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18 September, 2002

Dr Margot Kerley  
Standing committee on Ageing  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Dr Kerley

**REFERENCE:       STANDING COMMITTEE ON AGEING INQUIRY INTO LONG  
TERM STRATEGIES TO ADDRESS THE AGEING OF THE  
AUSTRALIAN POPULATION**

Thank you for the opportunity to provide a submission into the inquiry into long term strategies to address the ageing of the Australian population.

Attached is a copy of the submission made by Latrobe Community Health Service for your consideration.

Please do not hesitate to contact Antoinette Mitchell Director Coordination & Assessment on (03) 5176 1972 should you wish to discuss this submission further.

Yours sincerely

Valerie Callister  
CHIEF EXECUTIVE OFFICER

**BRIEFING PAPER**

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**DATE:** 20 August 2002

**TO:** Dr Margot Kerley Committee Secretary, Standing Committee on Ageing

**CC:** Mr Christian Zahra MP

**FROM:** ANTOINETTE MITCHELL, DIRECTOR COORDINATION AND ASSESSMENT, Latrobe Community Health Service

**REFERENCE:** INQUIRY INTO LONG TERM STRATEGIES TO ADDRESS THE AGEING OF THE AUSTRALIAN POPULATION OVER THE NEXT 40 YEARS.

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**Purpose.**

To submit information on issues affecting the ageing population as identified by Latrobe Community Health Service.

**Background.**

Latrobe Community Health Service (LCHS) is located in the rural region of Gippsland, Victoria and is Victoria's largest community health organisation. A range of community based health and support services are delivered within the City of Latrobe, as well as a group of regional services from outreach locations.

In addition to the community based health and support services, LCHS also provide: sub regional public dental service, regional care coordination and brokerage; regional Carer Respite Centre; Aged Care Assessment Service; Veterans Assessment and Coordination Service; Victim's Assistance program and Alcohol and Drug Services

There is an ageing population in every Gippsland Local Government Area (LGA), and service utilisation statistics show a correlation between increased service utilisation and ageing. 39% of LCHS clients are aged 61 years or older. The implications for LCHS are increased demand for assessment, care coordination, community care packages, respite, dementia management, carer support, nursing, allied health and health promotion services.

**Issues.**

LCHS has identified and prioritised three (3) issues that we believe are critical to ensure optimal wellbeing, quality of life, and provide choice for the ageing population. The three key issues are:

- Workforce (including workforce development);
- The ageing of people with disabilities; and
- Ageing people living alone in the community.

## 1. Workforce Issues.

**Description:** Lack of trained carers and direct service workers in the health, allied services and welfare sectors, to meet the presenting and projected needs of the ageing population. Limitations of the current system and role confusion amongst professionals eg. Nurses and Personal Care Assistants (PCA's).

**Implications:** Lack of clarity regarding the specific functions and respective roles of Nurses and PCA's eg. Who is responsible for the administration of medication and PEG feeding. This has resulted in a gap in the provision of services to meet identified needs and enable ageing persons to maintain independence within the community, which may result in early and/or inappropriate residential care admission, and place further strain on this system. The role confusion impacts on the ability to develop a workforce program for PCA's that is rewarding and meets the service system and ageing population requirements.

Occupational Health and Safety policies also have an impact on the ability to deliver services to maintain people in their own homes, particularly people with physical impairments. The No Lift Policy jeopardises ageing persons ability to continue residing in the community, as it impairs service providers ability to provide appropriate care due to lack of funding/availability of appropriate lifting machines/hoists.

**Recommendations.** Further development of a workforce development strategy, and a commitment to the implementation of recommendations made from consultation. Also, consideration of increased funding for community based aids and equipment programs that are equally accessible to all aged and disability groups (eg. Community Aged Care packages (CACP's) recipients are currently ineligible for aids and equipment programs).

## 2. The ageing of people with a disability.

**Description:** The increasing demand for services for people with a disability and mental health issues who are ageing and the disparity of service delivery between the disability and aged care sectors. Eg. A person in receipt of disability funding becomes ineligible for funding on turning 65 years of age, and the aged care sector does not provide the same level of service.

**Implications:** At the most vulnerable time in life (i.e. When ageing) a person with a disability is faced with a reduction in services and support due to crossing the age threshold of the disability program, however the person's needs have not decreased, and may in some instances, be increasing.

**Recommendations:** A consistent focus with a whole of life approach to the service system to reduce the disadvantage/discrimination due to age. The development of a policy to ensure continuation of adequate service levels to meet the changing need throughout the life of the person. Development of a policy framework to the issues of disability and ageing based on a whole of government approach.

## 3. Ageing people living alone.

**Description.** Lack of services available to people living in the community who do not have an identified carer. Eg. ineligibility for assistance to purchase residential respite. Loneliness and social isolation associated with living as a single person in the

community with aged related limitations eg. Decreasing mobility and lack of access to appropriate transport.

**Implications.** Reduced wellbeing and mental health/capacity for enjoyment for ageing people if they remain living in the community due to lack of emotional support and social isolation. Further demands on the residential care system to meet the needs of this group, which could be easily avoided by providing a range of social support programs.

**Recommendations.** Funding and development of programs to meet the current and future needs of ageing persons living alone to provide flexible service delivery options and fulfil gap due to decreasing number of unpaid carers. Facilitated access (incentives/rebates) to supported communal living environments such as "villages" or Supported Residential Services that may reduce further dependence on the aged care service system.

We appreciate the opportunity to present this submission to the House of Representatives Standing committee on Ageing. Should any additional information be required, please contact Antoinette Mitchell, Director Coordination and Assessment at Latrobe Community Health Service on (03) 5176 1972 or via email at AntoinetteM@cocare.net .

Yours Sincerely,

Antoinette Mitchell  
Director Coordination and Assessment.