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Submission to: Mr Adam Cunningham
Inquiry Secretary
Standing Committee on Ageing
House of Representatives
Parliament House
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Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

Waverley Council welcomes the opportunity to contribute to the inquiry. One of the roles of local government is to bring together community care providers from the Health sector and the non-government sector in order to maximise cooperation and coordination, and to identify needs and issues at the local level. We wish to bring to your attention four particular issues, followed by an extract from our Social Plan outlining the needs of older people.

1 The difficulty of finding GPs who will do home visits in the Eastern suburbs of Sydney:

Waverley Council convenes an Aged Interagency with broad representation from community care providers, who have identified this as an issue at the local level. It may well prove to be a national issue with the increasing corporatisation of general practice. Older GPs who had the house call ethic are reaching retirement age. GPs in corporate practice will not generally do home visits or nursing home visits. At the local level, we have heard many reports of incidents where an older person is either living at home, or living in a nursing home, needing medical assistance, and too ill to travel to the doctor's surgery, but unable to find a GP who will do a home visit or a nursing home visit.

A person living alone at home may suffer unnecessarily for a period of time until so ill that they must call an ambulance and be admitted to hospital.

In the case of nursing homes, the duty of care obligation means that there will not be a delay, but the person will be taken by ambulance to the Accident and Emergency (A & E) section of the hospital.

There are increasing numbers of cases where a person is admitted to a nursing home and finding that the GP who has treated them for 20 years will not visit nursing homes. Thus the continuity of medical treatment is lost, sometimes resulting in inappropriate diagnosis. Solutions to be considered:

- Increase the Medicare rebate for home and nursing home visits
- Provide funding for a GP to be contracted to cover a certain area for home and nursing home visits.

We would recommend research into the cost of paying for GP home visits compared with the costs incurred by avoidable A & E hospital admissions. This would be complicated by the cost shifting between the Commonwealth and the States, but none-the-less it should be addressed.

2 Cost-shifting between Commonwealth and State governments

At the local level we see the impact of cost-shifting between Commonwealth and State governments. Thus a strategy that could be seen as cost-neutral is not seen that way – the example of the decline in GP home visits illustrates this. If the Commonwealth were to pick up the tab for excessive hospital A&E visits that take place because of the lack of funding for GP home visits, this would be a move towards an integrated costing strategy. In general, we would recommend the Commonwealth take greater responsibility for integrated programs of health and community care provision for older people.

3 The need for more resources for the HACC (Home & Community Care) program

In particular, there is a need for more funding for

- people needing only minimal assistance with housework
- a lump-sum to spend on a big clean-up
- assistance with packing belongings when a frail older person has to move house.

There are local residents who are frail or just out of hospital who need only minimal assistance with housework. The HomeCare service under the HACC programme is so overstretched that its resources have to be allocated to more urgent or high-need cases. There needs to be increased funding to ensure that all frail older people needing support at home can access the required service, so that they can continue to live with dignity and independence.

4 The value of well-resourced Community & Seniors Centres

Waverley Council operates a Community & Seniors Centre providing a wide range of social activities and exercise programs for older people across the whole spectrum from well aged to frail aged. We consider this a model of best practice, one of the key elements

being a full-time skilled coordinator operating to professional standards (such as the National HACC Standards).

In addition to classes in Tai Chi, gentle exercise, line dancing, and yoga, the Centre has a number of ethnic-specific social groups (Italian, Spanish, Russian, Hungarian) and provides low-cost allied health services, podiatry and massage, for which there is great demand. There are outings and social groups for frail older people for whom door-to-door transport is provided. This Centre, with about 300 people actively using the Centre each week and a total of over 900 participants, plays a key role in maintaining health and well-being, preventing social isolation, and linking people with more specialised support as they become more frail.

We would recommend a Commonwealth Government initiative to provide recurrent funding for such Centres.

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Extract from Waverley Council's Social Plan

The full Social Plan is available on Waverley Council's website www.waverley.nsw.gov.au

Older People

1 Transport

Transport is a crucial factor in the continued independence and social participation of older people. Older people need a safe, reliable, affordable public transport service, community transport, wheelchair-accessible buses, and affordable taxi fares for people too frail to use public transport. Older people sometimes experience problems with public buses including overcrowded buses, the driver starting the bus before the older person has sat down, or the bus not pulling right over to the kerb. Community Transport is highly valued by frail older people, provided in this area by Randwick/Waverley Community Transport. The increased demand for health-related community transport has meant that people usually cannot obtain transport for social visits. This is quite a serious issue, as keeping up social contact is known to be an important factor in maintaining health and well-being for frail older people. This is a concern that could best be met with the provision of one more vehicle and driver for individual transport. Older people also rely heavily on friends and neighbours to drive them around. Those who drive themselves often express concerns about parking.

2 Affordable Housing

There is an acute lack of affordable accommodation for older people on low incomes. Older people suffer great stress if they are paying high rent (60% - 90% of their pension) and facing insecurity of tenure. Council has an affordable housing strategy to encourage the private sector to provide affordable rental housing. In addition Council provides 43 housing units for older people on low incomes. There is very high demand for this housing. There are only two or three vacancies a year with over 70 people on the waiting list. All are also on the waiting list for Department of Housing and most are also on the waiting list for Eastern Suburbs Rental Housing Association. Most are absolutely desperate, so much so that when offered Department of Housing accommodation outside the area they are forced to accept it, thus isolating them from social support networks.

3 Carers

Many older people find themselves in the role of a carer (providing ongoing, informal care) for a spouse or a parent or other family member. Sometimes the carer is becoming increasingly frail as well. A lot more support is needed for carers - they need emotional support, acknowledgment of their role and understanding of their feelings. Carers often feel let down by the system and find it difficult to access services and respite

care at the time that they need it. They feel particularly let down when there is a crisis. They carry a heavy burden. Some aspects of their role that carers find hardest are: the constancy of the commitment, the fact that they can't have their own life, the interruption to planned activities, the fatigue, the stress, the lack of sleep, and the sheer physical strain. Providing daily personal care (showering, dressing and so on) can be quite difficult. There may also be incontinence to deal with. There may be difficult behaviour, especially with Alzheimers' or related disorders. Hence there is a need for all forms of respite care – day care and outings, in-home respite, crisis respite, and residential respite. Support groups for carers meet monthly at War Memorial Hospital and at Waverley Community Health. However carers often find it

difficult to attend, due to lack of time. In some cases there is a reluctance to use 'outside' help or support. In the case of people from other cultures there may be cultural barriers to seeking outside help. In some families there is inter-generational conflict.

4 Personal safety

For older people there are two major aspects to safety in the public domain - the fear of crime and the fear of sustaining an injury from falling. People fear using public transport at night. There is concern about footpaths (need to be level), pedestrian lights (need longer crossing times), traffic (cars exiting from carparks), and overhanging tree branches. There is particular concern about cars parked on footpaths obstructing their way. Older people are concerned about their vulnerability when using ATMs.

In focus groups several strategies were suggested to make Waverley safer for older people, such as the recommencement of Neighbourhood Watch Safety Programs; discounts for security systems for people with Pensioner/Senior Cards; and encouraging safe after hour activities for older people.

5 Health and independence

For frail older people the services funded by the Home & Community Care (HACC) Program and the Community Aged Care Packages are crucial for maintaining independent living in their own home. Services such as WAVES (Water Activities for Vitality in the Eastern Suburbs) perform an important role in improving and maintaining the health of frail older people. The existing services need ongoing support and increased funding to meet increasing demand. Local community-based agencies need to be encouraged and valued for their role in strengthening the local sense of connectedness.

6 Social isolation

Older people need links with neighbours, clubs and various groups and information about activities and groups. Transport is the key to being able to attend the activities that are available. There is a lack of social activities during the weekends.

For people from non-English speaking backgrounds the isolation may be exacerbated by limited proficiency in English. They may not be able to read, or fully understand, the information in printed leaflets. Interpreting services are not always used when needed in over-the-counter or telephone transactions. People who were previously proficient in English may revert to their first language when they became frail and old.

Suggestions were made in focus groups to improve communication to older people, in particular, those who may not be involved in community activities and are isolated. Radio programs on local radio 2RES that target older people, could be publicised in local community newsletters and papers. It was also suggested that local newspapers be approached to improve their community pages.

7 Urban Development

Older people, along with other age groups, express concerns about maintenance of footpaths, too many high rise developments, inappropriate developments, the threat of losing local shopping centres, and the safety hazards while new developments are being built. People want to have a say in the decisions on these matters, but do not always find it easy to participate through existing mechanisms. There is concern about tidiness issues such as street sweeping, mowing of the grass on street verges, and rubbish removal. It was suggested in focus groups that older people need to be informed about the Waverley Council 'trip hazards log' and encouraged to use it.