

Victorian Seniors – What do they really want?

It gives me great pleasure to be here tonight as the Chair of the Ministerial Advisory Council of Senior Victorians to discuss seniors issues from the perspective of seniors themselves.

But first of all a little about the Council. As its name implies it is an independent body. Although resourced by a wonderful staff member from the Office of Senior Victorians it is an independent body brought together to advise the Minister. It reports directly to her.

The Council has sixteen members, including the Chair whose appointment had to be approved by Cabinet. People to fill the other fifteen positions were selected by the Minister from more than 120 applications. The Council is appointed for the life of the Government.

Seven of the members come from regional Victoria and nine, including myself, come from the Melbourne metropolitan area. The members are not appointed as representatives of any organization. They bring to the Council their life experience and their experience as seniors.

The Council has two key functions:

- It provides information and strategic advice to the Minister and State Government departments and bodies
- It provides a way for senior Victorians and the State Government to talk to each other.

The Council gives the Minister for Senior Victorians independent advice and brings to her attention issues which are brought to it by the community. It can also act as a sounding board on issues which the Minister may wish to discuss confidentially. At the same time the Council is committed to working positively with the Office of Senior Victorians, the Department of Human Services and other government departments on issues concerning senior Victorians.

Work on the State Government's Ageing in Victoria Policy Framework began in 2007. As part of that process in late 2007 the Minister asked the Council to consult with Victorian Seniors about issues which were of concern to them and, even more importantly, ways in which those concerns might be addressed. Council responded to her request with great enthusiasm.

We wanted to make sure that we reached seniors from as many parts of Victoria as possible. So we approached people right across the state – from Warrnambool to Mildura to Wangaratta, to Seymour, to Queenscliff, Ballarat and Bendigo and many other cities and smaller towns. The response was overwhelming and 32 forums were conducted. Particular attention was paid to consulting with groups for whom there were special issues. Specific forums were held for CALD communities, Gay, Lesbian, Bisexual and Transgender seniors, Indigenous people,

and seniors with disabilities and their carers. In all more than 1400 seniors attended the forums. The Member of Parliament for Melton, Don Nardella, also conducted three forums which were attended by more than 200 people. The issues raised in those meetings were included in the Council's final reports.

In addition to the public consultations people were asked to submit written submissions – more than 200 were received. All of these were read by at least one Council member, most by more than one. And then the work of collating all the material began!

It has been suggested that this was the largest Australian consultation ever held with seniors. It will not be possible to cover the full range of issues raised with us in tonight's presentation but they can be found in the Seniors Speak Up! Communities Consultation Report on the Office of Senior Victorians' website. The website also contains the more concise MACSV report to the Minister.

The response certainly showed that seniors do want to be involved in the planning and decision making for themselves and for their communities, that they have thought deeply about issues and often have creative solutions to problems. Their capacity to contribute is often, at best, overlooked and, at worst, ignored.

Further they wish to be respected. Ageism is alive and rampant in many areas, including the health system where people are often not fully informed or consulted about their condition. Too often it is assumed that once you are older you will not be able to comprehend the information you need to be given. Ageism is alive and well!

To be addressed as 'dear' shows no respect for the older person and is a source of great anger for many people. It's not just the word, it is the attitude behind the word. There is an increasing tendency, too, to call people by their given name and that's fine by me (even my grandchildren call me Merle) but for some in my generation it is a problem. Would it be too hard to give people some respect and ask them how they would like to be addressed? Are you as gerontologists aware of the impact your approach has on older people? Is it patronising? Do you meet with people as equals or are you the ones with all the power who leave them feeling in varying degrees of powerlessness?

Overwhelmingly remaining independent is the issue of highest importance to seniors. They wish to remain in their own homes for as long as possible. This requires services to be flexible and responsive to individual needs. Over and over again people spoke about services focussing on what the providers thought they should provide, rather than the services people wanted. Is it better, for example to take a person out to do the shopping or is it more important to quickly do the shopping and allow the time to do the vacuuming?

It appeared that the way in which HACC services were delivered varied enormously. In some municipalities there was flexibility and the principles of the new HACC Active Service Model are driving the services. In others there is

rigidity. While Occupational Health and Safety must be an issue, the fact that workers are not allowed to clean windows, change light globes or move furniture is causing much stress for many older people. One graphically described to us the way in which she lifted chairs on to the table before the HACC worker came so that the whole of the floor could be cleaned! A number of people thought that better training of workers about safe ways of working would enable them to undertake the tasks they were currently prevented from doing. Others thought that it was the stringent funding guidelines which limited the way in which services were delivered.

Good nutrition is essential if independence is to be maintained. But many of the people who attended the consultations found meals on wheels to be unappetising and visually unappealing. The range of dishes was limited and did not appeal to those used to eating a particular cuisine or a variety of cuisines. It will be interesting to see whether or not the new kitchen being built to service 14 municipalities will address this problem.

But is eating just about nutrition or is it something more? For many of us eating is still a communal activity. Eating meals together is still the practice for some families. And a quick walk down strip shopping streets or shopping centres shows just how much we all value the act of meeting to drink coffee or eat together. Many meals on wheels recipients do not experience this pleasure. This increases social isolation and results in a loss of social skills. And for some people this loss is an impediment when they can no longer manage at home alone. One woman who, despite an aged care package, had reached the stage where it was becoming far too difficult to cope at home once told me, *I can't go into supported care. It's years since I have eaten with anyone and I just couldn't do it.*

There is a solution to this problem. Meals on wheels recipients could receive vouchers to allow them to eat at pubs or cafes. Some municipalities are already experimenting with this idea. Some seniors suggested that the voucher idea be extended even further so that they could receive vouchers which could then be used to 'purchase' their HACC services. It is pleasing to note that a few municipalities are experimenting with this idea at the moment.

The lack of flexibility increases enormously for people who eventually have to go into care. Rigid meal times, inappropriate food, isolation for those in rural areas who are placed in care far from family and friends were issues which were frequently raised in relation to supported accommodation.

Cultural competence for all these services was a huge issue for many people we interviewed. Cultural competence starts with an understanding of ethnic, religious or sexual identity, the appropriate use of interpreters, and then builds towards practice that values the richness of diversity and responds to cultural and linguistic norms and practices in service delivery.

This means treating people as individuals, encouraging them to openly express their needs. Within each culture or group with special needs there is a huge diversity of norms and cultural practices. We need to move beyond the half day

‘working with’ training session to training which gives people the skills to respond to everyone as an individual in addition to some overall cultural understanding. We were given many examples of the way in which the needs of groups with special needs were inadequately addressed or completely overlooked.

As I suspect it is with people of all ages, another major issue for seniors was access to information. People want easy access to comprehensive information on a broad range of topics – available services, health, volunteer options, social activities, transport timetables, access to affordable help for a range of problems.

Often people would raise an issue and someone among the other participants would reply with ‘but didn’t you know that....’ Information services are fragmented and it is often difficult for people to find the information they need. The increasing reliance on computer generated information is increasing the divide between the information rich and the information poor in our community. Efforts have been made to give seniors computer skills and a number of these have been very successful. But about 40% of those who attended the consultations indicated that they had no interest in developing computer skills. The need for comprehensive information which is not internet based will continue for at least another two decades.

There are many facets to the issue of information provision. Is the language used inaccessible? Is the format appropriate? Is the information placed in appropriate places where seniors often go? Do people know about current information services and if not, why not? The Minister has asked the MACSV to look at these and other issues in relation information provision and a Task Group has been established to do this.

While we were unable to reach few really socially isolated people we received reports that there were increasing numbers of people who lacked social networks. Concern was expressed about rural women on farms who did not drive and whose husbands had died leaving them with few social contacts. These women had worked hard on their farms all their life and had had little opportunity to build social contacts during this time. But there are many people within the metropolitan area who have few social activities and it would seem that much more needs to be done to involve them in their communities at a much younger age. How do we respond to this challenge? The work pressures of long hours and little flexibility, and the change in family structures where both parents are working leaves little time for the volunteering and social networks that once existed. This is an issue which impacts on many policy areas but which needs to be addressed if communities are to be strengthened and social isolation of seniors is to be avoided in future generations. It is too late to leave it until they have retired.

At the request of the Minister the Council has also set up a Task Group to look at the participation of present seniors in their communities both as volunteers and in the workforce. There are many factors working against the capacity of people to participate in their communities. Some I have already outlined.

Perhaps the biggest deterrent to full participation by seniors is the lack of transport. This problem was raised in all the consultations. For rural communities and some outer metropolitan people it was the complete lack of transport. For bigger cities and some metropolitan areas it was limited services. In all areas for some people it was the problem of actually getting to the bus stop or train station. Apart from desperately needed increased, affordable services a number of practical suggestions were made, among them:

- Improve the service from Southern Cross station to major public hospitals. This would greatly assist both rural and metropolitan people.
- Point to point community buses or cars
- The use of school buses when not being used for students
- Allowing people in rural areas to travel on school buses (when there are seats available)
- Parking spaces at train stations being reserved for seniors
- Announcements on trains and trams asking people to give up seats for seniors.
- Greater flexibility in the Multi Purpose Taxi program

Some of the seniors we spoke to were keen to continue in the workforce on a part-time basis but they said that they faced many impediments. One of the major impediments was ageism. They reported that most employers were simply not interested in retaining or retraining older workers. As a result Australia is missing out on much of the experience that they can bring. Suggestions about how to encourage and enable older people to remain and re-enter the workforce were numerous:

- Addressing the issue of the impact income from employment on pensions
- Block employment eg six months work a year in a block,
- Flexibility of hours
- Job readiness programs
- State Government departments and agencies becoming role models for other employers on this issue (as they have done with people with disabilities programs)

These and the current impediments to volunteering will all be addressed by the MACSV Participation Taskforce.

Housing is a major problem for many senior Victorians. Many want, but do not have, security of tenure. They want to remain in their own communities. Where possible they want the minor structural alterations to their homes which will allow them to do so. Again lack of information means that many renters are not aware that they are eligible for the State Government provided scheme which enables this to happen. Many people also promoted the adoption of Universal Housing Design which would ensure that all new housing would be designed to accommodate the needs of any people with disabilities.

Finally some people spoke to us passionately about the need to be able to make decisions about life and death. They want open public discussion and debate – and more information – about the options for end of life care and support, including (but not limited to) euthanasia and palliative care.

Changing demographics tell us that there is going to be an enormous increase in the number of older people in our community in the future. While some like to focus on the problems which this will create I would rather focus on the opportunities. Much will need to change if are to make the most of those opportunities and enable Victorian Seniors to contribute in the way in which most would wish to do.

For gerontologists who are involved in service delivery the challenge is to develop an understanding about the way in which communities work, and to develop a detailed knowledge and understanding of the organisations in the communities in which you work in order to be able to link people into appropriate activities and services.

For those of you who are working as researchers there is much research which could come out of the consultation reports. I would like to suggest just two:

Firstly, workforce skills. What training is needed to ensure that professionals are equipped with the skills which will ensure that they work with each person as an individual with unique and individual needs?

Secondly, Victorian Seniors clearly state that they want to remain in their own homes and Government services have taken account of their wishes. However we need to assess what has been gained, what has been lost and what gaps are emerging as this approach develops. Are some of these people becoming the most socially isolated in our community and what needs to be done to address this actual or potential problem?

Finally become a voice for change. From your extensive experience you have much to offer those who would address the many and varied issues I have raised with you tonight.

Merle Mitchell

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