COTA (NSW)
Council on the Ageing (NSW) Inc
Estab. 1956

Allyson Essex
Inquiry Secretariat
House of Representatives
Standing Committee on Ageing
Parliament House
Canberra ACT 2600

STANDING COMMITTEE
20 JUN 2003
ON AGEING

Dear Ms Essex

NSW SUBMISSION

The enclosed Submission from the Council on the Ageing (COTA) NSW is provided for consideration by the Standing Committee on Ageing. People over the age of 65 make up 13 percent of the NSW population. Eleven percent of the Aboriginal population in NSW is over the age of 45. This submission is made on behalf of the well being of this growing constituency of older people in NSW.

Our research shows older people in NSW continue to be an asset to the State of NSW, contributing to social capital with over 24 million hours of voluntary work a year and contribute their experience and expertise to many community services. Older people want support through targeted use of public resources and incentives to continue to contribute to all areas of the community.

The items in this submission are based on research and consultation with older people undertaken by COTA in the past 12 months and key documents produced by agencies in government and the non-government sector.

Kath Brewster, President of COTA (NSW) and I look forward to the opportunity to discuss the matters contained in this submission. Your office may wish to make arrangements with me (policy@cotansw.com.au).

Yours sincerely

Brenda Bailey

Brenda Bailey
Senior Policy Officer
29 May 2003

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COUNCIL ON THE AGEING NSW

Submission to the Standing Committee on Ageing

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

August 2002

INTRODUCTION

The Council on the Ageing (NSW) (COTA) is a peak non-government organisation which represents the views of seniors in NSW. COTA (NSW) is a member of the national COTA movement, with a COTA in each state and territory in Australia. The COTA (NSW) principles which governs our work are:

- Maximise the social and economic participation of older people
- Promote sustainable, fair and responsible policies
- Protect and extend services and programs that are used and valued by older people
- Focus on protecting against and redressing disadvantage.

COTA (NSW) was established in 1956. Since that time it has been instrumental in the foundation of many organisations, which are household names today and form an important part of the infrastructure of a caring network for the aged, including;

- Meals-on-Wheels Association
- Carers NSW
- Volunteering NSW
- Seniors Week
- Seniors Information Service
- Retirement Villages Association
- Retirement Villages Residents' Association
- Senior Citizen of the year (now part of Premiers Awards)

The tradition is continued today with the establishment of information technology projects providing training and low cost access to IT equipment. Older Men New Ideas (OMNI) provides a network of men supporting each other in the community to reduce isolation and improve well being. Support networks for grandparents who are full time carers of grandchildren, is an emerging issue where grandparents, due to family breakdown take on the full time care of grandchildren.

COTA (NSW) operates the Seniors Information Service, a state-wide information service for older people under contract from the Ageing and Disability Department. In this way, COTA can gauge the issues of concern to seniors in NSW. The Seniors Information Service provides detailed statistics of inquiry types, which indicate seniors' needs. This information is used to identify gaps in services for older people

If you require more information about the Alliance or this submission please contact **Brenda Bailey**, Senior Policy Officer, COTA NSW on 02 9286 3860 fax 9286 3872 or email policy@cotansw.com.au

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SUBMISSION TO STANDING COMMITTEE ON AGEING INQUIRY

RESIDENTIAL CARE

Meeting High Care Needs

Meeting the growing demand for quality high residential care services will be an impossible challenge without substantial funding increases both now and in the future.

The provision of quality residential care requires:

1. Reviewing the current benchmark of 100 places per 1000 population over 70 for appropriateness in the medium-term. The 40:50:10 distribution, which provides for only 10 packages for people to stay in their home also needs review. NSW, Sydney in particular will find it difficult to sustain the use of real estate for nursing homes when greater returns can be made from other land uses. Older people and their families, will also increasingly options other than residential care. Residential care is becoming an option only for the very ill and people with dementia. Medium term care needs are better served with other options.

2. Funding increases to aged care nursing wages with a view to eliminating the wage disparity between the Aged care sector and the acute hospital sector. The NSW economy provides greater options for students with nursing qualifications, current nursing home wage rates are not competitive in this market.

3. Assisting rural and remote services by funding improvements to building stock that meet the 2008 Certification requirements.

4. Supporting State rights to maintain and introduce legislation that ensure the quality of nursing home care.

Complaints Mechanism

The Aged Care Complaints Resolution Scheme should be:

1. an independent authority based on the Benchmarks for industry based dispute resolution schemes released by the Minister for Customs and Consumer Affairs.
2. funded to provide immediate investigation of all complaints.
3. publicly accountable through published accounts of decisions and determinations.
4. subject to periodic independent review of its performance.

COMMUNITY CARE

Funding and Reform

Funding for the HACC Program and Community Care program does not meet the needs of all those who require support to remain at home. Many users of services, especially those with family carers, are rationed to receive only 1 hour of community support a week when their needs are in fact much higher than this.

Community care services are important for indigenous communities and people from culturally and linguistically diverse backgrounds. These groups tend to make **less use** of residential aged care and consequently require **higher levels** of community care support.

The HACC Program requires:

- ***increase HACC funding* by 20%** as an initial re-injection to enable a more appropriate level of care to be offered to existing clients to be followed by maintenance of sufficient growth to match future growth in demand of more than 6% per annum.
- ***expand the range and level of care available in care management package programs*** to ensure that consumers with low to high needs can access all of the services they require through this arrangement. Improving existing programs is a better solution than introducing new ones
- ***expand the availability of comprehensive carer support services*** by the development of a comprehensive package of co-ordinated carer services tailored according to the needs, preferences, culture and age of the carer as well as the person(s) in need of support.

PEOPLE WITH LONG STANDING DISABILITIES

For the first time in history, large numbers of people with disabilities are reaching retirement age. There is a serious service gap when people with disabilities leave their place of work, sometimes they also losing their housing along with work. When this happens they usually find themselves in a nursing home. This is inappropriate, a nursing home should not be used a form of housing or to house people who could live in supported accommodation. Programs need to be in place providing retirement activities as well as appropriate housing. NSW has taken a lead on developing policies in this area, documentation is available through NCOSS.

HEALTH

National expenditure on health care has remained fairly static as a proportion of GDP during the past decade. The health status of indigenous Australians remains at Third World levels.

A commitment to Medicare and an adequate public health system is essential.

Dental Health
Dental health remains a major concern since the Coalition Government did not renew the Commonwealth Dental Health Program in 1996. The NSW Government has provided some funding but waiting lists are unacceptably high. Good oral health care is essential for good nutrition and general health and unlike many other conditions there are a no alternative treatments for dentistry. Demand is expected to increase as more people enter old age with some or all of their teeth, requiring continuing maintenance.

Multi-Purpose Services and Coordinated Care
These models are not adequately integrated into the local communities, particularly with other aged and community care providers. Implementation of this program requires community involvement and a commitment to consultation by local health services.

Post Acute Care, Transitional Care
A high-level transitional aged care facility with access to medical and multidisciplinary health team input should be funded under the residential care program. Quality programs, such as continence management, medication management, improved nutrition, improved mobility and communication will allow more people to return home after a hospital stay

DENTAL CARE – where patience is a necessity

A CONSUMER'S STORY

I'm 68 and I broke a tooth so I rang Gosford hospital, and they said if it is an emergency come in and we'll give you an appointment. While I was there, the girl at reception said: "Are you in pain?" I said: "Yes, excruciating".
"Oh its an emergency" she said, "come back in two hours and we'll give you an appointment". I went back in two hours and had an appointment in half an hour.

The dentist checked the tooth and said to make another appointment. When I went to make the appointment the girl said: "Can't make an appointment today, have to ring up in two weeks".
I rang up in two weeks, and I got an appointment and I went in.

When he took the tooth out the dentist said: Do you want a plate? I said 'yes'. I was about to start high school mentoring and I didn't want to look like the wicked witch of the north in drag, frighten poor kids out of their minds.' The dentist said I'd have to get permission from the senior dentist. So the senior dentist came in and he said 'yes'. He said make an appointment in four weeks.
The girl says: "Can't make an appointments for four weeks in advance, only make them for two weeks, you'll have to come back in two weeks". Then I heard this voice from the back say: "I said four weeks". She says: "We haven't got one, I've only got one for three weeks". I got that appointment.

So I had no trouble. But an elderly lady living in my caravan park was in severe pain with a dental abscess. Every time she would ring, she got: 'You'll have to ring in a fortnight. There are no appointments.' So finally she had to pay $180 to have the tooth taken out. For a pensioner, $180 was probably her fortnightly living allowance.

PREVENTATIVE HEALTH AND DISEASE MANAGEMENT

Polypharmacy

The interaction of many drugs (polypharmacy) and the reduced capacity of the aged body to deal effectively with them can lead to serious health problems. People taking more than six (6) medications are more likely to suffer from confusion, incontinence, falls and subsequent fractures. Increased admission and re-admission to hospital, admission to an aged care facility and occasionally death may result. A national program to educate aged care facilities, general practitioners and consumers, using on evidence based practice should be put in place.

Falls

Older Australians are generally an active group of people in the community who seek to be independent. A fall can result in broken bones, head injury and permanent incapacity - even death. It is widely acknowledged that falls have many causes. Causes include disease processes, poor eyesight/spectacles, poor footwear, dizziness, poor nutrition, lack of exercise, environmental hazards, polypharmacy and more.

Prevention of falls to reduce injury and morbidity must be an ongoing initiative at Federal Government level, not only to reduce health care costs but also to maximise the quality of life for older Australians.

Evidence based practice needs to be introduced into aged care facilities, consumer education programs and health services.

DEMENTIA

Dementia is widespread in Australia

Support needs to be provided to organisations supporting people living with dementia and their carers. In NSW, thirty percent of residents in low care facilities and seventy percent of residents in high care facilities have a diagnosis of dementia, but there are fewer than 7 percent of residential care beds are dementia-specific.

Changes needed in NSW include:

- Training for GPs to inform them about advances in dementia diagnosis and management. The diagnosis of dementia is often communicated in an insensitive manner.
- Funding to provide respite which is suitable for people with difficult dementia related behaviours.
- sychogeriatric units' for people with challenging behaviour particularly in rural areas.

- Training for community service workers in dementia management to provide quality care.

- Compulsory dementia-specific training for residential care staff and management to enable them to provide quality care.
- A review of the Pharmaceutical Benefits Advisory Committee guidelines to improve access for people with dementia.
- Promoting flexible models of respite including those that are culturally sensitive and accessible in rural and remote areas.
- Increasing the number of Extended Aged Care in the Home Packages specifically for people with dementia in under-resourced regions.

- Making accreditation reports publicly available to enable potential residents and their families and carers to know whether the facility has the staff and environment to provide quality dementia care.

INCOME SECURITY

NSW supports the evidence provided by Patricia Reeve at the Standing Committee hearing in Brisbane with the additional point:

Single people have particular difficulties in managing on a pension or allowance compared to married couples. The most disadvantaged of all are those in single person households in private rental accommodation. This is critical in NSW where there is a shortage of public housing stock and property prices for sale and rent are extraordinarily high.

Retirement Incomes Policy

Australia is depending on the success of compulsory superannuation to ensure that future generations of older people are able to support themselves in retirement. It is questionable whether the level of compulsory superannuation contributions will be sufficient to provide a retirement income consistent with the needs and expectations of older people in the future.

At the present time the incentives to use superannuation as an investment vehicle are reduced because of the high level of taxation levied:

- 15 per cent on employer contributions;
- 15 per cent on the fund's investment income and varying tax rates on lump sum or pension benefits; and
- 15 per cent surcharge on contributions paid for high-income.

The tax take from superannuation has risen from $2 billion in 1995-96 to $6.4 billion in 2000-01. The heavy reliance on superannuation as a revenue stream conveys a mixed message to the community about the role of superannuation as a retirement savings vehicle.

Pensions

- An ongoing increase in the incomes of full pensioners with little or no private income. This may be an annual indexed supplement of $300. Alternatively, it could be an increase in the pension.

- The supplement should apply to all age pensioners and other people 50 and over reliant on social security incomes.

- Undertake a review the income and assets test and adequacy of the aged pension for long term income support.

WORKFORCE

It is estimated that around 55,000 people work in aged and community care services in NSW and the ACT. This workforce is supplemented by a large number of volunteers.

Difficulties in recruiting trained staff for aged and community care services threaten to reach crisis proportions. There is a worldwide shortage of nurses. This will worsen with the introduction of

full fees to universities. Students are unlikely to take on training which will not pay them enough to repay their debt.

The industry cannot compete for staff when the workers doing comparable work can achieve better conditions and more money in other health services. For example, a nurse working in a hospital will earn more than one doing similar work in a nursing home.

A key to quality care is to ensure that there is a well-trained workforce for aged care. Employment in aged care services requires sophisticated and ongoing training to ensure staff have the most up-to-date skills and knowledge.

A seminar held by ACS and the Council of the Ageing (NSW) in May 2001, attended by consumers, educational bodies, unions and industry representatives, identified a range of strategies to address the workforce shortages:

- improving the wages available in aged and community care through better government funding
- identifying and funding a benchmark of care
- improving collaboration between consumers, unions, industry, educational bodies and governments
- fostering a culture in services that values older people and workers
- strengthening educational and career pathways
- working to improve the image of ageing and aged care.

The Commonwealth government should take the lead in developing national responses to supporting the training of aged care workers, including nurses. For example, reduce the HECS payment for nurses and allied health professions and develop best practice models, which bridge the gap between school or university and industry.

Phased Retirement

Many people entering retirement early by choice would be more likely to stay in the work force longer and contribute to their retirement income if there was general acceptance of phased retirement. The Government should enter into discussions with superannuation funds and business on how this could be facilitated.

OLDER PEOPLE OF ABORIGINAL AND TORRES STRAIT ISLANDER DESCENT

NSW has the largest population (numbers not proportion) of Aboriginal people in Australia. In 2000 in New South Wales, a Statewide Gathering of Aboriginal and Torres Strait Islander managers of Community Care and disability services determined that the most important ways to provide equitable access to appropriate services were to progress the autonomy of services to be delivered to indigenous people by indigenous people with quality training, proper representation within decision-making systems as well as a deliberate investment in Aboriginal and Torres Strait Islander service provision.

CULTURALLY APPROPRIATE CARE

Approximately 19 percent of the population aged over 65 are from a from diverse language and cultural background, yet they make up only 13 percent of consumers of aged services. Elderly

people from diverse language and cultural backgrounds under utilise residential care in NSW: they use eight percent of hostel level care services, and nine percent of nursing home level care services

Consumers from diverse cultural backgrounds have been disproportionately disadvantaged in residential aged care service provision as a result of the Commonwealth Government's discontinuation of capital funding in 1996. The inaccessibility of Commonwealth capital funds has unacceptably slowed growth in residential aged care service provision for many ethnic communities.

The Aged Care Standards and Accreditation Agency's (ACSAA) accreditation reports for facilities do not provide adequate information about either care strategies or outcomes for consumers from diverse cultural and language backgrounds. Few of the accreditation assessors utilised professional interpreters to enable these consumers to participate.

There is evidence of a higher than average prevalence of depression and suicide rates among elderly people from diverse cultural backgrounds. It is also evident that current Geriatric depression screening tools are less sensitive and effective with populations with English as a second language

National co-ordination

- Consumers from diverse cultural and linguistic backgrounds require:
    - the Department of Health and Aged Care to develop, in consultation with consumer and provider groups, a long-term plan Involving a series of shorter-term outcomes, that will coordinate and improve access and quality of care
    - a national strategy to address the availability, use, and training of interpreters in community care be developed.

Residential aged care services

- The Aged Care Standards and Accreditation Agency's assessors should improve services to people from diverse cultural and linguistic backgrounds by:
    - improving their cross-cultural competencies, to enable them to accurately assess evidence of culturally appropriate outcomes (Standard 3.8 and others), and provide advice to providers on future improvement strategies.
    - providing annual public reports outlining the performance of residential aged care services for this group.
    - monitor and publicly report on the Agency's performance to ensure fair and equal opportunities for all consumers
    - provide funds for research and development of quality benchmarks that will enable residential aged care services to effectively monitor and evaluate their own continuous improvement in culturally appropriate care outcomes.

Community Aged Care Packages (CACP)

Ethno-specific and Multicultural Community Aged Care Packages (CACP) should continue to be funded at a rate higher than the average for the general community. This is also essential for ATSI specific services.

Home and Community Care (HACC)

- A five-year target should be set of a four percent increase in access to HACC services by consumers from diverse cultural and language backgrounds, and additional funds are allocated to meet this target.

- The Government should provide direct coordination of HACC access strategies, and that current access programs are evaluated, to ensure that the rapidly ageing consumer population from diverse cultural and language backgrounds are not disadvantaged further.

- The Government should coordinates the development and dissemination of translated material to enable comprehensive and consistent access to and provision of information on HACC services and Reforms.

Health status

- Funding needs to be allocated from the National Mental Health Strategy for:
    - developing a multicultural depression screening tool to improve early detection and effective management of depression; and

- Research and development of community based depression and suicide education and prevention strategies that are effective for the culturally diverse elderly population.

RURAL

Aged and community care services in rural and remote areas are beset by all of the issues that affect urban services. However, the nature of rural and remote services means that the impact of these issues is intensified.

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

There are generally fewer options to choose from in rural Australia. For example, there may not be a dementia specific service (such as community psycho-geriatric service) with the expertise needed to provide residential care or community support to a local aged resident who has been a community member for his/her entire life. Older people in rural and remote communities may have to leave their home area to access a residential care service. Family and friends may not be able to travel long distances to visit them.

STORY OF A COUNTRY DRIVER

I'm 80 years old and I live in Tuncurry. I volunteer as a driver for the local Neighbouraid service. I take people to hospital, either to Port Macquarie or Newcastle, two to three times a week. I drive between 400 and 600 kilometers a week. When people have day surgery, say for a cataract, they have to be at the hospital by 9am. On those days I start at 6am, to pick them up to get there on time. I pack a picnic for our breakfast or lunch. When we get there I wait for them, do some shopping or wait in the lounge. We usually get away late in the afternoon.

It crosses my mind, sometimes, what would happen if something happened on the way home, as a result of the surgery. In winter its often dark by the time we get back. I worry when I drop someone off at home, alone, who is elderly, who may only have use of one eye or not feel very well. If they need to see the specialist the next day, we make the trip again.