



AGED TASK FORCE

Aged Care Services – Is Illawarra meeting the Growing Demand?

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Executive Summary

Preamble

In the Illawarra, as in Australia, older people are living longer and at the same time enjoying more years without severe disability.

For people aged 64 years and over in NSW, the average life expectancy has increased over the last 25 years. In 1971 older men at 65 years could expect to live another 12 years, by 1998 they could expect 16 more years of life. Similarly for women in this age group, their life expectancy has changed from 16 years to 20 years over this time period.

The Illawarra has a higher proportion of 65 years and older persons than the NSW population.¹ 13.3% of the population in the geographical area covered by the Illawarra Area Health Service are over 65, in comparison to the state proportion which is 12.4%.

In 1998 an estimated 54% of older people in NSW had a disability that resulted in impairments that lasted more than 6 months. The most frequent health conditions reported were arthritis, heart disease, deafness and mental/behavioral disorders.

The 1995 National Health Survey found that in NSW the majority of older people had a positive assessment of their health, with almost two in three older people assessed their health as being excellent, very good or good. Some 24% reported that their health was fair, while 13% reported that their health was poor. There was little difference between men and women in their perception of their health.²

Rationale

Healthy ageing implies not only protection from disease or disability but aims to maintain and improve the physical, social and emotional wellbeing of older people.

Most older people want to stay in their own homes and in their own communities.³

With longer life expectancies and an ageing population, there is a corresponding increase in demand for health and other support agencies. Even in the presence of chronic disease, older people can maintain their independence and be cared for at home provided that the appropriate community support services are available. Evidence suggests that people who are cared for at home have quicker recovery and more positive outcomes. In addition, these measures are far more cost effective than lengthy stays in hospital.

Background to the Project

The Healthy Cities Illawarra Aged Task Force was formed over ten years ago. It has a broad membership that includes representatives of seniors' groups, government and non-government service providers and interested community members. The Task Force mission is to maintain and improve the quality of life of older people in the region. It does this by providing a forum for the exchange of information and by monitoring community concerns in matters that affect older people.

An important objective for the group is to advocate for the needs of older people and to ensure that funding and service provision is adequate.

In April 1999, the Task Force hosted a forum at Wollongong City Council. Entitled *Focus on Seniors*, the program covered topics such as transport, accommodation, safety and nursing home placement. The emergent theme from this forum was that there is an ever-increasing demand for services and a decline in the level of resources to meet that growing demand. Anecdotal evidence suggested lengthy waiting lists for some health care and respite services.

The Task Force resolved to undertake a study to ascertain, as accurately as possible, the current situation. A working party was formed to develop and administer a survey of all aged care service providers in the three local government areas of Wollongong, Shellharbour and Kiama.

In an effort to contain the focus of the study, only those services that are provided *in the community* were included: i.e. services provided within aged accommodation settings and hospitals have been *excluded*.

Survey Data

The questionnaire as distributed to organisations is included as Appendix 1.

Aged Care Organisations

68 discrete services were targeted in the distribution of the survey, with 45 of these responding (a response rate of over 66%).

Question 1: Name of your organisation?

A list of the organisations that responded is included as Appendix 2.

Funding Sources

Question 2: What type of funding does your organisation receive?

The purpose of this question was to obtain information about the primary source of funding for aged care services. As specific questions were not posed in relation to levels of funding, financial constraints and limitations, legislative requirements and any other restraints, this data cannot be analysed further and simply provides a picture of the range of funding sources of respondents. In retrospect, it would have been valuable to seek

detailed information, as the impact of financial restraints on service delivery constitutes a key component of the issues being raised from within the sector.

Table 1: Funding Sources by Number of Organisations

Types of Funding	Number of Organisations
HACC	28
Non-HACC	4
State Government	17
Commonwealth Government	17
DVA	3
Private	3
Local Government	3
Other	2

Some organisations have a combination of funding sources.

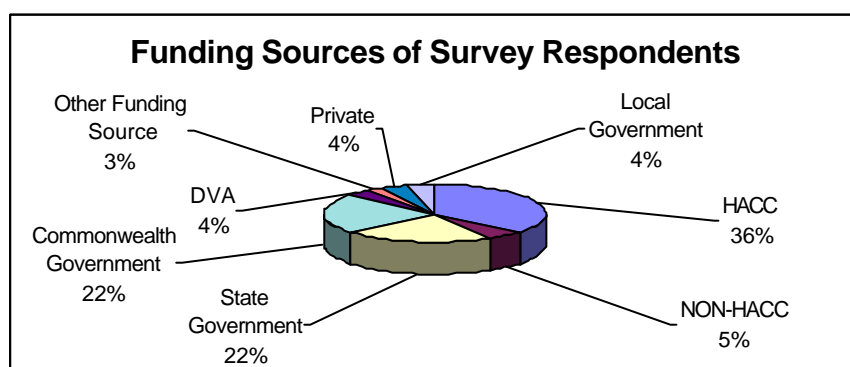


Chart I: Funding Sources as percentages

Services Provided

Question 3: This question was in the form of a table to complete. The table sought information about types of services provided and range and lengths of waiting lists.

Table sections are broken down into the following questions:

- *What type of services do you offer?*
- *What is the response time from first contact to initial assessment?*
- *What is the length of time from assessment to the service being provided?*
- *Do you have a waiting list?*

- *What is the length of time on a waiting list?*
- *How many clients do you have on your list?*

Numbers of service types

Of the 45 organisations that responded to the survey:

- 15 provide In Home Care services
- 16 offer respite services
- 10 offer Day Care services
- 15 offer transport options
- 16 provide meal services
- 18 provide health related services
- 1 offers legal advice and
- 9 offer a range of other services.

It should be noted that a number of respondent organisations provide multiple services.

Response Times and Waiting Lists

The initial expectation that the information gathered in this section of the survey would provide the bulk of the meaningful data pictures was only partially met. In reviewing the responses to these questions it became apparent that the data did not provide very significant pictures to further substantiate issues raised at the *Seniors in Focus* forum or even highlight others. It is recognised that the limitations of the survey questions placed restrictions on the respondents, and did not provide an opportunity for organisations to give information that reflected the real situation in the industry.

This was possibly due to there being some confusion about what information the survey question was actually asking and therefore what response should have been given. It may be that as the survey did not state that anonymity would be given, some organisations may have been reluctant to quantify waiting times due to funding, political or other factors that could reflect adversely on their service provision effectiveness.

The tables of information have therefore not been analyzed statistically, as the data pictures provided by the totals did not warrant further interpretation.

Although it is recognised that the data has shortcomings it does, however, provide a picture of the range of discrete services provided by 66% of the Aged Care Industry in the local survey region and can be therefore be appreciated in this light.

All of the following data tables should however be considered with the following points in mind:

- They only contain raw data – i.e. totals of responses to each section;
- The length of waiting and response times can only be viewed in general terms – there is no real indication of the exact nature of all the waiting periods, as this information was not requested from respondents. Where specific times were provided, these are shown.

- Not all respondents who stated they provided a particular service gave response and wait times for that service.
- Not all respondents who stated they had a waiting list provided indication of length of period on the list.
- The waiting list question did not provide an accurate picture of this issue. This may be due to ambiguity of the survey question or to under-reporting.

Some of the data tables have been created with a “varies” column for response or waiting times in order to reflect as accurately as possible the range of responses some survey forms gave. Where specific ranges of times were given, these have been explained.

Note:

The data gathered from the last column on the survey form requesting information concerning the number of clients on the list has been omitted as very few respondents completed this section – presumably as it was unclear whether the question was asking about numbers of entire client list or those solely on waiting list.

In Home Care Services - provided by 15 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Varies		Wks	Mths	Varies
Personal Care	10	5	3	1	6	1	1	5	1	1	3
Housekeeping	7	2	3	1	4	2		5	1	1	3
Shopping	9	3	4	1	4	3	1	5	1	1	3
Outings	10	2	5	1	5	3		5	1	1	3
Home Maintenance	5	1	1	2	2	1	1	3	1	1	1
Home Modification	6	1	2	2	3	1	1	3	1	1	1
Lawn/Gardens	5	1	2	1	3	1		4	1	1	2

A sample data line would read as follows:

Personal Care - 10 organisations indicated that they provided this type of service.

5 organisations have a response time in day(s) for initial assessment

3 organisations have a response time in week(s) for initial assessment

1 organisation has a response time in month(s) for initial assessment

6 organisations take day(s) to provide a service

1 organisation takes week(s) to provide a service

1 organisation has a varied time to provide a service

5 organisations have a waiting list of some kind

1 organisation has clients waiting week(s) on a waiting list

1 organisation has clients waiting month(s) on a waiting list

3 organisations have clients waiting varied times on a waiting list

Explanatory notes:

Initial Assessment

Two organisations providing the full range of In Home Care services have given response times for initial assessment for **all** services as 4 weeks and 4 months respectively.

One organisation has response times for assessment for home modification varying between days, weeks and months.

Provision of Service

Some of the organisations that gave varied response times for provision of service have qualified these times. These include: one that varies between days and weeks to provide personal care; another that varies between day, weeks and months to provide both home maintenance and home modification services; and one organisation's response times for shopping services vary depending on availability of volunteers.

Waiting time of list

All service types have an aggregate minimum level of 50% waiting lists with the most noticeable being 71% of housekeeping services and 80% of lawns/garden services with waiting lists.

The organisation with a waiting list time of weeks for all service types states the wait period as 4-6 weeks for each.

Another organisation that expressed the waiting time in months for all services types states the average time on list is over 8 months. The same organisation declared the 4 months wait to receive initial assessment noted previously.

Of the organisations that have varied lengths of time on a waiting list: one has a fluctuating wait of weeks and months to receive personal care, housekeeping, shopping and outing services; another has wait times of days, weeks and months to receive home maintenance and home modification services.

Commentary on In Home Care services

Waiting lists for home care services are long – particularly for some client groups eg specific ethnic groups. The key organisations providing the comprehensive range of in home care assistance have each identified noticeably lengthy wait and response times for all service types. The home modification and maintenance services have considerably long response and waiting times.

These correspond with comments concerning the ongoing struggle to meet the increase in demand for the types of services that increase the options and therefore the capacity of seniors wishing to remain longer in their own homes.

Although it would seem from the data that, with some noteworthy exceptions, the majority of organisations are not experiencing any noticeable waiting periods or issues, this conflicts with comments made concerning service provision. Possible explanations for this apparent disparity are presented in the section on findings in relation to Waiting Lists.

Some of the survey comments specific to In Home Care services were:

This project receives funding for 50 clients across the 3 LGAs. On average clients receive 8 hours service per week – this ranges from 3-21 hours depending on individual client need. Waiting list time is expressed for all service types, while over 8 months is average obviously priority is given to those whose situations are considered by ACAT as urgent. A vacancy must occur before a new client can be taken on the program. Once assessed as eligible and offered a CACP there is no

relativity of priority once on the program, ie a client is guaranteed care regardless of level of need of others who have joined the waiting list.

Waiting list for home care service is far too long for our clients.

The waiting list/register of unmet need that Home Care has is impacting on our service. We frequently get requests to provide personal care. If we were to take on personal care we would not be able to provide the nursing care which is already in demand and which takes specialist skill.

We are overwhelmed with the number of frail and aged people needing simple housekeeping. There are few alternatives.

No existing garden care service for older people who still prefer to live in their own homes.

Referrals (for home modification and maintenance) have increased by 80% over last 3 years due to ageing population, IAHS early discharge policy, promotion and education of services.

Respite Services – provided by 16 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Varies	Days	Wks	Varies		Wks	Mths	Varies
Day Care	11	6	5		8	2	1	4		1	1
In House	10	4	3	1	5	2	1	6	3		1
Nursing Home/ Hostel	4		1	1			1	1	1		

Explanatory Notes:

Initial Assessment

The organisation that has a varied response time to provide initial assessment for in house respite has stated that this is due to availability of volunteers.

One of the organisations that states a response time to provide initial assessment in weeks for in house respite has an average 4-week wait.

Provision of Service

The organisation that has varied response times for provision of day care services ranges between days, weeks and months.

The organisation that has a varied response time to provide in house services is dependent on volunteers.

Waiting time of list

60% of organisations providing in house respite have a waiting list, with one of these having a wait time of 4-6 weeks, (which is essentially a wait time of months).

Commentary on respite services

Once again, with the exception of volume of waiting lists for in house respite, there appears to be little that is striking enough to warrant further interpretation or comment. This contradicts assertions about the lack of in home and day care respite options made in the comments section. Issues raised in relation to respite options are included in other sections as they often overlap with other pressing issues eg waiting lists, funding.

Some of the survey comments specific to respite services were:

Need for respite (of any kind) for carers who need to work and care for an older person.

Unavailability of sufficient/any planned in home respite options.

The Carer Respite Centre has brokerage funds to provide emergency and one-off assistance to carers and the people for whom they care. We do not provide ongoing support and don't have a waiting list. We have seen an increase of approx 60% in the 2nd quarter of 1999/2000 in number of brokerage support provided.

Day Care Services – provided by 10 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Mths		Days	Wks	Mths
Frail Aged	9	2	3		3	2		1			
Disabled	6		3		1	2		3	1		
Dementia	6	2	2		3	2		1		1	

Explanatory notes:

Initial Assessment

One organisation with a response time in weeks for initial assessment for disabled day care states the wait time as 4 weeks.

Waiting time of list

Half of the organisations providing services to the disabled have a waiting list.

One organisation has a waiting list time for services to disabled clients of 4-6 weeks and another has a waiting list time for dementia clients expressed in months.

Commentary on Day Care services

Once again there exists a lack of detail in the data to substantiate the issues being raised in the aged care sector. Firstly, by those working in the industry concerning difficulties

in meeting increasing demands and, secondly, by seniors requiring such services who are not getting these needs met due to the scarcity of day care options.

Transport Services – provided by 15 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Mths		Wks	Mths	Varies
Bus	10	4			5			4	2		1
Private Vehicle	10	4	1		4	2		3	1		1

Explanatory notes:

Initial Assessment

The response time to provide assessment for private transport expressed in weeks is stated as a 4-week wait.

Waiting time of list

One of the organisations with waiting list time for private transport expressed in weeks states the waiting period as 4-6 weeks.

Commentary on transport services

The picture provided by the data in the survey may support an assumption that transport services in the Illawarra are effectively meeting the demands placed on the industry with no noticeable waiting times or lists. The comments provided in the survey do, however, indicate that there are a range of pressing issues to be considered in regard to health related aged care transportation.

Transport is a major problem too as we are running an inadequate transport service which will terminate from June next year.

No adequate transport service for the clients specifically from south and west (Windang, Dapto). Increased funding for transport growing needs. Most needs are on an individual basis – more drivers and vehicles needed.

Local individual care transport resources low.

This topic is considered more fully in the section on findings to do with transport issues.

Meal Services – provided by 16 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Mths		Days	Wks	Mths
Hot delivered	7	6	1		6	1		1		1	
Frozen	8	5	1		5	1		1		1	
Meal Preparation	9	1	1		1	2		2		2	

Explanatory notes:

Initial Assessment

One organisation takes 4 weeks to provide assessment for meal preparation services.

Waiting time of list

One organisation has a waiting period of 4-6 weeks on waiting list for meal preparation services.

Commentary on meal services

This table appears to reflect that most organisations providing meals are not experiencing problems in service delivery.

Comments given in the survey repudiate this picture:

Currently service funded for “x” meals and had to stop and put a waiting list. More funding needed.

We were in a bind with client numbers. We were only allowed 45 meals and had to rely on frozen meals. However with discussions with IAHS our numbers have increased to 50. The new Port Kembla Hospital kitchen opens soon which will give us more meal variety.

Currently our meals are provided to us by another service, creating a delay in service provision. However by the end of April this provision will change, and new clients will be able to receive a meal on the day of contact to us. The existing funding is insufficient to meet our needs and although we have no unmet needs register as such we are overtrading by 15% in an effort to accommodate the needs of our frail aged, disabled and their carers.

Health related services – provided by 18 organisations

Type of Service	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Varies		Days	Wks	Mths
ACAT	1	1			1			1			
Nursing	7	4			3		1	2	1	1	

Medication Check	11	5			3		1	2		1	
Other services	12	5	1	2	3		1	2		1	1

The range of other health services provided include: Doctors/Nurse practitioner clinics specialising in women's preventative health care; massage therapy; counselling; advocacy; educative sessions; podiatry; allied health services; assistance with therapy; continence advice; social, welfare, cultural assessments and referrals for people from NESB; assessments, all nursing procedures, carer support, referral, DVA clients; OT, divisional therapy, social work, geriatrician, rehabilitation medicine, psychology, dietician and speech therapy.

Explanatory notes:

Initial Assessment

The organisations providing other health related assistance with response times expressed in months are for podiatry services. The wait time for assessment ranges from 1-3 months but is shorter if special circumstances.

Waiting time of List

The most noticeable wait periods are for podiatry with one waiting list time of 3 months and for allied health with one organisation having a wait time of 4-6 weeks.

Legal Services

Of the respondent organisations one offered free legal advice. Initial advice and assessment is normally by telephone although difficulties in accessing a case worker on the phone are experienced on occasions. Booked appointment times can also be made, with the waiting period before attending the appointment ranging from a few days to two weeks.

Other Services – 9 organisations offering these

Other Services	No	No of services with response times for initial assessment in:			No of services with response times for provision of service in:			No of services with Waiting List	Waiting time of list		
		Days	Wks	Mths	Days	Wks	Mths		Days	Wks	Mths
For range of services – see below	9	1	1		1	1		1		1	

The range of other services offered by organisations include: Nurse Clinics; Case Management; Community Development; Advocacy; Referrals; Assistance with Care and Housing; Liaison/referral to ethnic specific services; Telephone advice/representation; community legal education; advice/information/casework/settlement support to NESB people; grief counselling; and referral.

Other Issues Identified

Some of the most meaningful components of the survey were provided in the responses to questions 4 and 5.

Question 4: If your service has ever had, and/or currently has a waiting list or lists of unmet needs for services, please specify reason.

Question 5: Do you have any further comments or suggestions?

These questions did not seek comments from organisations about specific issues but provided an opportunity to impart perceptions about the aged care industry from within the industry and to raise any particular issues of concern for their own agency. The comments made clearly indicate a different picture than that given in the data. These general comments have proved invaluable and have been used extensively throughout the report to enhance the data.

The comments made in these sections demonstrated the range of issues facing organisations providing aged care services. These include issues in relation to:

- Waiting lists
- Funding
- Services staffed by volunteers
- Transport
- Unmet Needs
- other concerns

Although the comments do highlight discrete issues for consideration, they also reflect issues of concern for the industry as a whole. It is often necessary to look at the issues as overlapping and not in isolation to each other. For example an organisation that is struggling to meet the increase in demand for day care respite may be facing a range of limiting factors including transport, funding, waiting list and availability of volunteers. It is therefore essential to acknowledge the inter-relationship of the overriding issues. It is also important to acknowledge the creativeness of the aged care sector in generating constructive responses to the challenges that confront the industry and continuing to meet increases in demand.

Waiting Lists

Question 4: *If your service has ever had, and/or currently has a waiting list or lists of unmet needs for services, please specify reason.*

Table 3: Waiting List Reasons

Waiting lists caused by one or more of following reasons:	Number of services stating this as a reason
Increase in demand for service	16 services
Decrease in funding	5 services
Complex care needs	7 services
Other services not available	11 services

It is interesting to note that a number of the respondent organisations completed this section requesting information regarding reasons for waiting lists, although they had not identified any current waiting list(s) in previous questions. This apparent difference can be understood in the wider context of the real challenges that currently affect the aged care industry.

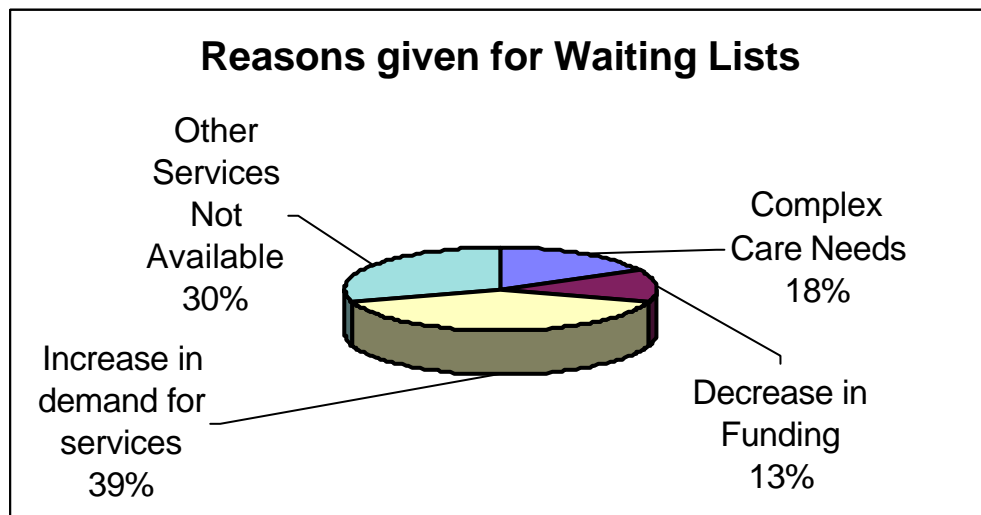


Chart III – Reasons given for past and current waiting lists

Shown as percentages these figures confirm anecdotal evidence of patterns of need for seniors in the community. They reflect the fact that people are living longer and that service providers are struggling to meet the increasing demands for more complex care needs.

19 out of the 45 respondent agencies stated that they had a waiting list of some kind for services. (42.2%)

Of the 26 agencies that had no waiting list – 9 stated that they had had waiting lists in the past. Interesting to note that 6 of these agencies who stated that they did not currently have waiting lists gave explanations of how they managed to meet the rise in demand for the services. For example one organisation stated:

“We do not place people on a waiting list, rather we accommodate immediately even though our day care group has grown beyond all levels of expectation (average 35 plus) with 1 funded worker.”

Although there are no actual lists of people waiting for services, a number of organisations are stretching their resources to meet the increase in demand and should therefore, technically, be considered to have waiting lists.

“The reason we do not have a waiting list is that we are currently running an unfunded respite day care in Wollongong with approximately 30 participants. The resources to run this project come from fund raising activities and own resources. It is becoming more difficult to continue this service as resources become scarce and sponsors are not always available.”

It is clear from these comments that there is a level of unmet need for services, which confirms issues raised at the *Seniors in Focus* forum.

A number of organisations appear to have ‘hidden’ waiting lists - demands for services that are not provided by any agency or demand for services with only limited availability options eg dementia specific day care; affordable and accessible complementary health options.

The day care centre is open to community clients, living at home with carers. The centre is open 4 days a week only. We only have 15 clients per day, as we have dementia/Alzheimer’s clients specifically.

Younger disabled, weekend and after hours day respite services not available.

We would have 2/3 dementia clients, but we help as much as possible.

Many organisations do not promote their services, presumably as service target levels are reached. There would be little point in having waiting lists for services that cannot, in the current circumstances, be provided. It may also be that advertising services would create further increases in demand that could not be met. A large number of services are therefore not accessing the whole community and are unable to quantify the exact nature of demands for ‘hidden’ services.

Services staffed by volunteers

A large number of organisations are dependent on the availability of volunteers to provide components of aged care services. This increasing reliance on the role of volunteers in offering vital services remains a key consideration in the inter-relationship of factors impacting on waiting lists and therefore effective service provision.

Transportation is a key service area that is often largely provided by volunteers. The Illawarra Health Related Transport Network Trial⁴ states in its report that the increasing demand for transport services places unreasonable expectations on the volunteer workforce:

Increasing reliance on volunteers without medical training to provide essential health transport services to people with high care needs

Survey comments in relation to volunteers are:

As our service is based on Community Partnerships, volunteers provide the majority of our service to clients, therefore at times waiting times (lists) occur, as bulk of service occurs outside business hours (re on weekends).

Majority of day centres in Wollongong LGA are unfunded – entirely volunteer run – limited in ability to cater for people with higher needs.

All services are provided by volunteers, therefore client needs are provided on their availability.

Funding

The key issues raised in relation to funding must obviously be considered in the context of the wider economic and political climate and the impact this has on service delivery. For example, brokerage trends decrease the opportunity to tackle isolation and respite issues – a major issue in the aged care sector. Many of the organisations are struggling to meet increases in demand with what is essentially in ‘real’ terms, ever-dwindling levels of core funding. Comments provided here often focus on solutions to generate income to meet these funding limitations. Some services have to pass on the increase in costs to run services and meet increase in demand to service users while others are required to fundraise, seek sponsorship or use private resources to meet increased costs.

The comments describing the funding challenges are comprehensive and self-explanatory and require little in the way of further discussion. These comments are:

Funding sources do not rise in line with CPI and other economic trends. No increases to account for cost of living rises; wages and award increases; GST; rising insurance costs;

More coordinated and cooperative approach to funding proposals to prevent fragmentation of services.

Have had to increase user-pay fees to try and keep up with client needs.

Adequate funding for day centers needed – recognition that they are a cost effective and viable alternative option for respite and socialization. Increasingly funding moving to brokerage/in home.

Services to be increased (funding) more than CPI yearly as services who had had funding for many years or volunteer services before funding are not increased enough to cover insurances which increase at a high rate and wages.

Resources are always a problem and requires continuous review of service provision according to need.

Inadequate funding.

In real terms very little change.

65% of funding is funded within the organisation. Some clients unable to meet the fee.

Transport

As stated previously in the section containing the transport data table, there are major challenges facing the health related transport industry.

In 1999, the NSW Department of Health allocated, via the Illawarra Area Health Service, non-recurrent funding to Wollongong City Council to trial new Health Related Transport Services under its new Health Related Community Transport Program. The trial has collected data that shows that “the issue of health related transport is an issue of widespread concern with deep implications for the overall health of the community and efficiency of the health system itself”.⁵ The main areas of concern that were highlighted in the Health Transport trial report that have relevance to this document are:

- Need for improved coordination of health transport resources and systems;
- Increasing reliance on volunteers without medical training to provide essential health transport services to people with high care needs;
- Levels of resourcing available to the NSW Ambulance Service for routine patient transport services.

Survey comments in relation to transport issues are:

A large part of aged service needs are identified in isolation and the need to get out of the house. Community transport could use additional priority funding for this type of service.

Our service continues to expand– immediate solutions cater for demand– 100% increase in past 3 years by using unused community vehicle resources – self.funding.

Any strategic approach to tackling issues raised about the provision of health related services to the aged population of the geographical area of the survey, will clearly include an effective solution to the challenges facing the health transport industry. The findings of the Health Related Community Transport Program will have relevance in informing any future directions.

Unmet Needs

Issues raised in relation to unmet needs of discrete client groups or service types are summarised below.

Dementia Clients

A number of organisations stated that they could not meet the demand for specific services such as day care/respite for dementia clients. Organisations that do provide services for this group have a limited number of clients, possibly due to the high needs of elders with dementia.

We notice increase in number of dementia people – but can't provide service specific for dementia people.

We would have 2/3 dementia clients, but we help as much as possible.

We only have 15 clients per day, as we have dementia/Alzheimer's clients specifically.

Younger Disabled

Groups outside of the aged care sector, such as the younger disabled are accessing aged care facilities.

There is an increase in the local area for younger disabled day-respite, this is definitely an unmet need.

Podiatry

There is a high demand placed on podiatry services. A number of the podiatry services have assessment criteria that are inadvertently creating waiting lists for other groups of seniors on low incomes. Clients with low level podiatry needs who successfully gain a place on the client list and remain there are often blocking access to services for more disadvantaged clients.

A lot of clients need to be seen regularly and are rarely discharged, meaning that a lot of our time is spent on 'review' clients, and less time is available for new clients.

Increase in demand due to ...ageing population and the inability to discharge patients that possibly are not suitable for the service.

Older Women

Issues were identified that are specific to older women such as:

High demand from older women in the community for

- *increased affordable and accessible massage therapy*
- *other alternative therapies eg herbalist*
- *podiatry*
- *friendship groups.*

Of concern to workers is invisibility of violence against older women particularly taboo nature of domestic violence.

Other issues raised in the comments section focused on the specific needs of particular groups within the aged care population. There is a perception that targeted funds are not being allocated to meet the particular needs of these groups of seniors.

Veterans /War Widows

There seems to be a need for targeted services for war veterans and widows, a group that has a reasonable expectation of specifically allocated funds.

Wollongong VAN is concerned about the effect on the community of shortages of aged care services in this region. Veterans and war widows make up between 20%-30% of the population over 70 in this region and DVA does not directly fund community services except for respite services. Veterans and war widows depend on community and HACC services in the same way as the rest of the aged population and have the same right as the rest of aged population to access these services.

Ethnic Elderly

The complex care needs of different ethnic groups within the elderly population are broadening and are increasingly manifested at different access points in the aged care service network. There is an increasing need to commit to providing ethnic specific services.

The needs of the ethnic elderly will become increasingly apparent in the next few years due to the immigration pattern experienced in the Illawarra. This will place added pressure on all existing services including language services – I don't believe any service provider is making arrangements for these needs (eg lang/cultural). I can see many elderly people from NESB living without sufficient support in the future.

We may need to look at this for some language groups because of increased need and complex needs – this will increase dramatically due to immigration patterns experienced in the area.

Increase in demand for transport and personal transport.

Although the levels of unmet needs cannot be quantified from the data, it is clear from the comments that areas of unmet need do exist.

Recommendations and Conclusion

Just as it is important to look at the issues as inter-related, it is equally as pertinent to develop solutions that include a range of approaches that are interconnected in their intention to create change.

It is difficult to make specific recommendations based on the statistical data because of the diversity of organisations, the small number of organisations that did respond and the methodologies used. As we have seen, the comments made by organisations clearly indicate a different story than the data, which highlights the inadequacies of the survey and calls for further steps to quantify the extent of unmet needs. The seeming failure of the survey may have highlighted the range and complexity of issues confronting the aged care industry.

The initial survey is an excellent first step in what could perhaps be a 3-phase project. The next phases should include steps that embody the principles of community development and include face to face consultations with organisations and then face to face consultations with consumers to seek solutions from those at the centre of the concerns.

Community development is an integral part of any service provision. It includes the identification of unmet need, empowering members of the community to develop strategies to achieve those needs.

It would be valuable to stage an open forum with representatives from each area of the aged care sector to encourage discussion and participation in workshops to develop creative solutions to respond to funding and other restraints.

There is a need to have a close look at how services monitor their unmet needs. If waiting lists are not kept, do organisations monitor incoming calls for requests for services, do they keep lists of referrals, do they get requests for services that they don't provide and so on. If services want to validate the issues that exist, they must quantify the restraints and provide information about waiting lists. Most services do not advertise their work and this raises many issues about equity and access and is a hidden reflection on funding restraints and inadequacy of service. In order to influence any change process, services must address this issue of quantifying the extent of unmet need.

It may be appropriate to conduct a review of industry and service guidelines that may be impacting negatively on the ability of organisations to provide services to those most in need. This could include a commitment to meeting the complex care needs of ethnic specific groups and responding to issues for seniors with dementia.

The findings of the Health Related Transport Network Trial will have to be considered in the context of recommendations offered in this report.

References

¹ ABS. *Estimated Resident Population of Statistical Local Areas New South Wales 30 June 1994 Final and 1995 Preliminary*. Catalogue No 3210.1. Canberra 1995.

² Reference: ABS. *Older People, New South Wales*, Catalogue No 4108.1, 2000.

³ NSW Government Healthy Ageing framework – A Green Paper for Public Comment, Ageing and Disability Department and NSW Health, December 1997.

⁴ Wollongong City Council Illawarra Health Transport Network Trial – Mid Trial Evaluation Report, January 2000.

⁵ Wollongong City Council Illawarra Health Transport Network Trial – Mid Trial Evaluation Report, January 2000.