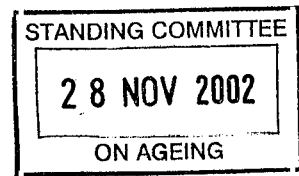


32/1 Wilkins St
Mawson ACT 2607

House of Representatives
Standing Committee on Ageing



Submission to the inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

Provision of accessible transport, suitable housing, and health care are obviously among the issues you need to consider. However, I would argue that there are several effective low cost measures which would add considerably to the ability and capacity of older people to care for themselves for longer in an environment of their choice.

I believe that, by consulting with 'consumer' groups, such as the Older Women's Network, you have already taken a positive first step into addressing the future of older Australians. All too often 'experts' such as academics, statisticians, bureaucrats and service-providers seem to think that they have all the answers. This was obvious in many presentations at the recent global conference on ageing in Perth, *Maturity matters*.

However, during this conference, several keynote speakers emphasised the importance of considering those issues which are important to older people themselves. One speaker gave the example of an eighty year old in the UK, who needed help to remain in her own home. People were sent to help her clean her apartment, but were unable to do that which was of paramount importance to her: taking down, washing and replacing her white lace curtains. This was her statement to the neighbours that she had retained her respectability and could take her place in the neighbourhood with pride. That woman would eventually try to do that job herself, at great risk of falling and breaking a leg. The medical cost of repairing that damage obviously far outweighs the cost of indemnifying a worker to do a very small job.

We have similar problems in Australia, with such things as changing a light bulb, with the same inherent risks. The employees of service providers are not insured to climb ladders etc. As you will appreciate, a blown light bulb creates risk for an older person at home at night, unable to see where he/she is walking. This is but one instance in which minimal investment (and the provision of similar basic services) could prevent a costly and painful accident.

Some of the more interesting segments during the conference were those dealing with *universal design*. Again an example: a woman who, because of arthritis, needed to have her toilet raised. She felt she was no longer able to ask people to visit her because they would see her 'disabled' toilet—she became isolated within her own home.

There are many instances where designs can easily be modified for use by everybody. Houses can be built with wider doorways, halls and bathrooms that can be easily accessed by people with walking frames or in wheelchairs. The cost of modifying an existing home is obviously much more expensive. This minor change to housing design would not disaccommodate anybody, and would enable more older people to remain independent for longer—as well as make it easier to care for people suffering from a temporary or permanent

disability. Similar universal design principles can be applied to transport and other necessary facilities. Acceptance of these design standards would remove the perceived stigma.

If you, as an older person, were asked 'Would you rather go to a nursing home or remain in your own home?', your response would naturally be 'remain at home'. On the other hand if you were asked 'Would you prefer to live as an independent person, or be dependent on some-one else?', your answer would be to choose independence. I believe that society's attitude to older people, sometimes coupled with their own expectations of ageing, and lack of viable alternatives, may condemn them to a confined, dependent life lacking in quality.

One woman in her seventies, who suffers with chronic arthritis, entered a residential facility about ten years ago when people could choose to do so, and did not have to undergo assessment procedures. She can still drive her car to shop and attend social activities, but has assistance when she needs it. She maintains that she is more independent in her current situation and would not like to be at home where she would be dependent on the availability of service providers to clean, cook and/or help with personal care, when required. She is aware that currently the choice would no longer be hers. I would argue that *choice* is one of the most important issues in an ageing context.

Looking at another side of residential care, my mother, at 101, has been in residential care for more than five years. In that time, the number of wheelchairs and walking aids within the facility has grown exponentially, both from those ageing in place and from new admissions. The waiting list is very long, as it is in many other facilities Australia-wide. And places in residential care are often allocated to those in most urgent need. This leaves many older people and their family carers in an untenable position. Carers, themselves, often end up in need of care themselves and often find they have lost their previously existing social networks.

We may no longer perform physical tasks as quickly as when we were younger, but the success of such schemes as U3A and the rate in which older people are taking up the use of modern technology show that we can and do learn as well as adapt to change. Many of us work as volunteers. We act as consultants on committees advising all tiers of government, in community groups, in self-help organisations, as well as unpaid carers for parents, friends, neighbours, children and grandchildren. These contributions are often unrecognised and can involve considerable financial and physical impact. Of course, the activities do keep us involved and prevent us from becoming socially isolated—a very important spin-off!

Social isolation and depression are among the most debilitating problems for older people. Sponsorship of easily accessible activities in which they can become involved is a cost effective way of combating these problems. And many activities can be run by older people for other older people. If we continue to define people of 60 years of age (or even younger) as 'old', we continue to maintain the negative image that old people are useless and unproductive. Unfortunately, some older people accept this image of themselves, become depressed and thereby less likely to participate in self-help activities.

I hope my thoughts will give you some ideas that will help you look beyond the big ticket items and address the smaller, but vital, social issues I have raised.

Barbara Silverstone

Barbara Silverstone (National Convenor, OWN Australia)

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