primarily for urban purposes. On 23 May 2007, the Department of Planning released a draft containing proposed amendments to the State Environmental Planning Policy (Seniors Living) 2004 (**the SEPP**), among them a lifting of the 2005 moratorium.

According to **the SEPP**, serviced self-care housing was reintroduced as a permissible form of development on rural land with some pre-conditions to ensure that such developments are not speculative but bona fide housing for seniors or people with a disability. Further, such developments

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<sup>15</sup> Available at <http://www.ncoss.org.au/bookshelf/agedcare/submissions/aca-2007-nsw-election-kit-23feb07.pdf>

needed to be compatible with the surrounding environment (meets demand, strengthens the rural town's existing functions, compatible with the landscape).

The ACA concurs with comments raised in NCOSS' submission on 26 Jun. 2007 to the Department of Planning. The community needs to know the extent to which the supply and diversity of housing for seniors and people with a disability is improving, that existing resources and infrastructure is being used or that the quality of housing stock is improving.

As the State's population is ageing, older people need accessible and adaptable housing included in a Local Environmental Plan (LEP) or Development Control Plan (DCP), a more concerted and consistent approach rather than the current adhoc response to housing for older people. The ACA supports NCOSS' objection to registered club sites for seniors housing on grounds of tension in utilisation of the site both as a club and housing with potential for residents as a captive market for gaming facilities (Gadens 2007, NCOSS 2007).

## **Transport**

Access to affordable transport as an older person is an added impost of living in rural NSW. Recent developments such as the Regional Excursion Daily (RED) ticket for use on selective contracted bus services at \$2.50 for pensioners and seniors card holders is a bonus but can be improved to include wider coverage.

The Alliance welcomes the four **free** NSW Pensioner Travel Vouchers for economy class travel introduced from 1 July 2009 which earlier cost \$10 or 15% of the peak season adult fare.

## **Social infrastructure**

“Social infrastructure’ includes facilities such as schools, hospitals, police stations, courts, recreation parks/centres and other public buildings. It can also include activities such as sporting, cultural and community events.”

*Rural and Regional Taskforce Report 2008.*

Older people in rural NSW, although ageing, need access to a social infrastructure that responds to their social, physical and emotional needs. The Rural and Regional Taskforce Report (2008) specifically identified the continued development of an arts infrastructure as an important aspect of building a community's quality of life and a public library system that will build connected and harmonious communities. These are the needs of older people as well with resources that respond to their changing needs (more large print texts, audio books, home library, etc) for learning and socialising.

Older people in rural NSW need more human services that respond to a range of their needs including hospitals; housing; oral health, mental health and disability services; gender-based services; multicultural services. There must be greater collaboration between NSW Government, the non-government sector and rural communities to improve the quality of living.

## **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 appropriate 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 so that:

1. access and equity issues are taken into account in the provision of services;
2. the resource requirements of community services staff and their volunteers are recognised; and
3. 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.
5. Continue to Improve transport affordability and options so that older people can continue to be engaged within their community.
6. Work with older people to develop the social infrastructure in rural towns that responds to the government's focus on healthy ageing and healthy living as a realistic outcome.

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# LEGAL ISSUES

Funding services for older people through different agencies remains important for Government. However the legal needs of older people are important particularly for the cohort that are socially and economically disadvantaged.

## Legal services

According to Ellison et al (2004), obstacles that older people face reflect the characteristics of that cohort who have a lower awareness of their legal rights, lack of confidence to exercise those rights, reluctance to take legal action and distrust of the legal system to resolve issues. Other barriers that impede on people's ability to access legal services include new technologies (web-based services), lack of knowledge about services, cost of services, lack of interest by legal practitioners in older people's issues, lack of specialised legal services for older people, information in clear and accessible formats for people with varying abilities and English proficiency.

Older people need and must have access to legal services to assist them with issues around housing and accommodation, community and residential care services, abuse and neglect, and privacy of information. Fear of retribution and challenging social and cultural perceptions of older people is often a deterrent to seeking legal aid.

There are a range of existing services that provide advocacy and assistance to older people but they may be area-specific e.g. NSW Aged Care Rights Service (TARS) to support older people in Commonwealth funded aged care facilities and services.

A new initiative, *Legal Pathways for Older People* project was established in March 2010 in response to the Law and Justice Foundation report (Ellison et al 2004). The report identified a high level of unmet legal needs and barriers for older people to access legal advice and services. Older people on the Age Pension or holder of a Commonwealth Seniors Health Card will benefit from such a service. While it's a start, there is much more work to be done to improve accessible legal services for our diverse population of older people in NSW (NSW Labor 2010, COTA 2010).

## RECOMMENDATIONS

1. Extend and fund the Legal Pathways for Older People for older people
  - a. living outside metro Sydney
  - b. beyond the CBD
  - c. in different languages
  - d. using different media formatsso that NSW's vulnerable population can access high quality legal information in familiar environments.
2. Provide regular community education for diverse social groups of older people through libraries and community centres to capture particularly older people from culturally and linguistically diverse backgrounds.

## References

Ellison, S, Schetzer, L, Mullins, Perry, J & Wong, K 2004, 'The legal needs of older people in NSW', Law and Justice Foundation of NSW, Sydney, accessed 28 Apr. 2010 from <http://www.lawfoundation.net.au/report/older>.  
COTA NSW 2010, 'Legal pathways for older people project', accessed 29 Apr. 2010 from <http://www.cotansw.com.au/resources/1/Pathways%20flyer.pdf>.

NSW Labor 2010, 'Legal service to meet the needs of older people', accessed 29 Apr. 2010 from <http://www.nswalp.com/blog/1001/legal-service-to-meet-the-needs-of-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.

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.

## **Implementation of Reforms**

Many 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, e.g. in the health system 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.

## **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.



## **Role of advocacy and development**

It is critical that advocacy, independent of service provision, is maintained and extended to support older people navigate through negative stereotypes and complex service systems. The Alliance believes that individual and systemic advocacy positively improves both the service system and community acceptance of older people in general. The Alliance supports the increase in advocacy for older people and its ready extension geographically as well as its responsiveness to Aboriginal older people, older people from diverse backgrounds, the financially disadvantaged and Gay Lesbian Bisexual Transgender older people.

## **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. As many volunteers in community aged services are reaching retirement or older age themselves, the supply of new volunteers is diminishing. At the same time, the costs of training and maintaining volunteers is rising and new charges for criminal records checks for high turnovers of volunteers puts pressure on service budgets. 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.

## **Compliance costs and red tape**

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.

The compliance costs of non-government organisations have particularly increased in recent years, despite strategies to reduce red tape and minimise administrative and contractual burdens on providers. These costs include new and unfunded charges for criminal records checks, prospective costs of third party quality monitoring assessments, increased OH&S obligations, rises in insurance costs, growing cost impacts of necessary tender applications. These are in addition to pressures on wages and operational costs including transport, power and consumables. The Alliance also calls for adequate monitoring of the contractual and compliance requirements on providers and appropriate infrastructure supports for the operations of service providers.

## **RECOMMENDATIONS:**

1. Standardise the Government requirements and obligations on funded providers across government agencies.
2. Protect and extend the role and resources of advocacy organisations to respond the increasing pace of reform.

3. Guarantee the implementation of *Working Together for NSW*, the agreement between the NSW Government and the NSW NGO human services sector and replicate this agreement at Commonwealth levels. .
4. Ensure that any schedule of reforms across government agencies does not adversely affect older people and their families 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.