

LEGISLATIVE ASSEMBLY OF THE AUSTRALIAN CAPITAL TERRITORY

**STANDING COMMITTEE ON
SOCIAL POLICY**

NEEDS OF THE AGEING INQUIRY

REPORT

OCTOBER 1989

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PREFACE

The Social Policy Committee, as a Standing Committee of the Legislative Assembly, has already had a number of inquiries referred to it.

The first of these has been the Inquiry into the Needs of the Ageing in the ACT. It is significant that this should have been the first because, as the Committee has discovered during the course of its investigations, the proportion of the ageing within the ACT population as a whole is rapidly increasing.

The changes in demography, described in this report, pose a challenge to policy-makers and service providers in anticipating the extent and nature of the future needs of the ageing population.

It is an inquiry which has implications for us all. While some of us already fall within the "ageing" population, the rest are moving closer all the time. Indeed, one book on the subject has been aptly entitled "All Our Futures".

On behalf of the Committee, I would like to thank the many people who have helped us during the course of the inquiry. These people include members of the community, service providers, administrators, academic researchers and all those who took the trouble to send in submissions. It made the Committee's task considerably easier being able to draw on the opinions and advice of such a wide range of interested and knowledgeable people. The Committee acknowledges the outstanding work of Dr Ann Scott and Ms Christine Windsor who provided the secretariat support to the inquiry.

The Committee will continue to take a close interest in the progress of its recommendations and future developments in providing for the needs of the ageing in the ACT.

Bill Wood

1 ESTABLISHMENT OF THE SOCIAL POLICY COMMITTEE

The Standing Committee on Social Policy was created by the ACT Legislative Assembly on 23 May 1989. Members of the Committee are:

Chairperson	Mr B Wood
Deputy Chairperson	Mrs R Nolan
Members	Dr H Kinloch Ms C Maher Mr D Stevenson
Secretariat	Dr A Scott Ms C Windsor

2 INQUIRY INTO THE NEEDS OF THE AGEING

The first reference to the Committee, to inquire into the needs of the ageing, was moved on 25 May 1989. Through its terms of reference, the Committee was asked to inquire into:

- 1 The needs of the ageing in the ACT community over the next five years in terms of home care, units and hostels, nursing homes, hospital and hospice accommodation, and other accommodation needs, with particular attention to the needs of the frail and disabled, dementia patients, those of ethnic origins and those requiring respite facilities.
- 2 Other matters relating to the ageing eg, access to shopping and other community facilities, and concessions.
- 3 A coordinated five-year plan to satisfy those needs.

3 THE NEED FOR AN INQUIRY INTO THE AGEING IN THE ACT

3.1 Self-government for the ACT

In 1989 the Australian Capital Territory became self-governing. On 11 May 1989 the Legislative Assembly sat for the first time. With self-government the ACT ceased to fall within a Commonwealth Government portfolio. The ACT Government now brings down its own budget and has the power to pass its own legislation.

The Commonwealth Government, nonetheless, is closely involved in providing funding for services for the ageing. The most recent policies of the Commonwealth Department of Community Services and Health have reflected a change in attitude towards the ageing, in particular concentrating on the rights of the ageing, and in funding services focussing on providing support to enable ageing people to maintain the maximum level of independence.

It is quite clear from the extensive literature on the ageing that most Western societies are faced with a changing demographic profile in which the proportion of the ageing is rapidly increasing.

It is appropriate that the ACT Government should now assess its own policies and its position in relation to Commonwealth policies on the ageing, especially as local demographic trends indicate that the ageing will constitute a rapidly increasing proportion of the total ACT population.

It is in this context that the Legislative Assembly has referred the current inquiry to the Social Policy Committee.

3.2 Defining "the ageing"

Before looking at the provision for the ageing, it is necessary to define who, for the purposes of the inquiry, the ageing are seen to be.

"The ageing" are generally seen to be those people between retirement and the end of life. As the retirement age for women is 60 and that for men is 65, this definition can already be seen as somewhat arbitrary. Indeed, as women have a longer life expectancy than men, women fall within the description "ageing" for a significantly longer period than do men. This has considerable implications for policies on the ageing.

It is important to recognise that the ageing comprise an entire cohort of people who have reached a certain age. "Ageing" simply describes the length of time for which they have lived. The ageing are not by definition disabled.

The majority of the ageing never have need of specific services or accommodation for the ageing and never lose the ability to lead active, satisfying lives.

At the same time, increasing age does bring with it a higher risk of losing the ability to be independent and this loss of ability to be independent may be manifested in any number of ways.

It is equally important to recognise that when considering "the ageing", as broadly defined from retirement onwards, one is not considering a single generation but rather a group of people who could conceivably stretch across three generations – say a woman who retires at 60, her parents who are 80 and her grandparents nearly 100. It is certainly not uncommon for 90-year-olds to have children who also fall within the definition of "the ageing".

6 SUPPORTED INDEPENDENCE AND LEVELS OF DEPENDENCY

6.1 Forms of dependency

Professor Sinnott, Executive Director of the Rehabilitation and Aged Care Service, Woden Valley Hospital, in evidence to the Social Policy Committee, identified the two principal causes of dependency as economic and social.

(a) Economic dependency

Approximately 60 percent of elderly ACT residents receive the age pension (which is only 25 percent of the average weekly wage).

Women, who comprise the highest proportion of the ageing, have been particularly disadvantaged:

Discussions of retirement incomes, within both the public and the private sectors, cannot afford to ignore the fact that the aged population is increasing and predominantly female. The Retirement Income system is designed around the traditional male worklife pattern and as long as this is the case, women will continue to be economically disadvantaged in old age.

Women's worklife patterns, and their related low earnings, ensure that for the majority, access to occupational superannuation will be limited. Amongst those who do join superannuation schemes, their low earnings and working life patterns (shortened by family responsibilities at one end and expected early retirement at the other) will significantly limit the amount of earnings-linked superannuation payments that they can expect to draw at retirement

Younger women are more likely to expect to be self-reliant in retirement, albeit predominantly through occupational superannuation benefits acquired by a spouse. Currently, however, women have no established entitlement to such benefits in old age or if a marriage is dissolved.¹⁴

The Commonwealth Government is currently developing policies to improve the incomes of the elderly. The Minister for Social Security has recently issued a statement drawing attention to the challenge to Australia to ensure that the adequacy of the age pension is at least maintained and that total retirement incomes are increased by providing better opportunities and incentives for saving.¹⁵

The 1989 Commonwealth Budget included provisions aimed at:

- . maintaining the adequacy of the pension and improving incentives to save for retirement
- . providing opportunities for the better use of savings during retirement.

¹⁴ Rosenman, L and Winocur, S, "Australian Women and Economic Security: A Research Report", January 1989, p iii.

¹⁵ Minister for Social Security, **Better Incomes: Retirement Income Policy into the Next Century**, AGPS, 1989.

- . ensuring the labour force is covered by superannuation and that superannuation benefits are improved;
- . ensuring that women have better opportunities to save for retirement;
- . providing better employment opportunities for older workers.

These matters are the responsibility of the Commonwealth Government and therefore fall outside the scope of this inquiry. However, in Section 12 of this report, the Committee discusses ACT concessions policies which can offer one means of alleviating economic hardship.

Financial hardship was one issue which was raised with the Social Policy Committee, especially in relation to middle-income earners and their capacity to buy retirement housing. These issues will be discussed later in this report.

(b) Social dependency¹⁴

Social dependency is an important concept in that it shifts the focus of care from a purely medical model. The level of social dependency can be seen as a more holistic concept which takes the environment of the ageing person into account, including the needs of their carers or their level of social isolation.

It is important to take this holistic view because if, for example, the carer ceases to be able to provide support, the ageing person may become in need of some form of community or institutional support.

The social effects of isolation are particularly difficult to assess because by definition people who are isolated are difficult to reach.

At the 1986 Census, 11,910 people lived alone in the ACT, representing 15 percent of households. Most lived in a separate house (54 percent) or medium density dwelling (39 percent), with 152 living in caravan parks. Of the total, 45.5 percent had never been married.

Of those living alone, about one-third (3,721) were aged 60 years or more. Of this age group, 76 percent were females and half (1,931) were aged 70 years or more. Among those aged 70 years or more and living alone, 80 percent were females, reflecting the longer survival of women.

Over half of those residents aged 60 years or older lived in the older districts of Central (North and South) Canberra – 2,104 persons or 56.6 percent of this age group.

The proportion of people living alone can be expected to increase towards the Australian average of 19 percent as the ACT population ages.

Some people the Committee consulted felt that while maintaining independence might be the preferred option for the majority of the elderly, in some cases such independence led to severe social isolation. Indeed, one person commented that it was possible to be "institutionalised" at home.

¹⁴ Canberra's Social Outlook, op cit, p 38.

Because women outlive men, they are particularly prone to social isolation.

The Committee recognises the crucial role played by so many people in our community, both paid and unpaid, in helping to reduce this problem of isolation.

Recommendation

The Committee recommends that;

- . **the Government encourage community groups to extend their programs into people's homes.**

6.2 Commonwealth/State funding responsibilities

The funding of accommodation and services for the ageing is complex. Not only are there complexities in the division of funding responsibilities between the ACT Government (as a State Government) and the Commonwealth Government but the ACT health system is also used by residents of the surrounding region of New South Wales. Indeed, for some services the ACT offers the only facility between Sydney and the Victorian border. The ACT health system is used not only for people living in outer New South Wales, therefore, but it is also a regional referral system. For example, geriatricians visit patients in Queanbeyan and Young.

The Commonwealth Government provides capital and recurrent expenditure for hostels and nursing homes for the aged. The provision of these services is determined on a needs basis. These needs are identified through regional advisory committees, of which there is one in the ACT.

The Commonwealth Government has responsibility for:

- . providing capital and recurrent funding for non-government hostels and nursing homes;
- . regulating the number of nursing home and hostel beds in regions;
- . funding palliative care under Medicare, but otherwise has no role in hospice accommodation.

The ACT has responsibility for:

- . funding the Jindalee and Calvary nursing homes;
- . providing accommodation through the ACT Housing Trust;
- . partial funding to Goodwin Homes which provide hostel and respite hostel accommodation;
- . providing non-residential care for the elderly including community nursing, day care programs and rehabilitation services.

The Commonwealth and ACT Governments are jointly responsible for the Home and Community Care Program (HACC) which provides additional support services to enable frail aged and disabled people to remain in their own home.

The Committee is aware of the complexities of State/Commonwealth separate and shared responsibilities for providing for the ageing and urges that such provision should not be allowed to become the focus of counterproductive dispute between the two levels of government.

6.3 Commonwealth Government policies

In 1986 a Commonwealth Government Review of Nursing Homes and Hostels outlined a blueprint for a staged program of reform of residential care services for aged people. Emphasis was placed on redistributing resources for the care of the ageing away from nursing homes to alternative less-institutionalised forms of residential care and to community care services.

Current Commonwealth policies are premised on the fact that most ageing people prefer to stay in their own homes for as long as they can possibly manage.

The rationale for this approach is both social and economic. Not only is it the solution which most ageing people are thought to prefer but it is also the least expensive for government, compared to providing either hostel or nursing home accommodation.

6.4 Service overlap between the ageing and the young disabled

A feature of provision for levels of dependency which has to be borne in mind is that services provided for the frail or disabled ageing are often given by the same providers, and under the same funding mechanism and guidelines, as those for the younger disabled. Trying to isolate services for the ageing, as such, is therefore an artificial exercise. The services are frequently for the disabled, or dependent. It just happens that with age people become more likely to fit these categories.

6.5 Home and Community Care Program (HACC)

The Home and Community Care Program is a Commonwealth/State cost-shared program, introduced by the Commonwealth Government, providing financial assistance to help community organisations and local/state governments to provide services to maintain frail aged and younger disabled persons in the community, who are at risk of premature admission to inappropriate long-term residential care, and to assist their carers. It provides basic maintenance and support services to these groups in order to enable them to remain living in the community. This is achieved through funding community organisations to provide services such as home help, delivered meals, home nursing, transport and community-based respite care.

The HACC Program aims to identify the particular problems facing individual people living at home which might lead to their seeking more dependent accommodation (say a hostel). In addition to the social arguments for keeping people in their homes, HACC is seen as a cost effective program compared to maintaining people in institutional care.

Under the legislation, the State or Territory indexes its HACC funding at anything up to 20 percent based on its expenditure in the previous year, and the Commonwealth contribution matches that indexation based on its previous year's expenditure. This is quite different, for example, to the formula funding, per head of population, for nursing home beds and has led to wide discrepancies between the States. The ACT HACC program is currently indexed at the maximum 20 percent.

In the 1988-89 financial year the Commonwealth contributed \$1.726m and the ACT \$2.2m to the HACC Program. Budget estimates for 1989-90 indicate that Commonwealth expenditure will rise to \$1.908m and the ACT contribution to \$2.6m.

The ACT Council for the Ageing argued that the range of programs designed to maintain elderly people in their own homes and/or to prevent admission to institutions or to minimise length of stays there should be funded on a realistic basis which recognises the growing demand being placed on their services and their longer term, cost effective nature.

Services currently eligible for funding under the program are: home help or personal care (or both); home maintenance or modification (or both); food; community respite care; transport; a community paramedical service; community nursing (which may include personal care); assessment or referral (or both); education or training for service providers and users (or both); information; coordination; such other service as is agreed upon by the Commonwealth Minister and the State or Territory Minister.

In the ACT, HACC is administered by the Community Programs Section of the ACT Department of Community Services and Health and is restricted to the ACT (unlike some other services which are provided to a larger region). Advice on needs and gaps in services in the ACT is provided through an Advisory Committee. A new Advisory Committee, to provide advice for the 1989/90 financial year, has recently been established by the Commonwealth Minister for Housing and Aged Care and the ACT Minister for Community Services and Health.

The ACT Department of Community Services and Health informed the Social Policy Committee that some areas of need which had been identified by the previous committee have not yet been addressed and may still be unmet. These included a personal care service for the frail aged and younger disabled. The Department will base its funding approvals on the ACT Strategic Plan, developed in conjunction with the Advisory Committee.

While HACC is a joint Commonwealth/State program, there are a number of responsibilities which are specific to the ACT. These include:

- . administration of the HACC Program and all individual projects in the ACT;
- . processing funding applications (responsibility for funding decisions is shared between the ACT and the Commonwealth) and primary responsibility for development of projects;
- . development of ACT policy for such areas as: user rights, fees, and cross-border issues such as the use of ACT services by Queanbeyan clients.

Current HACC on-going services for the ageing include:

- . Red Cross Home Help Service (which provides home care and housekeeping services, such as washing, cleaning and ironing);
- . Red Cross Heavy Linen Service (which provides a daily change of linen for people who suffer from incontinence);
- . Red Cross Meals on Wheels;
- . ACT Council on the Ageing Carers Support Group (providing mutual support for people caring for an elderly relative);
- . ACT Council on the Ageing Respite Care (provides regular or occasional relief for a carer who has the responsibility for a frail aged person requiring constant care);
- . Narrabundah Day Care Centre (to provide basic maintenance and supportive care to the frail aged and younger disabled);
- . Community Services are run at Weston Creek, Tuggeranong, Woden, Southside, Northside and Belconnen. These services support a variety of activities such as providing aged care workers (funded to provide information, coordination, support and referral to frail aged people in the area), drop-in centres, and providing respite care to clients and their carers. All the Centres coordinate a volunteer service and a Special Care Transport Service to transport frail aged and younger disabled people to medical and other professional appointments.

- . Handy Help ACT Inc (provides three services: a volunteer home maintenance service, a spring cleaning service and a lawn mowing service);
- . The Uniting Church Chinner Crescent Day Care Centre (provides centre-based day care sessions for the frail aged and for dementia sufferers, and a number of other services).
- . The Uniting Church Mirinjani Day Care Centre (provides respite for those who care for frail aged people at home).
- . At three Senior Citizens Centres (Canberra, Belconnen and Woden) HACC provides a welfare officer who is the source of services including counselling, referrals to other agencies, provision of information and home and hospital visits.
- . Domiciliary General Nursing Program. This is a community nursing program initiated primarily to prevent institutionalisation. This is achieved by providing nursing care in the home up to four times per day, between 8.00 am and 11 pm. Clients must be aged or disabled adults living in the ACT. Referral is generally from community nurses, general practitioners or hospitals.

The ACT Department of Community Services and Health also funds, under HACC: community nursing, paramedical services, transport services, food services and the Independent Living Centre.

The scale of some of these services and the nature of their client groups are demonstrated by statistics on the use of (a) Handy Help and (b) Home Help.

(a) Handy Help

Handy Help currently assists over 750 clients on a regular basis. Almost 40 percent of clients are aged between 70 and 75 years. Approximately half the clients own their homes while the other half are in government housing. Nearly 90 percent of clients are women and 85 percent of all clients live alone. Very few rent privately. A small number are still paying off mortgages.

The lawn mowing and spring cleaning services use paid workers. The Handy Help home maintenance service depends upon voluntary workers of all ages, involving individuals as well as members of organisations such as Rotary, APEX, LIONS, Red Cross and Boy Scouts. Volunteers carry a Handy Help identification card. They are reimbursed only for transport costs, are covered by personal accident insurance and can select the locality, frequency and type of work they prefer.

Clients are asked to contribute to the running costs of Handy Help. However, people only need to pay what they can afford. Inability to pay does not preclude a person's access to the service.

On present funding levels the cost to government to provide the services is \$230 per client per year. The average cost to government to maintain a person in a nursing home is \$350 per person per week.

Handy Help is only one of the services necessary to help people remain in their homes so this is only a partial cost comparison. However, as one of a series of home-based services it is inexpensive.

(b) Home Help

Home Help provides home care and housekeeping services, such as washing, cleaning and ironing. The total number of Home Help clients in June 1989 was 1,135, of whom 837 were frail aged, 241 were disabled and 57 people in need of temporary assistance.

The number of hours spent on each of these categories in the year 1 July 1988 to 30 June 1989 was:

Frail aged	46,430	71%
Disabled	15,814	24.5%
Temporary	2,805	4.5%

The content of one week of the diary of one home helper was presented to the Committee to demonstrate the variety of tasks undertaken. It indicated to the Committee that this home help, and many others, play an important role in the lives of clients over and above simple housekeeping and often in their own time.

As in so many of the areas the Committee has explored in the course of this inquiry, it has been impressed by the dedication of the people providing these services.

Evidence to the Committee supported the view that HACC was an excellent program but that it did not go far enough. The commonest criticism was that some vital HACC services did not operate in the evenings or over the weekend.

6.6 Other Community and Health services

(a) Community Nursing

Through its Community Nursing Service the ACT Department of Community Services and Health provides a range of domiciliary services for the elderly to assist them to remain in their own homes. HACC funds \$623,000 out of the nurses' annual budget of \$6m.

The Community Nursing Service aims to assist individuals, families and communities to take responsibility for sound health practices by promoting the optimum level of independence and health. It provides a range of nursing services to ACT residents:

- . the Regular Domiciliary Care is provided free from 8.30 am to 5.00 pm, with reduced weekend and public holiday services;
- . the Speciality Nursing Services provide specialised areas of care such as stoma care, ontology, geriatric assessment and care to developmentally delayed clients;
- . the Domiciliary General Program is funded by a Home and Community Care grant to provide extended services to aged and disabled clients – it operates from 8.30 am to 9.30 pm on seven days per week;
- . the After Hours Domiciliary Program provides services between 5.00 pm to 8.30 am to clients on a restricted basis; and
- . the Palliative Care Service, which is limited to 20 clients at any one time and available to terminally ill cancer patients who wish to be cared for at home.

There is a total of approximately 130 nurses divided between four regional teams based on Tuggeranong, South Canberra, North Canberra and Belconnen.

Community nursing services are not restricted to the frail or disabled ageing. For example, the service includes infant health services.

This service, while available at weekends if booked in advance, cannot at present easily respond to urgent requests for assistance out of office hours. It was suggested to the Committee that there were both communication and staffing problems involved in gaining access to the service.

General practitioners who wish to arrange for the service for one of their patients have to ring a central number (and it can only be the doctor who rings) and inform a Community Nursing Service receptionist who then informs the Community Nurses. This means that not only is there a delay but also messages have to be channelled through a non-professional.

The Social Policy Committee was informed that there is a paging system for nurses so in practice a doctor would be able to get the name of the local nurse and have them paged to make direct contact. It appears to the Committee, however, that this is not widely used by general practitioners.

In addition, it was argued that there tends to be a lack of continuity in the nurses attending particular clients, to the possible detriment of the care given.

These comments from general practitioners focussed on the bureaucratic processes involved. These processes lead to delays in access. The doctors giving evidence to the Committee suggested that they would prefer relating to a particular community nurse.

It was suggested by the general practitioners that a small team of community nurses might be related to a small group of general practitioners so that there might be continuity between the nurses and the doctors (as a team) and the patients.

However, community nurses are already based in regions and this may be as localised as the service could be to continue to be viable.

Associated with this communication problem was the difficulty experienced in getting urgent nursing support at short notice for the weekend or after hours. Approximately six nurses work at weekends. The Committee was informed that much of the out-of-hours work would be providing palliative care.

The Committee feels that the service appears unduly inflexible. It would like to see the service extended to include after-hours services, with the nursing staff working on appropriately timed shifts.

Recommendations

The Committee recommends that:

- **the referral of clients and access to community nursing services be reassessed with the aim of (a) providing community nursing seven days a week, and (b) providing more direct contact between doctors and community nurses.**

(b) Home and Extended Care Program

The Mobile Rehabilitation Unit (based at Woden Valley Hospital) and the Independent Living Centre (at Macquarie) are complementary ACT services run under the Home and Extended Care Program. The Social Policy Committee visited both.

The Commonwealth Government established a Program of Aids for Disabled People Program (PADP) in 1981. Under this program, categories of aids, eligible for government subsidy, were established.

The Mobile Rehabilitation Unit provides education and advice. Equipment and aids are supplied and loaned to clients.

The Independent Living Centre displays equipment and provides an information service for people with disabilities. The Centre is used by people with disabilities and their carers; health professionals; architects, engineers and designers; students in related fields; and suppliers and manufacturers. The Centre is staffed by occupational therapists.

The Centre is widely used. 2,078 people visited the Centre during the 1987/88 financial year and staff answered 1,385 telephone calls. There is a waiting list for appointments, and clients generally have to wait two to three weeks for an appointment. As with a number of other services for the ageing, there are probably more people needing the service, but ignorant of its existence, than the Centre could provide for under its current funding.

The Centre is almost totally funded by HACC. It was suggested to the Committee that the ACT was at some disadvantage because the range of equipment to be displayed in these centres is the same regardless of population size of a State or Territory.

For the past two years, while Commonwealth functions were being transferred to the ACT, the ACT has funded the PADP program through the Rehabilitation and Aged Care Service. PADP is at present being reviewed by the ACT Department of Community Services and Health to establish the basis for future funding.

It was noted by the Social Policy Committee that while male incontinence aids are currently covered under the PADP subsidy scheme, female aids are not. Female incontinence pads are an expensive and continuing outlay. The Committee understands that anomalies such as this will also be reviewed.

The Committee supports the review of the PADP Program, and in particular in investigating and rectifying anomalies in the program.

Recommendation

The Committee recommends that:

- in its review of the Program of Aids for Disabled People (PADP) the ACT Department of Community Services and Health rectify the anomaly whereby female incontinence equipment is excluded.**

It was also noted by the Committee that lifting equipment is not covered by PADP, although such equipment was often a vital component in a family's ability to keep an elderly or disabled person at home.

It was suggested to the Social Policy Committee on several occasions that incontinence is often the result of medical conditions which are treatable, and that there was a need for a Continence Clinic to provide advice on prevention and give assistance to sufferers. The Continence Promotion Group of the ACT made a submission to the Committee in which it argued strongly for the establishment of such a clinic and suggested that health professionals needed better education in the care, maintenance and treatment of incontinence.

The ACT is the only State or Territory not to have a Continence Clinic. The logical site for such a clinic would be attached to the Independent Living Centre.

Recommendation

The Committee recommends that:

- **a Continence Clinic be established attached, if possible, to the Independent Living Centre.**

(c) Professional services to the aged, provided through regional health centres

Community medical practitioners are available to anyone, but priority is given to some groups including people on low incomes, pensions, etc. In practice this means that these medical practitioners have quite a high proportion of aged clients.

Other services provided in the centres include: dietitians, physiotherapists, practice nurses and social workers.

There is only one podiatrist (working from the city and Woden Creek health centres). All her clients are elderly and she is fully booked for weeks ahead. Practice nurses also provide a significant amount of foot care for the ageing.

The Committee's attention was drawn to the fact that podiatry is a vital service for the ageing and to the shortage of podiatrists in the ACT. The Committee believes that it is important that this service should be extended, and/or the employment of pedicurists be considered.

Recommendation

The Committee recommends that:

- **podiatry services to the ageing be extended, and/or pedicure services be introduced either under HACC or funded by the ACT.**

The Adult Dental Service is available only to people on the various Health Benefit cards. In practice this means that the ageing comprise a large proportion of clients.

There are also mental health units in Belconnen, Phillip and Kambah health centres which provide psychiatric and psychological counselling services to the aged for general mental illness, as well as dementia. This service includes home visits.

HACC currently funds paramedical services (podiatry, occupational therapy and speech therapy) at health centres at \$86,000 per annum.

(d) Subsidised meals for Meals on Wheels

Meals on Wheels, run by ACT Red Cross, provides a home delivery of one main meal on weekdays and frozen meals on weekends and public holidays. A medical certificate or referral from a Community Nurse or Hospital Social Worker entitles a client to this service. HACC subsidises meals on wheels by \$107,000 per annum (through its Food Services program).

It was suggested in evidence to the Committee that continuing eligibility for the service might need to be checked more frequently than at present to ensure that people were not using the limited resources of the service unnecessarily.

(e) Transport to day care centres for frail aged or disabled people living in the community

(Transport, which presents major difficulties for many of the ageing, is discussed later in this report).

In addition to the HACC on-going programs, some "one-off" grants have been made. For example, the Migrant Resource Centre of Canberra and Queanbeyan was provided with funds to establish a Community Options pilot project targeting the ethnic aged and younger disabled in the ACT. The Red Cross was funded to run a program aimed at providing skills for people who are caring for a family member at home. The ACT Society for the Physically Handicapped was funded to conduct a survey to gauge the total population in the ACT of people with physical disabilities and to collect data on their special needs.

The Social Policy Committee visited, received submissions from, or heard evidence by many of the people involved in providing these services. The Committee was most impressed by the dedication of the staff running the services. It was clear that the services were invaluable to those who received them. The potential need is likely to be even greater. Service providers on a number of occasions were hesitant to advertise the service too widely in case demand for the service became greater than they could fulfil.

It was also clear that the providers often interpreted their role very broadly in order to give the support the individual needed. Because of the specification of the various services, some of the providers felt that there were "gaps" in care needs of the homebound which they were not supposed to provide, but in practice did.

Various forms of personal care were identified as such "gaps" in the service. The Department of Community Services and Health is aware of this and has given the establishment of a personal care service top priority when advertising for funding proposals for 1989/90.

Recommendation

The Committee recommends that:

- . **the HACC program give priority to developing a personal care service to the community.**

Some service providers expressed concern that in the past the funding provided had been unpredictable, sometimes running out before the end of the financial year and felt that this complicated their task unnecessarily. However, it was the Committee's impression that the administration of the program had improved. Moves to triennial Commonwealth State funding may improve this situation.

The Committee is aware that a national working party appointed to review all aspects of the HACC Program presented its final report in December 1988. The terms of reference included a directive to report on:

- . options to improve the efficiency of HACC administration, including elimination of unnecessary duplication;
- . arrangements for funding of those services currently covered by the no-growth restriction and excluded services, with regard to the re-negotiation of the Medicare Agreements;
- . linkages between residential programs, disability services programs and HACC.

The ACT has been undertaking a systematic review of its HACC services to "ascertain the extent to which the HACC objectives of cost effectiveness, appropriate and accessible care and appropriate targeting of services are being met by individual services and the overall HACC Program in the ACT, with a view to determining appropriate measures to increase both individual service and overall program efficiency".

In July 1989 the Community Programs Section of ACT Department of Community Services and Health started publishing a newsletter to improve communication with and between HACC workers.

The Social Policy Committee recognises that the HACC programs are vital to health and welfare of the elderly at home.

Recommendations

The Committee recommends that:

- . **the funding of Home and Community Care Program (HACC) be, at the least, maintained at the current indexation level;**
- . **the Government explores additional means of funding both current HACC and other community programs;**
- . **in the current evaluation of HACC a reassessment of priorities be undertaken.**

6.7 Carers and Respite Care

The high workforce participation of women in the ACT has diminished the pool of traditional carers. This means that other forms of support, such as day care centres, are needed to enable them to care for relatives who might otherwise need to be in some form of supporting institution.

In those difficult choices which have to be made about remaining at home, the rights and capacities of the carers are as important to consider as the rights of the individual. Research has been undertaken at the Canberra College of Advanced Education into carer stress. The quality of family relationships before the individual becomes dependent, it was found, was a crucial element in the extent to which the carers found caring either tolerably or intolerably stressful.

Whether or not in the workforce, carers need both practical and emotional support. Some carers themselves fall into the "ageing" category, either because they have a very elderly parent or a disabled offspring. The Committee notes that a Carers' Support group has been established, which offers guidance and support to people caring for elderly people residing in their own home, with family, in a hostel or in a nursing home. The group holds regular meetings and issues a free monthly newsletter.

One form of support for carers is provided through respite care. The dictionary defines respite as an "interval of rest or relief". Respite care is an essential component of home-based care of the dependent elderly, giving a back-up support for carers in need of rest or at times of crisis.

The greatest problem in providing adequate respite care facilities lies in the unpredictability of demand. While carers may be able to plan holidays some time ahead, most family crises demand an immediate response. The profit margin is too small for private nursing homes which depend on full bed occupancy to afford the cost of maintaining unused beds. However, the Council on the Ageing does provide some home-based respite care (described later in this report).

In 1986, Professor Sinnett reviewed respite care as part of his assessment of rehabilitation and geriatric care in the ACT.¹⁴ At that time there were 14 respite care beds available in the ACT, of which only five (at Woden Valley Hospital) were able to provide respite care of high dependency patients.

The Sinnett Report recommended that additional respite care facilities were required for high dependency patients. The report also proposed grants to enable at least five additional hostel based respite care beds to be staffed to a level of providing for intellectually dependent elderly patients.

There are now 17 respite care beds:

Woden Valley Hospital (Ward 11b)	5
Morling Lodge	1
Brindabella Gardens	2
Goodwin Retirement Village (Ainslie)	2
Goodwin Retirement Village (Farrer)	2
Mirinjani	2
Ozanam	1
War Veterans	2

Crisis accommodation is available at the recently-opened Burrangiri Aged Care Centre at Rivett for up to 15 frail elderly on a short-term basis. The Centre was established by the ACT Department of Community Services and Health and the Salvation Army in response to the Sinnett recommendations.

The objectives of the Centre are to provide services to the frail aged who, without family or community support, would require institutional care. It provides short-term accommodation for times when usual care-givers are in crisis and day care to give care-givers occasional time off.

The Burrangiri Centre, which is quite small, is being used as a pilot project. In addition to its 15 residents it provides day care for a further 15-20 people each day. It does not provide for planned respite (i.e. carer holidays) but is intended as a crisis centre.

The Committee visited the Centre shortly after it opened and was impressed by the care being offered. It was concerned at some planning compromises which had led to inadequate enclosure of the site for demented patients. NCDC policies at the time of its approval did not permit high perimeter fences, but some form of high enclosure is essential for the care of demented patients who have a tendency to wander and not remember where they are. A considerable proportion of the site was unused because the fencing was inappropriately placed and too low to provide security. (The question of design and siting of facilities for the elderly is discussed later in this report).

There was some concern also that the staffing levels, established in 1988, were inadequate, especially in relation to the work load of the Director of Nursing. The administrative load involved in constant admissions and releases has not proved compatible with the requirement that she also undertake four hours' nursing duties daily.

Burrangiri is fulfilling a significant need for crisis care. As the need for such care is likely to rise as a result of the demographic changes in population, further Centres may be required in the near future.

The Committee is of the view that Burrangiri, and any future crisis care centres, might well provide additional coordination for home-based respite care.

¹⁴ Sinnett, P, *op cit*.

Recommendation

The Committee recommends that:

- before similar facilities are built, the Burrangiri Crisis Care pilot project be evaluated.**

One submission argued the need for home-based respite care, so that the cared-for person did not have to be upset by moving temporarily into a new environment. However, the Committee notes with approval and strong support that this is already provided by the ACT Council on the Ageing in its respite care program. Through this program respite care is provided in the client's home and offers regular or occasional relief for a carer who has the responsibility for a frail aged person requiring constant care. Care is provided 24 hours a day, seven days a week.

Recommendation

The Committee recommends that:

- the home-based respite care program be extended possibly using Burrangiris the coordinator.**

Another submission, from the Belconnen Chronic Pain Sufferers Group, argued that while the average age of this group is 40, these people also require respite care, to which they are not currently entitled.

6.8 Day Care

Day care centres provide care, company and therapy for those who use them. Regular day care can also enable people to remain living at home with a carer who is in the paid workforce.

ACT Department of Community Services and Health Day Care Program provides day time activities through four centres: the Dickson Day Centre, Narrabundah, Woden Valley Hospital and Belconnen Day Centre. Burrangiri also provides a day care program. A day hospital is available at the Woden Valley Hospital. Paramedical staff at these centres are:

Belconnen Health Centre:

- 1 full-time occupational therapist
- 2 full-time equivalent (FTE) occupational therapy aides
- 1 full-time nurse

Dickson Health Centre:

- 1 full-time occupational therapist
- 2 FTE occupational therapy aides

Narrabundah:

- 1 FTE occupational therapist (who looks after general community clients, but a large proportion of those clients are elderly)

HACC funded program, which provides, in addition to similar services to those at Belconnen and Dickson, a special program for people suffering from Alzheimer's Disease):

- 1 full-time occupational therapist
- 2 FTE occupational therapy aides

Because two new day care centres, at Rivett(Burringiri) and Belconnen, have recently opened, the Committee understands that at present there is adequate provision for day care. However, as with a number of other services, transport problems may in fact be limiting the obvious demand for places.

In common with all the other services, planning for future day care will have to take account of the rapid demographic shift towards the ageing in the ACT population.

The ACT Council on the Ageing drew the Committee's attention to "host day care" which is sometimes offered by people in their own homes. The Council suggested that legislation, along similar lines to child day care legislation is needed to ensure that an appropriate standard of care and accommodation is offered.

6.9 Transport

Transport was mentioned on many occasions as a source of great difficulty for the ageing. Many either own no transport themselves, have never learned to drive or are physically unable to drive.

People need transport to enable them to gain access to shops, medical centres, professional appointments (lawyers, etc) and recreation. Transport from community to day care centres is funded by HACC at \$29,000 per annum.

The Aged Care Workers of the ACT made a submission to the Committee in which they analysed the sources and problems of current transport available to the elderly. The submission identified the sources of transport used by elderly people in Canberra:

Taxi services

The taxi service is efficient but too expensive for people on pensions or restricted incomes to use frequently or to use to travel across town.

The Taxi Scheme for People with disabilities, originally intended for the disabled, has since been extended to include the elderly. At present, anyone aged 16 or over who is unable to use public transport because of a disability may apply for membership. Applications have to be filled out by the applicant and their medical practitioner. Membership may be temporary or permanent, depending on the nature of the disability. There are currently 1,500 members of whom 200 are permanently in wheelchairs and have no other means of transport.

Members are given 75 vouchers for five weeks. Each voucher offers a 50 percent subsidy up to \$15 for each trip. The trip can be for any purpose.

The scheme is not means tested. However, most people on the scheme are on invalid pensions, unemployment benefits or compensation. Often they have difficulty meeting their half of the fare.

Because the original criterion, that a member had to be permanently and totally unable to use public transport, has been relaxed to include people who are "mostly unable" to use public transport, the demands on the scheme have significantly increased, and has effectively been expanded to include the ageing. There is now a waiting list of 220 people.

The Committee understands that the eligibility criteria are being reviewed, with a view to limiting the demand. If this is the case, the current demand demonstrates that the need for a service for the ageing exists. While HACC funds a transport scheme for the ageing it is restricted to journeys to medical or paramedical appointments.

Given that the emphasis on providing services to the ageing has extended beyond a purely medical mode, now taking account of social needs, the Committee considers that funding should be provided to enable the taxi scheme to include the ageing. There appear to be two options. The first is to maintain the current eligibility criteria and increase the funding. The second is to have a separate scheme for the ageing. It would appear that the former is preferable as the system already exists.

Recommendation

The Committee recommends that:

- . **the Government maintain the present eligibility criteria for the Taxi Rebate Scheme;**
- . **the Government provide sufficient additional funding to the Taxi Rebate Scheme significantly to reduce the waiting list for the scheme;**
- . **the Taxi Rebate Scheme be reviewed in the context of the review of concessions being currently undertaken by the Government's Social Justice Unit.**

A further problem exists, for those frail elderly who do use taxis, in the parking restrictions which severely hamper access to shops, professional offices or other services. This issue was raised several times at public meetings and in submissions. It was argued that a more flexible approach should be adopted to providing taxis carrying frail elderly or disabled people with access to short-term parking close to facilities or exemption from normal parking restrictions.

Recommendation

The Committee recommends that:

- . **the Government explore and implement means of eliminating parking infringement notices being given to taxis stopping to collect or deliver frail or disabled passengers;**
- . **in the interim the Government instruct parking inspectors to use their discretion in applying parking notices.**
- . **Special Care Transport Service.**

There are three services (driver and car) funded under the Home and Community Care program, each shared between two community centres. These have been used by the frail aged and younger disabled people. It is a stipulation of the HACC grants that the services be used to provide access to "medical and other professional appointments". While HACC is designed as a basic maintenance program, this approach does not accommodate the fact that the quality of life of the frail aged and younger disabled people is affected by a whole range of physical, social and emotional factors. If the policy were adhered to strictly this would deny clients access to community-based social groups.

. Community buses and cars

A number of problems were raised with the Committee in relation to community buses and cars. For example, the Canberra Nursing Home ceased to have access to a minibus once it changed from public to private ownership, and this unnecessarily restricts the social life of residents.

Burrangiri Crisis Care Centre has been provided with a bus with limited space which is restricted to carrying people in wheelchairs.

. Hired buses

Generally, private buses and ACTION buses are too costly to be regularly used for groups.

. Regular bus service

Some elderly people are able to use these where routes are convenient. However, it is difficult for many to climb into a bus. Many elderly people still using the ACTION bus service praised the courtesy of bus drivers.

Some people also commented on the inadequacy of some bus routes/services. However, the Committee understands that ACTION keeps these under constant review. One problem some elderly people raised with the Committee was that buses often started off before they had sat down. In some cases this made them reluctant to use the buses.

. Volunteers

Volunteers are heavily used by Canberra's regional community services. They are best suited to the transport of individuals rather than groups so the availability of volunteers does not alleviate the shortage of group transport.

. Informal networks

Friends, neighbours and family provide a significant amount of transport for aged people.

. Self

People over 70 may only renew their drivers' licence on an annual basis with an accompanying medical certificate. The medical examination does not attract a Medicare rebate, so the cost of the licence is increased by the cost of the medical examination.

Recommendation

The Committee recommends that:

- . **in the course of its review of concessions in the ACT the Government consider including the cost of their annual medical for people over 70 who are required to have an annual medical examination in order to qualify for a driving license.**

It is a comparatively recent development that the social needs of the elderly have been recognised to be as important as medical needs. It appears that the policies relating to transport of the elderly, however, still focus primarily on medical needs.

The Social Policy Committee notes that the ACT HACC Program has sought, for funding in 1989/90, proposals to investigate and expand existing transport options for the frail aged and people with disabilities. A comprehensive transport policy is required, looking at all forms of provision in the context of such needs as day care, nursing home excursions, social and recreational uses.

The waiting list for the Taxi Scheme is far too long. Funding of this scheme needs to be reviewed with a view of eliminating the waiting list.

Improvements in the provision of community buses also need to be examined, in the light of both the social and medical needs of clients.

Affordable and convenient transport provides access to essential services, helps to reduce isolation and loneliness and enables elderly people to remain active members of the community.

It has been reported to the Committee that lack of transport in Canberra is causing financial and physical difficulties for many elderly people. Lack of adequate transport also hampers the development of new services and has been cited by workers in the community as being one of the problems most in need of attention.

The Committee wishes to point out that the basic principles underlying the design of the national capital do not make it an easy place for the ageing if they cannot drive or do not own a car. The geographic spread of the garden city, and the design of its suburbs, preclude a "village street" access to shopping and facilities. In the Committee's view, the Commonwealth Government should bear accept some responsibility for the social and financial costs associated with this design.

Recommendation

The Committee recommends that:

- **a comprehensive transport policy for the ageing be developed;**
- **the social needs of the ageing be taken into account in HACC provision of transport services;**
- **the ACT Department of Community Services and Health examine the problem of lack of access for the ageing to buses and mini-buses for group activities and consider, in the process, establishing a small pool of suitable mini-buses.**

6.10 Other services

(a) The ACT Library Service

The Library Service provides services for specific forms of disablement. Ageing people are increasingly likely to need to use these services. An ACT Advisory Committee on Library Services to People with Disabilities has been established, amongst other functions to coordinate state, municipal and voluntary organisations providing services for people with disabilities.

The three principal services falling under this description are the Home Library Service, the Mobile Library and the Spoken Word Cassette Library. As with many of the other services considered in this report, the library service funding level restricts the extent to which it could manage the demand which would be generated by overt advertising.

The Home Library Service caters for readers in all areas of the ACT who are unable because of incapacity to visit their local library. The service is dependent on the help of volunteers to deliver the books to these users. Over 200 clients are provided with this service.

The Mobile Library provides a library service to the older citizens of Canberra who are unable to visit the branch libraries because of reduced mobility. It takes a library service to the rural areas of Tharwa and Hall as well as servicing new suburban areas. It visits approximately 18 sites with special accommodation for the aged and five primary schools each week.

The Spoken Word Cassette Library caters for the print handicapped. The Library provides audio recordings of books, magazines and newspapers covering a wide range of subjects. It also stocks a collection of titles in Braille.

In 1987 the service held 2,881 cassette titles and provided the service to 800 registered borrowers.

Lack of easy physical access for people with disabilities to Canberra's libraries was raised with the Committee as an example of poor design and siting.

Recommendation

The Committee recommends that:

- **easy access for the frail aged or disabled to public libraries be required in any future public library design and siting.**

(b) Electronic Media

Only a few of the many TV and radio stations in Canberra address the specific needs of those aged from 55 upwards, including pensioners and retired people.

While every station has material, including news broadcasts and community announcements, which may be of interest to all age groups, some stations, especially ABC radio and television, clearly cater for several discrete age groups, including the very young. Others have a special attraction for and make their main appeal to such age groups as 15-21 or 21-35.

There are very few programs, however, which make a direct appeal to the musical, entertainment and hobby interests of older age groups, though Radio 2CN makes some attempt to do so, including providing some financial advice to older people.

The Committee draws the attention of the electronic media to the ever-growing numbers and therefore the growing market represented by the over 55's. In particular, older groups will be concerned about changing housing, comfort and convenience of furniture and extended purchases for the home. There are opportunities for many kinds of businesses to sponsor programs which deal with such matters as superannuation, investment, the purchase of housing appropriate to older age groups, leisure travel, health and dietary advice, and news about the arts (the patrons of which are heavily represented by older age groups).

One exception to this generalisation is Print Handicapped Radio, Radio One PPP.

The radio broadcasts between 7 am and 12 noon, and 6 pm and 11 pm. At present Radio One PPP broadcasts at 1620kHz on the AM band and it is hard to receive the program in some areas of the ACT. The radio station plans to apply for a full license to the Australian Broadcasting Tribunal for a print-handicapped service on the regular AM band in 1990/91. By 1994 it expects to be providing a 24-hour service reaching all places currently reached by 2CN, with a good quality signal.

Day to day running of the station is in the hands of a part-time paid co ordinator. Programs are kept on air by volunteer presenters, readers, technicians, office supervisors and property maintenance people.

A large proportion of the revenue of Radio One PPP comes from sponsorships. However, by law print-handicapped radio is not allowed to engage in commercial advertising. Sponsorship announcements are permitted, but no more than four 40-word announcements may be put to air in any given hour.

Radio One PPP broadcasts material taken from daily papers, magazines, books, short stories and so on. There are also regular interviews featuring information of interest to the special audience, on issues such as social service matters and available aids and services.

Feedback from listeners to the radio station make it clear that this is one service which can reach into the homes of the isolated elderly and can provide a much needed information source.

Many people find difficulty in sleeping as they grow older. A 24-hour radio broadcast can help provide company during the night to such people. The Social Policy Committee asked about broadcasts at one of its public forums, and the response was that for the sleepless, at present, the only program to be heard all night was 3AW Melbourne.

One of the letters of support to Radio One PPP, which was made available to the Committee, encapsulated problems faced by carers and those they care for and underlines the great value of such services as the Cassette Library Service and Radio One PPP:

Before discovering One PPP, my father relied heavily on the taped book service provided through libraries, and listened to as many as 20 tapes a week. Now, thanks to One PPP, the regular visits to the library (by myself on Dad's behalf) have ceased to be necessary. He listens to One PPP during most of its operating hours – what a boon!

Recommendation

The Committee recommends that:

- **the ACT Government makes announcements and service communications through forms accessible to the aged, including those who are print-handicapped.**
- **the ACT Government Public Affairs Branch ensures that all significant service announcements be communicated through regular interview programs and sponsored announcements on the local print-handicapped radio service, Radio One PPP.**

(c) Emergency call systems

It was pointed out to the Committee that an electronic alert system is one way to give the ageing a sense of security. These can be hired from suppliers with an initial installation cost of around \$250 with a quarterly service fee of \$65, paid in advance. This is beyond the means of many on low incomes, who then look for security in alternative accommodation.

Initially, alert systems were considered an "aid" or "appliance" under the Commonwealth's HACC guidelines and therefore excluded. The guidelines were reviewed and now, in other parts of Australia, alert systems are being provided through HACC funded services.

Recommendation

The Committee recommends that:

- **a Canberra-based program, designed to provide alert systems for the ageing be introduced along similar lines to those programs funded elsewhere in Australia through HACC.**