



Consultations on In-Home Services for Older People

Final Report

To

Office for the Ageing (OFTA)

For

2008 – 2011 Home and Community Care

Triennial Plan

January 2008



Government of South Australia
Department for Families
and Communities



Acknowledgements

COTA Seniors Voice thanks the many HACC program recipients and carers who gave generously of their time to attend consultation sessions. We would also like to thank all the COTA members who completed the COTA survey, wrote letters and contacted our office during the consultation.

We appreciate the assistance provided to COTA by HACC service providers, community health services, community centre staff, local government staff and community organisations around the state.

We would also like to acknowledge the assistance provided by OFTA staff who attended many of the consultations.

COTA Seniors Voice
45 Flinders Street
Adelaide SA 5000

Ph: 08 8232 0422
Email: cotasa@cotasa.org.au
www.cotasa.org.au

January 2008

**Final Report For 2008 – 2011
Home and Community Care Triennial Plan in SA**

Contents

1. Executive Summary	4
2. Background	6
3. Methodology	7
4. Findings	9
5. Major Issues Identified through Consultations	11
6. Conclusion	18
 <u>Appendices</u>	
Appendix 1: OFTA Questions for HACC Triennial Plan Consultation	21
Appendix 2: Consultation Locations, Dates and Venues	22
Appendix 3: COTA Member Survey	23
Appendix 4: Consultation Questions	25
Appendix 5: Other Issues	26

1. Executive Summary

COTA was commissioned by the Office for the Ageing (OFTA) in the South Australian Department of Families and Communities to assist with consumer consultation in relation to the development of the Home and Community Care (HACC) Triennial Plan. This was undertaken in conjunction with COTA's wider consultation on community care and support.

In October and November 2007, COTA Seniors Voice (COTA) consulted with older people in South Australia about the services they receive in their homes. This consultation explored older people's experience and views about current home care services, what other services they would like and how they would like services delivered.

OFTA separately conducted a series of consultations with service providers and people identified as being in target groups of recipients of HACC services. Together the OFTA and COTA consultations will inform future provision of HACC services in South Australia.

This report to OFTA summarises the results from COTA consultations that will inform the preparation of the HACC Triennial Report. Included in this report is data from the COTA questionnaire distributed to members through the organisation's *MyCOTA* magazine

The information contained in this report came from 19 face-to-face consultations around South Australia attended by 293 people, and from 600 responses to a questionnaire sent to COTA members. A number of letters and phone messages were also sent to COTA from people wanting to have a say during the consultation.

People identified that they need assistance and support to continue living independently in their own homes. Support with simple household tasks, gardening and transport were ranked higher than personal and nursing care although these were noted as also being important. People want and need support for living ahead of their need for care. People said that they wanted changes relating to quality, amount, types of service and responsiveness to individual preference because these changes would let them retain control and make decisions about their lives.

In summary the issues identified by older people were:

- **Assistance with housework, help in the garden and personal care** were identified in all consultation sessions and in the questionnaire responses. People need more hours, greater flexibility and choice in the types of tasks performed.
- **Smaller, simple tasks that support people's daily lives** were frequently required. Examples include changing light globes, turning mattresses, and replacing tap washers. While such assistance is provided by some HACC funded services, people report that few service providers respond to requests to do these small but vital tasks.

- **A desire for services to be flexible**, reflecting individual needs and wants, rather than taking a one-size-fits-all approach. This recognition of individual needs was identified as respecting people's rights to make decisions about their own lives.
- **Provision of assistance and care at the right time** - when people need it. Many people had to wait for personal care despite being acutely ill. Many people no longer needed assistance by the time it was provided. Furthermore, services need to be responsive as an older person's circumstances change.
- **Regular, well trained care providers**, who are punctual, respect the lifestyle and routine of recipient, who respond to requests and tell people about changes to usual care routines. Regular and communicative carer providers made people feel safe and respected. Many people did not know which service provided their in-home care services; they assessed the value of the service by the personal attitudes of the individual care providers. A successful relationship with a staff member, that included good communication, flexibility and attention to individual requests, was highly valued.
- **Information about services that is accessible and timely**. Many people found the information pathways, forms, and assessment processes for home care difficult to understand and confusing. People not yet getting services were uncertain how to find get assistance. People receiving services want clear information and what they are entitled to, who is providing it, and who they can contact. They want that information in written form at home so they can contact service providers.
- **Requests for increased respite and services** that are specifically targeted at family carers, the majority of whom were the wives or husbands of home care recipients, were common throughout all consultations. Many carers are older people who willingly provide support and care for their partner however the task becomes harder as both parties grow older. They want respite services that are responsive to their needs, and are available in emergencies and when the carers themselves are ill. Respite provision and flexibility were more marked issues for people outside the metropolitan area.
- **Transport that is available, flexible and affordable**, particularly for medical appointments, hospital and nursing home visits, and for shopping. Lack of transport was noted as having a major impact on older people's ability to access services and to remain independent. Country participants were particularly disadvantaged, often having to drive themselves long distances for medical appointments and treatment.

It was apparent from the issues identified in different regions that there is variation between what is available from service providers. The gaps in service availability created by this variation are compounded for older people living outside the metropolitan area.

2. Background

The Home and Community Care (HACC) Program is a cost-shared program between the Commonwealth, State and Territory governments. In South Australia, Office for the Ageing (OFTA) administers the HACC Program on behalf of the Commonwealth Government. The Commonwealth currently provides 62% of funding and the State 38%. In 2007-2008 the total level of recurrent HACC funding in SA was \$138.6m.

HACC was established in 1985 with the major aim of preventing premature or inappropriate admission to institutional care through the provision of in-home and community based services. HACC is the main provider of community care services to frail aged people, younger people with disabilities, and their carers in their own homes. It provides services that support people who are at risk of inappropriate admission to long term residential care.

HACC funds a wide range of non-profit organisations including State government services, local government services, church organisations, charitable bodies, and community organisations. Information about services is provided by Commonwealth Care Link Centres, OFTA, local government, doctors, hospitals and community health centres.

Eligibility is based on assessed need by a service provider in conjunction with local doctors and/or other health professionals. Users of HACC services may be asked to contribute to the cost of the service being delivered however eligibility to pay is not a basis for denial of services.

COTA was commissioned by the Office for the Ageing (OFTA) in the South Australian Department of Families and Communities to assist with consumer consultation in relation to the development of the Home and Community Care (HACC) Triennial Plan¹. This was undertaken in conjunction with COTA's wider consultation on community care and support.

In October and November 2007, COTA Seniors Voice consulted with older people in South Australia about the services they receive in their homes. This consultation explored older people's experience and views about current home care services, what other services they would like and how they would like services delivered.

OFTA separately conducted a series of consultations with service providers and people identified as being in target groups of recipients of HACC services. Together the OFTA and COTA consultations will inform future provision of HACC services in South Australia.

COTA provided an interim report to OFTA in December 2007. This final report summarises in greater depth the key themes identified in the interim report that will contribute to the preparation of the HACC Triennial Report. The information contained in this report came from 19 face-to-face consultations around South Australia attended by 293 people, and from 600 responses to a questionnaire sent to COTA members. A number of letters and phone messages were received from people wanting to contribute during the consultation.

¹ Correspondence to Ian Yates, CE, Council on the Ageing, from Anne Gale, Director, Office for the Ageing, 14 September 2007

3. Methodology

OFTA undertook a major briefing and consultation with service providers and the ageing sector about the issues to be addressed in the Triennial Plan. Furthermore, OFTA provided some questions which were agreed to be a guide for COTA in the consultations (Appendix 1).

COTA did not design specific means of consultation with groups unlikely to attend face-to-face consultations. OFTA was convening events for consultation with people identified as being part of target groups for receipt of HACC funded services. These included people from Indigenous communities and from Culturally and Linguistically Diverse backgrounds.

COTA paid for interpreter services where requested. People who identified themselves as being members of an indigenous community attended consultations, and COTA provided information about the Indigenous-specific consultation session being conducted by OFTA at Port Augusta.

COTA paid for transport to consultations where people wished to attend but were unable to afford or obtain their own transport.

3.1 Consultations

Between 19th October and 19th November 2007, face-to-face consultations were held in 19 locations in metropolitan and rural South Australia (Appendix 2).

COTA recorded 293 people who participated in these sessions. Locations were chosen on the basis of COTA's knowledge and experience of older people's likelihood of attending such forums. In selecting the locations and venues, COTA drew on its extensive local networks of members, volunteers and clubs. Invitations to recipients of HACC services to attend a consultation in their local area were sent through HACC providers, community health centres and local councils. Where consumer consultative networks exist in local areas, the service providers were asked to circulate invitations to these people. COTA also directly invited its members in each region.

Attendees were predominately people who were either in receipt of HACC services, carers of HACC recipients or older people seeking information about what in-home services were available. Service providers were specifically asked not to attend these consultations as it was thought that some recipients of HACC may feel uncomfortable making comments and suggestions in the presence of people who provided their in home care services.

A number of people were unable to attend consultations due to ill health or incapacitation and wrote letters and left phone messages for COTA staff at the consultation venues.

Consultations were conducted over a period of 2 hours in a workshop format. Participants were seated at tables of approximately 6-8 people. Where there were a small number of attendees, the discussions were held in one group. After introductions and an overview of the consultation process, each person was asked to individually fill out a questionnaire containing two questions regarding the beneficial and/or unsatisfactory aspects of their current services. People who did not currently receive services were asked to list three things that they thought would be beneficial in the future to support them to live independently in their home. The questionnaire was anonymous and was collected before group discussions began.

The aim of the questionnaire was to obtain people's individual thoughts about in-home support services before the larger group discussion. It also allowed people, who may have felt uncomfortable speaking in a larger group, to have input into the consultation.

The second part of the consultation involved group discussions of three questions about what kinds of assistance made a difference, carer attributes and ideas about the future provision of in-home support services.

At the end of the group discussions each group was asked to feedback their answers to the larger group. Finally participants were asked if there were other issues that they would like to add to the group feedback. All responses were recorded.

The aim of the consultations was to engage older people in a discussion about the services they are currently receiving and their ideas about what would be a quality home care service in the future. The issues identified at the beginning of this report were compiled through a statistical analysis of information provided at the consultations. According to numbers and configuration of venues, some consultations were small group format, others were whole of participant format. Therefore as issues were identified, the number of people supporting that issue was not generally recorded as individual votes unless all participants wanted to have their interest noted. Where an issue was raised by more than one group the issues recorded multiple scores. The consultations did not seek to develop comprehensive quantitative data but qualitative information about the experiences of the attendees in receiving services provided by HACC agencies. To ensure a balance of quantitative and qualitative outcomes it was also important to record the words of the participants as they reflect their personal experiences.

3.2 COTA Survey

In addition to the metropolitan and regional consultations, a separate survey was conducted of COTA members. A survey form was included in COTA's October/November 2007 edition of *MyCOTA* magazine (Appendix 3), with over 600 responses being received. All responses were anonymous. The survey questions were modelled on the questions prepared for the face-to-face consultations.

4. Findings

An overarching theme was the desire to have 'help' rather than 'care'. Help implied that a person was independent and coping but just needed 'that little bit of help' to stay in their own home. The concept of 'care' was seen as identifying the person as dependent and not coping. Many people also objected to being labelled 'carers'.

“I didn't know that I was an elderly carer, I thought I was a husband looking after his wife”

Of concern, was that although many participants noted they were grateful for the support they received, a number of people expressed concern that if they asked for too much assistance or complained about the assistance they are receiving, they would be deemed not to be coping and therefore would be assessed for residential placement.

The flexibility and quantity of assistance were universal issues of concern. Choice and control in what services could be received and when and how those services were provided underlined the desire to remain independent and an active participant in daily life. Rather than passively receiving services such as meals and housework many people expressed a desire to be involved in determining the frequency and nature of the assistance. Inconsistent provision of services across regions and varying quality of support were also highlighted. Eight key issues emerged from these consultations. These are discussed below.

Of these issues the three ranked highest by people in both country and metropolitan areas are:

- Small simple tasks that support people's daily lives
- Flexibility in the way in which services are delivered
- Transport

Table 1 below shows the rank order of the issues in country and metropolitan areas identified as the most significant issues people need addressed to enable them to live well in their communities.

Table 1.

Q. What kinds of assistance make a difference to being able to live independently with a good quality of life?

Major Issues Identified	Overall Response	Metro	Country
1. Smaller simple tasks that support people's daily lives	458	175	283
2. Regular, well trained care providers	339	167	172
3. Transport that is available, flexible, affordable	222	54	168
4. Assistance with housework, help in the garden, personal care	142	36	106
5. Information about services that is accessible & timely	102	54	48
6. A desire for services to be flexible	80	30	50
7. Increased respite services	70	12	58
8. Provision of responsive assistance & care that is provided when needed	60	20	40

5. Major Issues Identified through Consultations

1. Assistance with housework, help in the garden and personal care

Help with housework and assistance with gardening tasks were highly regarded as services that allowed people to remain in their own home. Concerns raised regarded the frequency and quantity of hours available for housework, the lack of flexibility of tasks to be done, the inability of some helpers to move furniture and the need for smaller tasks to be completed. The availability and quantity of gardening assistance, including lawn mowing or actual gardening tasks, were seen as essential for many people to remain in their home.

People also raised concerns about the availability of assistance for larger gardening tasks, including tree and shrub pruning, and green waste removal. Many noted that the overgrown and untidy nature of their gardens was a source of embarrassment for them, particularly for women who had lost a husband who regarded their garden as a source of pride. Safety issues were also concerning to them. For example, in Minlaton the prevalence of snakes made the removal of undergrowth and overgrown gardens essential; however this service was not available.

“I look after my blind husband. I have medical problems as well. I asked for assistance to remove a tree branch that was hanging over our front path. The branch posed a hazard for my husband when we accessed the path. I was advised that the HACC service couldn’t undertake such a large task. I borrowed a chain saw, got my husband to hold the end of the branch and removed the branch myself”

Personal care was regarded as essential and generally well regarded. Choice in scheduling, allocation and amount of time available and having a regular helper were noted as being important.

2. Smaller, simpler tasks that support people’s daily lives

Simple tasks such as changing light bulbs, turning mattresses, changing tap washers and smoke alarm batteries were very high on the list of priorities. There were a number of people who stated that their in-home support service did attend to these tasks, however the majority of participants stated that this service was not available to them.

“My neighbour is in her late 80s. She couldn’t climb a ladder to change the light bulbs. As each bulb blew she moved to the next room until she ended up living in only one room in the house. When we realised her plight we changed all the bulbs”

“Recently I required someone to change the globe in an outside light (not allowed to use a ladder myself being over 80 years old) Cost: 10 mins work = \$77.”

Window cleaning and washing of curtains were regular items for discussion. Often a person's public and private identities as competent, coping individuals are tied to their home's appearance. Dirty windows and curtains can cause distress particularly for those who can no longer attend to these tasks safely. Many participants stated that their helpers advised that they were not allowed to climb ladders or undertake 'unscheduled' tasks.

"It makes you feel depressed when you look at dirty windows and curtains. I am ashamed and frustrated that I can't do this anymore."

Often comments were made about helpers not being able to clean hard to reach places, such as tops of cupboards, light fittings and cobwebs. Once again participants saw the inability for them to do these tasks as a constant reminder that they were not coping as well as they used to. Comments that standards of housework provided were not always satisfactory were common. To many older women housework is seen as a skill with certain standards that need to be met, not a secondary task of low status. Therefore their desire to have work done to a satisfactory standard is important to them.

"...to see things clean and tidy helps to make me feel as though the home looks like it always was and especially when my family visit from interstate..."

3. A desire for services to be flexible

Flexible services provided to meet the recipient's needs not the needs of the service provider are important. Short term needs were often overlooked as the service was designed to address perceived long term needs, e.g. cleaning out the fridge was not seen as important as cleaning the floors every week. Many people stated that they were not able to negotiate changes to tasks to be performed even though they felt that one task was more important to them than another.

"My helper comes 2 hours a fortnight to help me with the housework. It takes all of her time to get things done and then in the last 5 mins she says, 'I have 5 minutes left, what else do you need?' She doesn't even have time to have a chat or do any other tasks that are piling up"

4. Provision of assistance and care at the right time

Flexible services that reflect a person's current need would allow people to receive help as required. Assessment as being eligible for services does not necessarily mean that the person receives help at crucial times. As people are discharged from hospital earlier than previously and many older people have more complex health needs, it is crucial that support is received when needed.

“I was hospitalised after a heart attack. I was sent home to wait for by-pass surgery. I was assessed as eligible for home care services including personal care and housework assistance. However the long waiting list meant it would be 3 weeks until I could be assisted. I was severely incapacitated and unable to attend to these things myself. My neighbour assisted me. I returned to hospital before the assistance became available.”

‘All the palliative care representative was interested in was filling out forms and reports. Twined up (sic) with laptop and portable printer, nothing she promised ever eventuated (except) the District nurse rang on the morning my wife died to say that she had a walking frame for her’

“After I returned home to manage alone after major surgery it was 10 days before help I had been promised while in hospital arrived”

Assistance at crucial times may well impact on the need for further services. After an illness or bereavement a person may need more intensive support however once assisted that person may regain independence and living skills that reduce their need for long term services. For example, a number of men who have lost their spouse noted that all they wanted was to learn how to cook as their wife had done all the cooking and to have some social contact as they hadn't been out alone for many years.

“I would like to be taken to the pub once a week for a counter meal just to change the monotony of my life. I would like someone to go with as I can't walk into a pub alone. I have not been out since my wife died as we always went out together.”

5. Regular, well trained care providers

Most participants were very clear about what attributes they would expect from people attending to their needs including: punctual, respectful, honest, well trained and friendly. A regular helper, who notified of changes to routine or schedule, was a pre requisite for a good client-provider relationship. Many participants were frustrated with changes to routines and the absence of a regular carer. Some participants suggested that if there were a couple of regular helpers the person would have someone who knows them and could provide continuity in times of staff holidays or illness. Rather than have strangers appear at their door or waiting for most of the day for a helper who doesn't come, participants wanted to be able to control their lives and to be seen as receiving a service rather than being the passive recipient of 'care'.

6. Information regarding services that is accessible and timely

The timely receipt of information and advice was a recurrent issue. Most people either did not know where to access information, what information was available, what organisations provided services or how to apply for services. Also when information was obtained many stated that they were baffled by the number and complexity of forms and how to find out what services were related to their particular situation.

“It’s like a Catch 22, how do I know what I want if I don’t know what is available?”

Being able to go to one access point for information about services was a common theme. Referrals to numerous agencies where people had to retell their story many times over created frustration and anger. The availability of information, especially at times of crisis or change in their lives, was also very important.

‘I cared for my severely incapacitated husband for 12 months, all by myself, until I recently became aware of support services.’

‘The services are excellent – but accidentally discovering their existence and availability was the problem. We had no idea of what was available, how to seek them out. I might add it is a ‘maze’ working out what agency does what and how.’

Access to information regarding grievance procedures when support services or support staff are not up to standard or cause concern to the recipient was seen by many as essential to their wellbeing and safety. Many stated that they did not know what grievance procedures were available to them.

7. Requests for increased respite and services

Many participants were carers for their spouse. The need for respite services that are flexible and responsive was very common, particularly in country areas. In emergency situations, where a carer was admitted to hospital, many people were unable to get assistance.

‘I had a very sick husband and I had to go into hospital for a spinal operation. We have no children, only my niece. I found it impossible to get him into respite for the 10 days I would be away so had to leave him alone, with my niece dropping in to see that he had Meals On Wheels and that he had taken his pills. I was so worried I came home after 3 days against my specialist’s wishes but found it impossible to get help to shower my husband.....My husband died a few weeks later’

The limited availability of hours of respite and the lack of choice of placement venue impacted on many people’s lives. Nursing home respite was mentioned many times as being distressing for people who were afraid of being left there.

“I am 75 years of age, I look after my wife who is the early stages of dementia. I also run the family farm of around 80 acres. When I go out to work I have to tie up all the taps and dismantle the knobs on the stove so that my wife doesn’t injure herself or damage equipment. I get respite for my wife on 6 weekends a year at the local nursing home. It breaks my heart to take her there as she gets very distressed as she thinks I am going to leave her there indefinitely. I need someone to stay in our home with my wife while I am on the farm. I want to keep her at home.”

8. Transport that is available, flexible and affordable

As many older people are no longer able to drive they are very dependent on public and community transport. Of concern is access to flexible, safe, efficient transport especially to medical appointments and to do shopping. Country residents are particularly disadvantaged as distances to hospitals and medical appointments can be many hundreds of kilometres away. In conjunction with this, accommodation is often required in Adelaide or regional centres which added an additional financial burden.

“We live in Naracoorte. I care for my wife. She had a number of specialist appointments at Flinders Medical Centre in November this year. As the next available booking for the Red Cross Medical Transport car was in mid December I was not willing to miss these very important appointments. I drove my wife to her appointments. We left home at 4am, we attended the appointments and then I drove home arriving at 9pm. I couldn’t afford accommodation as well as petrol. I am 85 years of age”

Participants from Streaky Bay and Ceduna were similarly affected by lack of transport to medical facilities in Port Lincoln and Whyalla. Without public or community transport they were dependent on only a few medical transport vehicles that had to cover a wide area and were often booked out months in advance. If family members were hospitalised it was difficult to visit or remain with them due to accommodation costs and lack of transport. As in the Naracoorte area many older people were driving long distances, often 6-8 hours per day, to take themselves or their spouse to medical appointments and treatment. People whose spouse was in a nursing home, often not close to their home, were particularly stressed about not being able to get transport to maintain contact and to continue their relationship that had lasted many years.

“Five weeks ago I lost my drivers licence on my 87th birthday. My wife is in a nursing home some distance from our home. I used to visit her every day however now I can only see her at weekends when my family takes me for a visit. We were together for 65 years. There is no public or community transport available to take me to visit her.”

The availability of transport to and from shops was of concern particularly for those people without family to assist them. In some centres such as Onkaparinga City Council area, the community bus runs a daily service to and from the local shopping centres however in many other areas there is either no community transport or it is infrequent or expensive. People living at Iron Knob have a 100km round trip to do food shopping as there are no shops in their town and no public transport. Many must rely on neighbours to buy their food as they can no longer drive. Public transport is often difficult to access, non-existent or requires a number of changes of services to get to shops, hospitals or nursing homes.

9. Additional Issues

A number of issues were raised in the consultation process and survey responses that are not necessarily HACC related nonetheless they are of concern to older people and impact on their quality of life. Health, housing, planning and neighbourhood, social contact, security and workforce issues were identified across metropolitan and regional areas. (See Appendix 5)

Social contact

Daily contact via a phone call or a short visit was mentioned in most consultations as something that would enrich and support people's lives. Outings and trips contributed to the sense of 'well being' and were seen as beneficial however cost was a limiting factor for many people. Social outings that extended people's interest, provide new opportunities and enrichment of their lives were highly regarded. Flexible outings, time with home support people who could take the person for a walk, a visit to the beach, a museum or even just to the local shop were mentioned in a number of consultations. Social groups and community 'day care' were appreciated by many however not all people wanted to participate in a group setting.

"I am a housebound 96 year old who has been out 4 times in the last 18 months"

'Less time in living alone, sometimes very lonely...in hospital for treatment of depression, no future at 87 years of age'

Security

Many people were concerned about security, both personal and home security. Having a list of reputable trades people and helpers who had had police checks was a common theme. Also the provision of personal security alarms was seen as beneficial and reassuring however many could not afford to purchase one. Responses to personal and home security issues were greater in metropolitan areas than rural areas.

10. Program Administration

Considerable discussion took place in all consultations regarding the administration of the HACC program. Issues of concern involved the lack of co-ordination of services between agencies, hospitals, HACC providers and recipients of care. Transitional care from hospital to home was often criticised as being well intended but poorly executed. Information about changing needs often failed to provide for similar changes in services e.g. illness may require more support and recovery may lead to lesser support however the ability to quickly respond to changed needs was often missing. The need for flexible respite particularly in emergencies was an unmet need in many rural areas.

Many people noted that they would like to be able to provide feedback regarding quality of services provided and to be able to access a grievance mechanism to report complaints about services or staff. If a process does exist within the HACC framework or is provided by service providers most people were unaware of it. Many participants were unable to identify whether their service was HACC funded nor were they able to identify who they would approach if they were unhappy about services or wanted to discuss choice in their service provision.

Provision of services that were available across local government or regional boundaries was of importance particularly for metropolitan areas. Being aware that services in the next suburb were more responsive or comprehensive was a source of frustration to those who were unable to access better services in their area. Knowledge about how HACC services are funded and the process for applications and programs was virtually non-existent.

The inclusion of consumer representation on service provider/funding bodies for in-home services was mentioned in many consultations.

The provision of service-centred services as opposed to individual-centred services can be seen as a core issue in the administration of the HACC program. Flexibility and responsive services require support workers to have a degree of autonomy to provide individual support that meets the immediate and long-term needs of older people. It is the person not the service that is important here. People want those who come to their homes to support them to focus on them not on the task at hand. Both are possible however the degree of satisfaction and sense of well being experienced by the older person and indeed their support person is enhanced if there is a valued relationship underpinning the service.

6. Conclusion

Around 1,000 people across metropolitan and rural areas participated in the COTA consultations and/or responded to the COTA survey. The enthusiastic interest in being part of this process was an indication of the importance older people place on support services to assist them to remain in their home.

Overwhelmingly people stated that they were very appreciative of services they received. Indeed some people were concerned that the little support they did receive may in some way deny services to others 'more in need of help'. Some participants were concerned that they did not want to be seen to be complaining when they felt services were not meeting their needs. More importantly a common theme was that people felt that if they asked for 'too many' services the 'authorities' would deem them unable to cope and recommend assessment for residential care.

Interestingly when asked what made a difference to people's quality of life the simple, everyday tasks ranked highly across metropolitan and regional areas. Not being able to replace a light bulb or not having someone to do it for you, to watch your home deteriorate around you because you can no longer do simple maintenance jobs, or clean those larger things like curtains or cupboards, made people feel their isolation and physical constraints even more acutely. A number of people noted that these simple things had a great impact on the enjoyment and quality of their lives.

As with most people, older people value their independence. To know that services are available when needed is a source of comfort, however not being able to access services due to lack of information or not knowing how to access information creates anxiety and fear. Without access to information older people are denied opportunities to remain in control of their lives. Equity becomes an issue when people feel that they cannot remain in their homes because they are not aware of support services that may be available to them. Information about services needs to be available in user-friendly forms. Very few people at the consultations had access to the internet or computers nor did they feel comfortable being directed to many diverse and often confusing agencies and government departments.

Many older carers expressed concern about the future care of their loved ones as they themselves grow older. Overwhelmingly people want to continue to provide care in their own home. With increased allocation of hours and the provision of emergency respite many people believe that they can manage into the future. Many older people also provide support and assistance for ageing neighbours or relatives who do not live with them

Choice in service provision rated highly. Older people are not a homogenous group. The opportunity to be taken on a social outing was more important to some than having their house cleaned each week. Others would like to be able to negotiate with their support worker about how the time allotted to them is spent e.g. the allocation of time to bigger tasks, such as spring cleaning, garden maintenance, or a shopping trip. A number of people wanted to be

able to access services when they needed them, in times of illness or when their circumstances changed. Delay in assessment, untimely provision of services and the limited amount of hours were noted as creating hardship for many people.

In regional areas where transport is limited or non-existent, people were particularly disadvantaged. The totally inadequate provision of medical transport, particularly in Naracoorte, Ceduna, Streaky Bay and Minlaton, caused many people to travel long distances for medical treatment and appointments. In the absence of transport, unacceptable risks were taken by some very elderly carers to ensure that their loved ones received medical treatment. When a spouse is admitted to residential care, not being able to continue a relationship that may have lasted 50 – 60 years because transport or funds are not available to enable regular visits, creates hardship and despair.

In conclusion it is clear that while HACC services are valued by clients there is obviously considerable scope for improvement in terms of level and flexibility of services. The evidence is that the HACC Program often does not provide the very basic support older people need to continue their own lives in the community. These needs will intensify as the number of older people requiring services grows. HACC needs to respond now and in coming years to provide what people need when they need it.

If older people are to successfully remain in their homes and communities then there is a need for integrated client focused services and support which will require a new paradigm in service delivery based around people determining their own lives. The development of the Triennial Plan provides OFTA with the opportunity to provide leadership in this new approach. COTA will strongly support this direction on behalf of older South Australians.

APPENDICES

Appendix 1: OFTA Questions for HACC Triennial Plan Consumer Consultations

Further to our discussion, here are the broad questions for the Consumer Consultations. We have kept the questions quite general to enable you to have as much latitude as possible in how you frame specific questions for participants.

Happy to discuss further.

General:

- What are the values and principles that people want reflected in the delivery of community care? This could include the relationship with service providers and the level of control that people want over the delivery of services.
- What types of assistance make the most difference to people in continuing to live independently with a good quality of life?

Regional/Sub Regional Needs:

- What are the service gaps in the local area (within the HACC eligible service types)?
- What has been most helpful in community care in your area?

Source: Marisa La Falce, on behalf of OFTA, Email Friday, 28 September 2007 3:08 PM

APPENDIX 2: Location, Date and Venues of HACC Consultations

Venue	Date / Time
Salisbury Salisbury Council Chambers	Friday 19th Oct 1.30pm- 3.30pm
Onkaparinga Council Civic Area	Tuesday 23rd Oct 2.00pm-4pm
Mannum Senior Citizens Room	Tuesday 23rd Oct 2.00pm-4.00pm
Marion Cooinda Adult Recreation Centre	Thursday 25th Oct. 2.30pm-4.30pm
Adelaide Pilgrim Hall	Friday 26th Oct 10.00am-12.00pm
Aldinga Community Centre	Friday 26th Oct 10.00am-12pm
Naracoorte Council Chambers	Monday 29th Oct 10.00am-12pm
Bordertown Tatiara Council Chambers	Monday 29th Oct 2.00pm-4pm
Nuriootpa Sports and Function Centre	Thursday 1st Nov 10.00 -12.00pm
Ceduna Ceduna Adult Activity Centre	Monday 5th November 10am-12pm
Streaky Bay Streaky Bay Community Hotel	Monday 5th Nov 2.30pm-4.30pm
Payneham Community Centre	Monday 5th November 10.00am
Port Adelaide Le Fevre Community Centre	Wednesday 7th Nov 1.00pm-3pm
Wallaroo NYP Health Service-Community Health Service Education Centre	Thursday 8th Nov 2.00-4.00pm
Minlaton Community Health Centre	Friday 9th Nov 10am-12pm
Port Lincoln Matthew Flinders Home Inc Day Centre	Tuesday 13th Nov 1.00pm-3.00pm
West Torrens West Torrens Council	Wednesday 14th November 10am-12pm
Whyalla Whyalla Hospital	Friday 16th Nov 11am-1pm
Renmark Renmark Paringa Council	Monday 19th Nov 12.30pm-2.30pm

APPENDIX 3: COTA Member Survey



HOME AND COMMUNITY CARE – WHAT DO YOU THINK?

The Council on the Ageing has been asked by the State Government's Office for the Ageing to consult with older South Australians and their families about care services and support in people's homes and the community. Your views on care services and support will help inform what kinds of activities are funded and how they are provided.

Services like home help, district nursing, local transport, meals, home modifications, personal care and similar are funded by the Home and Community Care Program [HACC]. To assist us understand the effectiveness of HACC funded services and to plan for the future needs we ask you to fill in the survey on the reverse side of this sheet and return it to COTA.

Any information you give us will be kept confidential by COTA. You will not be identified. The information from all returned surveys will be summarised by COTA, and no information about individual people will be provided to the Office for the Ageing or to any other organisation.

Every response we get about your experiences will be useful in improving services for older people.

Please return the survey to us at

**Freepost
Council on the Ageing
GPO Box 1583
Adelaide SA 5001**

You do not need to put a stamp on the envelope.

Thank you for your views.

A handwritten signature in black ink, appearing to read "Ian Yates", written over a large, faint, circular scribble.

Ian Yates, AM
Chief Executive

**Optional – if you wish give us your COTA member number
and go into a draw to receive one of five free annual COTA memberships.**

SURVEY

Do you use any care services in your home? YES / NO

Is a member of your family receiving care services in their home? YES / NO

Which organisation(s) provides these services?

.....

Do you know if these are HACC-funded services? YES / NO

What services do you or your family member receive?

Do you/they find these services useful?

Could the services be provided better? If so, how?

What other services or support would you like to see available?

Can you tell us what could be improved or changed in any way to give you better care or support in living at home?

Is there anything else you want to tell us?

Please tell us the post code of the area you live in

Thank you for your assistance.

APPENDIX 4: Consultation Questions

Individual Questionnaire Given to Attendees Prior to Group Discussion

1. Please list three things that are beneficial (i.e. work well) in relation to your current HACC services
2. Please list three things that are unsatisfactory (i.e. don't work well or you would like to change) in relation to your current HACC services

Questions for Group Discussion

1. What kinds of assistance make a difference to being able to live independently with a good quality of life?
2. What is important to you in HOW you receive assistance at home?
3. What services would you like to receive? If you could design the HACC Program from scratch, what would it look like?

APPENDIX 5: Other Issues

HACC CONSUMER CONSULTATION

Health	Housing	Neighbourhood Design	Social	Workforce
Access to local GP's – increased numbers of doctors & medical facilities in rural areas/southern suburbs	Provision of safety rails, security alarms	Housing regulations to reflect needs of elderly and disabled.	Community support centres	Limited number of volunteers/workers in rural areas
New dental scheme including mobile dental service in remote areas	Heating/cooling subsidies	Shopping Centres need to consider older people at time of planning	Social contact services/funding for social contact visitors Varied social outings	Ageing workforce
Increased/ provision of subsidized accommodation for visits to Adelaide/Port Lincoln/Whyalla for medical appointments/support for hospitalised family members	Rental assistance reviews	More toilets in public places	Pet sitting service particularly when person admitted to hospital. In home visits by vets	Ageing carers
Opportunity for couples to	Affordable	More disabled parking	Subsidised	

remain together in later stages/support for person who has a partner in residential care	community housing		holidays/recreation	
In home visits for medical, podiatry, physio etc Medication monitoring/dispensing	Provision for family members to reside in older persons homes			
Hospital standards to be maintained and food quality to be improved				
Higher staffing levels in residential care				
Provision of hydrotherapy pools in rural and remote areas e.g. Streaky Bay/Ceduna, Wallaroo				
In hospital support for isolated seniors e.g. Laundry/visits				
Older carers, particularly in rural areas, overwhelmed by magnitude of support needed to keep their spouse/disabled child at home				

Council on the Ageing

In-Home Services for Older People Consultation Team 2007

**Vicki Osland
Jane Fisher
Melinda Brindle
Andrea Scott
Deborah Bluntish
Kristina Barnett
Michelle Elding
Tanya Kecojevic
Debra Petrys
Ian Yates
Gael Fraser**