

## 5. Making South Australia Fairer for Older People (cont'd)

vision

Currently the State Government subsidises a program which supports eight private dentists visiting aged care facilities. It is understood that the value of the program is about \$500,000 annually. In the future an opportunity exists to 'dovetail' this program with the oral assessment tool kit initiative, thereby ensuring that dental visits are used for remedial activities.

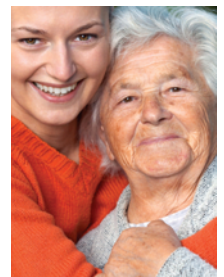
The frailty of many individuals coupled with the fact that few facilities have dental rooms combine to act against remedial work being undertaken. This problem could be largely overcome if portable dental equipment were readily available. An estimated 80% of needs could be satisfied. There is also a need for an appropriate facility to be available on site. Rather than be dental specific, a medical 'share room' would suffice.

### Recommendation 16:

**That the State Government extend the Community Oral Health programs state-wide by providing a further \$2.5 million.**

#### Rationale

Innovative and consultative Community Oral Health projects being run by the SA Dental Service, in collaboration with Divisions of General Practice, Adelaide Aged Care Assessment Team (ACAT) and Domiciliary Care SA, are aimed at integrating an oral health screening tool into health assessments. This gives a reliable indication of those people requiring referral for dental care. However, these projects are only funded in a select region and with a select number of people. There is therefore a critical need to extend the programs state-wide and thus ACS urges the Government to provide a further \$2.5 million to the community project for those older people with the highest level of dental risk.



## E. Housing and community connectedness

### ACS Vision for housing and community connectedness in SA

*Development of a variety of affordable and suitable housing options, including adaptable and supported housing, and investment in innovation and age-friendly design.*

#### Background

A recent Planning Institute of Australia article (*Housing for Life*, November 2007) described the capacity of older people to afford appropriate housing as often complicated by competing uses for available funds. Housing for older people is the place in which they continue to live their lives and be part of their communities, not a place to fill in time between retirement and the grave.

In the move towards increasing home-based care and services, the nature of “home” is changing. What was once the symbol of independence is rapidly becoming the workplace for care workers and service providers. The location of older people’s housing is vital to ongoing independence and well-being. Access to shops, health care, banks, government agencies, entertainment venues, spiritual and cultural centres and community events are high on their list. Market competition for these locations is high.



### Recommendation 17:

That the State Government develop a funding model for housing options for one of the most disadvantaged groups – vulnerable older people in marginal housing.

#### Rationale

ACS commends the State Government for developing the Affordable Housing Innovations Program, which targets people whose household incomes are described as low to moderate. Even housing called “affordable” is well beyond the means of many disadvantaged older people. The underlying causes of the housing affordability problems affecting older people are set to worsen over the next two decades. The key factors driving the affordability crisis for older people include:

- the generational shift in government public housing priorities to housing younger people and families at a time where there is a dramatic increase in the number of older people in Australia;
- governments moving away from direct provision of housing to a broker role;
- residential aged care being targeted to higher-needs older people; and
- the increased occurrence of older people retiring without owning a home.<sup>7</sup>

<sup>7</sup> *This Way Home – Submission on Green Paper Which Way Home A New Approach to Homelessness*, ACSA, 2008, page 2

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Recommendation 18:	Recommendation 19:
<p>That the State Government provide additional funding in the first instance of \$1.5 million per annum for four years to facilitate home modification services to enable older people to modify and maintain their existing homes to accommodate changing circumstances and lifestyles during later life. That the State Government, working with ACS, develop a policy position which establishes parameters based on the financial capacity of individuals.</p> <p><b>Rationale</b>            Being able to remain within, and connected to, the community is dependent on individuals' existing homes being modified to suit changing circumstances. The Australian Housing and Urban Research Institute, in a recent position paper<sup>8</sup> described the provision of home maintenance and modification services for older people in Australia as having developed in the context of health, community care and housing since the 1980s. In SA, HACC is the main provider of home maintenance and modification services, delivered through a mix of government and community-based agencies. Expenditure through HACC in SA is close to the national average for home maintenance services, but significantly below average for home modification. The national average expenditure was \$4,598 per 1,000 HACC eligible clients in 2004/05. This ranged from \$10,592 in the ACT and \$10,411 in New South Wales to \$871 in South Australia and \$401 in Western Australia.</p>	<p>That the State Government release the report of the Fitness to Drive Task Force, and resource its recommendations. This report analysed in detail the difficulties for older people, their families and professionals arising from the current regime for determining fitness to drive, and was endorsed by the Road Safety Advisory Council in November 2005.</p> <p><b>Rationale</b>            Access to both public and private transportation is a key factor in individuals feeling connected to their communities. Safe, reliable, affordable transport is a key determinant of people's opportunities to access health services and programs, education and secure employment. It is especially important for the elderly to have access to public transportation. Limitation in regards to transport is related to social isolation and also has a relationship with sedentary lifestyles.<sup>9</sup></p> <p>Safe transport options that preserve dignity, maximise independence and provide access to activities that allow older people to contribute to their community are essential. Loss of capacity to drive, either as a result of inaffordability of retaining a vehicle, or through declining capacity to drive safely, is listed by older people as a point in their lives that ranks close to changes such as losing a partner or ceasing to be able to live independently.<sup>10</sup></p>

<sup>8</sup> *The Impact of Home Maintenance and Modification Services in Health, Community Care and Housing Outcomes in Later Life*, AHURI, February 2008, p 4

<sup>9</sup> *Community Indicators Victoria* <http://www.communityindicators.net.au>

<sup>10</sup> *Budget Submission 2007-2008 to the SA State Government*, March 2007, COTA SA, page 14

## Recommendation 20:

That the State Government immediately recognise the importance of transport in the delivery of all components of the health care system to older people, including primary health care, rehabilitative care, community care and acute care services and that the State Government make an appropriate allocation of funding for this purpose in the 2009/10 budget.

### Rationale

Access to appropriate transport is inextricably linked to older people's capacity to get the health care they need. Older people cannot get to or from both local and distant health services. It is difficult for people who do not drive themselves to get to GPs, to allied health services, and to diagnostic and pathology services for one-off tests and for management of chronic disease.



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### F. Finance

#### ACS Vision for financing the aged care sector in SA

*An appropriately remunerated sector which recognises the value of the work undertaken by its workforce.*

ACS supports commitments sought by COTA SA in their recent budget submission<sup>11</sup>, that:

- “Ageing be dealt with as a major economic issue across the whole of government, within the State Strategic Plan, within Cabinet considerations, and as a key driver of agency activity and investment.
- A high priority be given to investment in older people, with a profile akin to that currently given to early childhood development.
- Leadership be shown in integrating policy, planning and service delivery across all sectors to support and develop the contributions made by older South Australians to the future of this State.”

Although much of the funding for aged care comes from the Commonwealth Government, it is important to note the need for a Commonwealth-funded Conditional Adjusted Payment (or similar) for community services; the pressures on staffing costs at the current indexation rate, and the potential impact of the proposed Commonwealth Carbon Trading Emissions Scheme.

<sup>11</sup> *Budget Submission 2007-2008 to the SA State Government*, March 2007, COTA SA

#### Recommendation 21:

That the State Government demonstrate consistency when providing wage increases to all community service programs where the Government has an interest and not just those solely funded by the State Government.

#### Recommendation 22:

That the State Government “lobby” the Commonwealth Government, assisting the national industry body, (Aged and Community Services Australia), in its efforts to secure a more financially sustainable sector thereby enabling aged and community care providers to establish greater wage parity with health sector employees paid by the state.

#### Rationale

Personal carers make up the majority of the community and residential workforce. They are relatively poorly paid and often work on a part time or casual basis. Nurses are the other significant component of the workforce. Nurses in aged care are generally paid less than their counterparts in the acute sector.<sup>12</sup>

The *National Workforce Strategy (2005)*<sup>13</sup> commented that “the aged care workforce is predominantly female, and has a strong part-time and casualised structure. Wage disparity compared with other sectors is a factor for many workers in aged care...The issues which shape the current aged care workforce are multi-faceted. The strategies to address these will require planned, coordinated effort.”

<sup>12</sup> *Ibid*

<sup>13</sup> *National Aged Care Workforce Strategy*, Commonwealth Department of Health and Ageing, March 2005