



COTA Victoria

**Aged Care Reform Consultations
Summary Report**

June 2012

Contents

1.0 Introduction

2.0 Format and process of sessions

3.0 What do you need in order to age well?

4.0 Participants' experiences of the current aged care system

5.0 Participants' views about what needs to change

6.0 Other issues raised by participants

7.0 Conclusion

For more information about COTA Victoria's consultations with older people, contact Anne Pate in the Policy Unit on 03 9655 2123 or at seniors@cotavic.org.au

1.0 Introduction

As a member of the national COTA network, COTA VIC undertook 16 consultation sessions between February and June 2012, with 350 older people from a diverse range of urban, regional and rural settings across Victoria.

Following the release of the Productivity Commission's Report, *Caring for Older Australians* (June 2011) COTA Australia was asked by the Federal Government to oversee consultations with older people in communities around Australia, to inform them of the Productivity Commission's proposed reforms, and to find out what is important to people as they get older, including what support and services will help them.

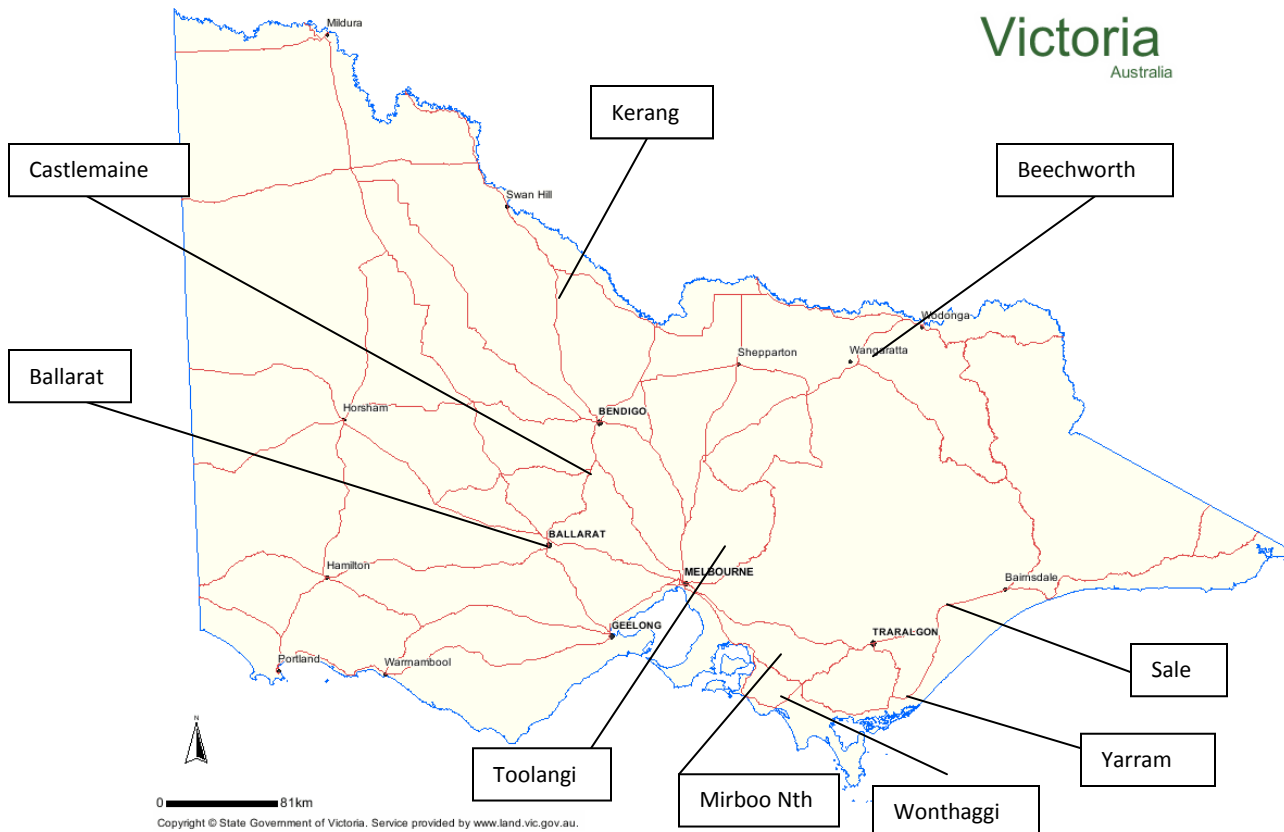
The consultation sessions in Victoria built on initial consultations conducted in early 2011 prior to the release of the Productivity Commission's final report. This second round of consultations was held before and after the Gillard Government's announcement of the *Living Longer, Living Better* package of reforms. The sessions were held in collaboration with a range of co-hosts, including seniors groups such as U3A, Probus and Senior Citizens clubs, and local government.

This summary report presents the key findings of the consultations.

2.0 Format and Process of Sessions

2.1 COTA Victoria conducted the following consultations:

Date	Location	Attendance
29 February	Melbourne CBD	20
6 March	Melbourne CBD	16
22 March	Ballarat	9
26 April	Deepdene – Melbourne Metro	21
30 April	East Burwood – Melbourne Metro	16
4 May	Castlemaine	40
18 May	Mirboo North	15
18 May	Wonthaggi	50
24 May	Sale	20
24 May	Yarram	15
29 May	Toolangi	13
7 June	Kerang	17
8 June	Beechworth	22
13 June	Altona – Melbourne Metro	30
22 June	Melbourne CBD	15
28 June	Melbourne CBD	21



2.2 Each session followed the same format to ensure relevant topics were covered, and to enable a comparison across consultation areas. Given the diverse range of communities consulted, flexibility was provided to capture emerging or community specific issues and questions.

Participants began with personal reflection on what their experience of the aged care system had been and what would enable them to age well. They then shared thoughts and stories with the wider group, which tended to generate lively discussion.

Following these discussions, an overview of COTA's submission to the Productivity Commission Inquiry and the Commission's final Report was provided, as well as an overview of the Government's response to the recommendations. Time was allocated for people's responses and questions.

Small group discussion about what changes people believed were needed in the aged care system was a feature of the sessions. Groups identified key issues in the provision of support and care of older people, and what they wanted in an aged care system to enable them to age as independently and as well as possible. These issues were then shared in a broader group setting.

An overview of the *Agewell* campaign provided opportunities for people to discuss what action they could take individually or as a group.

Time was provided for other questions and concerns to be raised.

3.0 What do you need in order to age well?

We began by asking participants what they thought would help them to age well. Here is a snapshot of the diverse range of issues covered in their responses:

"Work all your life, eat healthy and exercise, drink alcohol in moderation."

"Social interaction"

"Get a better transport system"

"Better wages for aged care nurses. More nurses in nursing homes"

"Good diet, exercise and activity, social connections, alcohol in moderation, sense of humour"

"Be lucky"

"Plenty of walking, Take a long trip, Exercise, Plenty of vegetables and fruit, Doctor check-ups, Lots of water, Keep moving, Fresh air, No stress"

"Have a social life, good food, money, good outlook on life, look after your health, keep active, and work as long as you can"

"Maintain your health and get a good doctor"

"Live independently"

"Access to information"

"Being alone doesn't necessarily mean you are lonely. I choose to live alone and I choose not to attend groups, but I don't feel socially isolated."

4.0 Participants' experiences of the current aged care system

During the consultations we heard from older Victorians about their experiences of the current aged care system and asked their views on what needs to change so that they have choice, quality and dignity as they age. Some of the issues raised included:

- lack of information about where to go for support,
- concerns about quality of care in residential settings,
- inadequate home help services, and
- lack of suitable transport in rural areas.

A number of key issues relating to the current aged care system, and to other factors which affect older people's quality of life were raised during the consultations. The key issues were:

4.1 Advice and Information - Participants recognized the importance of being informed about the aged care system, but were concerned about lack of readily available advice and information on where to go for support and on what services are available to them. Many participants were unsure about where they would go for information on aged care, and lacked knowledge about existing sources of information, including the 1800 Carelink number.

Moreover, people felt that advice and information provided was inconsistent and therefore confusing. Participants from some CALD communities said how difficult it was for them to access information and to make sense of the aged care system.

Participants valued talking to someone from their local community, and face to face, who could provide locally relevant information about the aged care system. This was the kind of information provision most helpful to them. Additionally, the value of peer networks as a source of information was emphasized by many participants.

"To have choice, you need knowledge"

"People who are socially isolated are even less able to access good information, whereas those who come to clubs like Probus can at least share knowledge amongst themselves"

4.2 Home help services – Many participants felt these services are too ‘time driven’ and not person driven. People were particularly frustrated that they did not provide services such as moving furniture, home maintenance, gardening and cleaning gutters, an issue which came up in several rural consultations and has particular resonance due to the risk of bushfire. Time allocated for home help was seen to be insufficient. Participants said they would prefer to have a broader choice of services and to spend the allocated money themselves.

We asked participants whether they would be prepared to move to a smaller, more manageable property if they found they could not keep up with maintenance (there is some evidence that people live longer if they move to houses they are able to afford and keep up). Responses varied: some participants were pragmatic and would move if they could afford to, while others stressed the importance of connections to the family home and local area which they would not want to lose. Overall, participants said there was insufficient help available.

"Once you get the right worker, then services from Council are good"

"People should have a say in what they need, whether for home care or an institution."

"We need a system that better suits the needs of the person, e.g. a care plan and a roster to fully meet the needs of each person."

"Local Council should give people more time. Workers don't have enough time to do what is needed."

"Service providers need better communication. Consumers need to know a service provider's limitations."

4.3 Residential Care - Participants raised a number of issues regarding residential care facilities. One participant spoke of a couple who had different care needs and were therefore separated and sent to different residential care facilities. Couples should be able to stay together if they both need care. Participants felt that there should be more recreational activities available. Many said that residential and nursing homes are inadequately staffed and that workers should be better paid.

"I've tried a few places but it's hard to get it right....The activity officer asked me to choose from the games he had supplied. I saw on the box it said 'aged 3-9 years' – Just because you have lost physical ability it doesn't mean you have lost mental ability"

"Older facilities should be upgraded to be aesthetically pleasing and engaging, to have light and life"

"Aged care has got worse not better, in terms of attitudes of staff"

"The institutional approach is embedded in aged care facilities"

"Costs of care should be upfront, not hidden from potential clients"

4.4 Transport - Transport was an issue, particularly in regional and rural areas and especially in relation to accessing medical services, but also for accessing social opportunities. People said that they could not afford taxis, and that public transport was non-existent or too infrequent in isolated communities. Where there were volunteer driver services, the availability was insufficient. In some cases, people had to temporarily relocate to a larger town or city to complete a course of treatment.

"Taxi cards should be compulsory for everyone over 85 and for those over 60 with a disability"

4.5 Housing - Participants said that more retirement villages or other types of housing should be built to enable people to stay at home. Participants wanted access to a variety of models of housing, including shared living arrangements. A different retirement village model that caters for mixed-age living was suggested, so that people didn't feel "institutionalised" or like they were "living with a whole lot of old people". They thought there should be more well-located independent living units and that money should be provided for people to transition from their own home into other accommodation or into a smaller, more manageable residence. Many participants

suggested there should be support to enable people to keep their families at home e.g. Granny flats.

"I don't want to live with a whole lot of old people"

"I want the aged care system to support me living in my own home for as long as possible"

4.6 Regional and rural issues - Regional areas are dependent on a small number of specialist services and do not have choices. There are insufficient GP numbers as it is difficult to attract them into rural communities. One participant spoke of needing to travel to Melbourne just to have her ears syringed. Participants in rural areas experienced difficulties with getting around in their local communities due to poorly maintained, or non-existent, footpaths.

4.7 Carers - Issues for carers were raised by a number of people. Much of the "informal caring" is done by older people many of whom find it a responsibility and onerous task which they are duty bound to carry out to the very best of their ability. There is no doubt that these duties impact on health and wellbeing, both mental and physical, and people believed securing a break from the duties is extremely beneficial. Concerns were raised about the entitlements to respite and the way services assist people to access respite. One person related his experience, in which he has to pay additional costs if the facility is more expensive than daily rate allowed to him. People expressed their frustration that they could not use the respite funding under their allowance to cover all the costs. Furthermore, the amount of respite time available at one time appears to be limited.

"I asked for 45 days to travel to Europe (while I am still fit enough) but the most on offer was 30 days and I would have to pay the rest myself. Why so if my entitlement, yes entitlement, is 63 days!"

In my case I usually use less than half of my entitlement so I am not a big user of the scheme but get pretty cavalier treatment at the hands of those who are supposed to facilitate my respite.

There is a problem with the empowerment of those with whom you deal in the department. Your call is answered by someone who then hands it on to a caseworker who rings you back with a decision. If you wish to vary it, the caseworker then has to check with a supervisor and get back to you. The caseworker should be able to deal with the matter on the spot!!

It was suggested that all this could be avoided by enabling the carer to cash out their entitlement and use it as they wished. Carer training is another item which participants

felt could be of value – people related that although it is available, they had to seek it for themselves as services did not offer it.

5.0 Participants' views about what needs to change to ensure a better aged care system

When asked what needed to change to ensure a better aged care system, participants raised the following:

5.1 There needs to be common and consistent access to **education and information** on the whole spectrum of 'aged care' services, including about the process of moving through the system. There needs to be more information, and it should be available through a range of community resources. The proposed changes to the aged care system were felt to make the need for high quality information even more important.

The Government's proposed web-based and phone-based Gateway was felt to be an inadequate response to these information needs, especially as some older people do not have internet access and need to access non web-based information. Many participants argued strongly that information should be provided face-to-face. A conversation with a skilled, informed worker was felt to be the best way to ensure that needs are identified, understood and properly responded to.

"We need a good, locally relevant, central information point"

"Places like Centrelink assume that all people have access to the internet. They keep you waiting on the phone far too long"

5.2 Many people raised the issue of **forward planning**, and how people can be assisted to plan ahead for issues that might arise as they age. Financial planning was a key issue, but issues related to housing were also raised. Participants felt that forward planning could have helped them to cope better with the challenges of ageing.

5.3 There should be just one **nationally integrated system** with a set of professional and national standards where staff and facilities are made accountable through monitoring performance and standards. With this, should be common assessments to ensure everyone is assessed equally and services and funding is equitable

"Why is the standard of residential care so variable?"

5.4 People thought that **residential and nursing homes** were inadequately staffed and that the aged care system could be improved by encouraging recruitment of more people and by increasing salaries and offering reward, recognition and training opportunities.

5.5 There is a need for **better home support** that includes maintenance and gardening. People should have more flexibility to purchase support from a range of providers including those who will undertake tasks which HACC providers are not able to do. Packages should meet the needs of the client rather than the carer.

5.6 There should be **better respite and rehabilitation care services**, including those provided in the home. Rehabilitation was viewed as critical to staying well, and to avoiding unnecessary admission to residential care.

"My friend was discharged from hospital with a recommendation for physiotherapy but the waiting list was 12 months. By then it was too late"

5.7 Participants thought **services should be better integrated** and were concerned about service affordability and about understanding the costs. They thought that accommodation costs should be separated from care costs.

5.8 A **positive ageing approach** was seen to be important in enabling people to age well, and to live as independently as possible as their needs changed.

6.0 Other issues raised by participants

A number of other important issues were raised during discussions;

6.1 Choice about end of life. A number of participants raised the issue of older people having a choice about ending their lives if the quality of life is very low.

6.2 Generally people thought that there needed to be more support for carers.

6.3 People were generally concerned about Dementia. They wanted to see more education and more Government money put into Dementia research and education.

6.4 People wanted more legal assistance and access to financial advisors.

"Younger people working in departments and services do not understand the issues and care problems people are facing, e.g. women didn't have Superannuation when young or had to give it up when they married. Do politicians understand that some cannot fully support themselves?"

"There are a lot of young people making decisions for older people and it doesn't work – they don't understand what it is to be older and on a pension"

"How do we transition from work and continue to feel valued?"

"The focus should be not just on care for older people but on keeping people active and mentally engaged"

7.0 Conclusion

Through the COTA Vic Aged Care Reform consultations, older Victorians were able to have a voice about the things that were important to them in relation to the current aged care system, and to other factors which affect their quality of life.

Amongst the issues most important to them were:

- common and consistent access to information on the entire aged care system and its services;
- more comprehensive client needs focused home help;
- improved transport options; and
- better residential care facilities.

Across the board, participants wanted to be able to stay at home as they aged, and to have access to support and services that would make this possible.