

THE COUNTRY WOMEN'S ASSOCIATION OF AUSTRALIA

ABN 65 020 254 668

NON PARTY POLITICAL



NON-SECTARIAN

JOINT COMMITTEE OF

- 7 FEB 2003

PUBLIC ACCOUNTS & AUDIT

National Secretary

Mrs Val Heath
17 Fourth Street
Cleve S.A. 5640
Ph/Fax: 08 8628 2184

National President

Mrs Marie Lally
"Wonga Beena"
PO Box 136, Lock S.A. 5633
Ph/Fax: 08 8689 1300
Ph 08 8689 1135
Email: nationalpresident@bigpond.com
www.cwaa.org.au

National Treasurer

Mrs Linda Bertram
12 Bywaters Avenue
Willaston S.A. 5118
Ph/Fax: 08 8523 3813

3 February 2003

Submission No. 121

The House of Representatives
Standing Committee on Ageing
Parliament House,
CANBERRA ACT 2600

To The House of Representatives Standing Committee on
Ageing.

Submission from:


The Country Women's Association of Australia, who thank you for
the opportunity to have input into the Inquiry into
Ageing in Australia.

Yours faithfully,

(Mrs.) Marie Lally
National President
C.W.A. of Aust.

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COMMENTS FOR THE INQUIRY TO BE CONDUCTED BY THE HOUSE OF REPRESENTATIVES COMMITTEE ON AGEING

- *Emphasis needs to be positive about being older. Older people may provide a role model for the younger generation.
- *Important to develop policies to counter ageism.
- *There are difficulties with obtaining insurance for older volunteers.
- *There is a reported age based restriction on being appointed to Government Boards and being a public officer for an Incorporated Association.
- *Seniors need increased access to computer education and public availability of computers.
- *Older people need to know how to use ATM's "BillPay" and Computer Banking Services with confidence.
- *Simpler web page designs would also assist seniors to access information more readily.
- *Education is more than training - older people need "Learning for Life".
- *Mature age employment is a key issue.
- *Casualisation of the mature age work force means that many older persons will go into retirement with insufficient incomes.
- *Generic Resumes do not assist older workers who are applying for a position, however generic resumes are requested by employment agencies. Older people have many, many skills that can be tailored to particular jobs and these skills are difficult to highlight in a generic resume.
- *There are problems with the Government changing the rules applying to superannuation - changes can be devastating.
- *Access to public transport is a major concern for older people, particularly in rural areas and for some metropolitan areas during the evening and at weekends.
- *Language difficulties may be a problem for people whom English is not their primary language. These Barriers with language and culture are even greater for the more recently arrived ethnic groups.
- *Access to support such as individual counselling at times of life changes, eg grief through loss of partner, moving to retirement accommodation, moving into aged care.
- *It is important that people who provide exercise programmes for seniors understand their specific needs and have received training to enable them to deliver appropriate programmes of tailored exercise programmes for more elderly people, focused on their special needs rather than assuming similarities with seniors who have a greater level of physical fitness.
- *Swimming pools are an excellent way of exercising without effort.
- *Aged care is still a major concern for many older people. Facilitating access to services

is an issue and the ongoing relevance of the existing planning formula for residential aged care allocations is questioned.

*Specific issues exist for frail older veterans who don't want to be helped, who hide away or live in shelters. Some have psychiatric illness. There is a need for awareness that homelessness is not just about youth.

*Some places in supported residential services that could be used by older people are used by people who would have previously been accommodated in psychiatric hospitals.

*People do not understand the differences between the various types of residential care, eg hostel, nursing home, and supported residential services.

*Partners continue to be separated when admitted to residential aged care and in some rural areas may be placed in two separate towns.

Discharge Planning:

*Five days of medication is provided to hospital patients upon discharge. The patient's history and medical records need not be sent to personal doctor during these five days (this should be required).

Surgery Planning:

*More information needed before, during and after surgery.

Review of Needs in Home:

*Alterations to building such as hand rails in bathroom, shower instead of bath, entrance and exits to home suitable for wheelchairs, walking frames, etc.

Backup support services for short length of time until client is able to cope again.

Acute Respite Accommodation:

*Most clients have to go to hospital taking up acute stay beds, when rehabilitation and rest under supervision is all that is needed.

Reintroduce Transitional Care Packages - trialled in each state during late 1990 (this is in reference to acute or emergency respite, not the organised, planned respite available).

Aged Care Houses:

*In rural areas to accommodate 5 or 6 local older persons with supervisors.

Medication:

*Safety tops on all medicines - not all persons can remove tops to take tablets or medicines. Education is needed.

Dental Services:

*For older rural people.

Palliative Care:

Follow up Services:

*For people suffering from mental disorders who have been treated in hospital.

Outreach Programmes:

*Community volunteers to support aged persons in their own areas.

Transport Access to Health Services:

Day Therapy Centres:

*In rural and remote areas.

Day Care Centres:

*Carer support services - one stop shop for info.

Community Visitors Scheme:

*Extended for rural and remote community members (and include a regular phone call to contact older persons in own home).

(Mrs.) Marie Lally,
National President C.W.A. of Aust.