Office of the Commissioner for the Ageing

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Comments made by Commissioner for the Ageing Dr Adam Graycar when opening the Kensington/Norwood Elderly Day Care Centre, 70 Kensington Road, Rose Park. 11.30 a.m.

I am delighted to be here at the opening of this, South Australia's (and I suspect Australia's) first commercial day care centre for elderly people.

Governments are encouraging people to live as independently as possible and to stay where most people want most to stay for as long as possible - at home - in a private residence rather than in residential care. Not shirking any responsibilities, government funds a complex residential care network and is currently developing the Home and Community Care Program (HACC) to support older and younger disabled people at home. HACC of course does not support commercial ventures.

Two issues stand out. First, notwithstanding its positives, caring for an older disabled relative can have a profound effect on the emotional and material circumstances of the carer. Second, our politicians tell us that in these times governments are not going to be able to meet all of the demands from the community or even deal with all of the legitimate claims placed upon it.

There are in Australia today fifty per cent more older people living with their adult children than there are living in nursing homes and hostels.

Only a small proportion of older people have access to day care, and even for those who can afford to pay for it, it has simply not been available.

Care of elderly relatives by the family may result in significant costs to the family (and especially to women in the family). Some of these are direct costs in terms of loss of earnings, costs of extra heating, transport, laundry and food. Others are less direct and harder to place a monetary value on, for example, loss of career prospects, disruption to family life, and deterioration in carer's health.

A couple of years ago I carried out a national study of people caring for their elderly relatives and quite surprisingly found that most people provided quite extensive care for some considerable period of time. For example three quarters of the sample who had extremely dependent elderly relatives who could not be left alone had been providing the sort of care they had for over two years. When we asked them what sorts of difficulties they had almost 60% mentioned that they the carers had lost some independence, and just under half reported tension and disruption of family life. Over a quarter had given up paid employment to provide care for their elderly relatives. This is particularly significant because it then places enormous strains on family income and family cohesion. When we asked the carers for their suggestions for services to make family care easier the overwhelming answer was short term care. And this is what we are seeing developed here today.

When we examine the assumptions upon which family care of elderly people is based, a stable family, with the woman at home, supported financially by her husband at work, caring for an elderly relative who either lives with or near the nuclear family unit it becomes clear that a re-think is needed for there are obvious limits to real and potential family care. Changes in demographic patterns, marriage rates, divorce rates, life expectancy and fertility as well as in labour force participation rates for women mean that the traditional caring role of women can no longer be taken for granted.

The carers in the sample identified both positive and negative aspects of care. With regard to the positives they highlighted a sense of satisfaction in providing care (35%), a sense of companionship (25%) and repaying past help (21%). On the negative side 45% reported they were house-bound and had no time to themselves, and 42% reported having an enormous amount of mental strain. The development of day care is clearly an important response to these negatives. It is interesting however that in our study we found that by and large the respondents were unaware of many of the services that were

available - many did not know of day care centres or of respite beds or of domiciliary care or of home visiting. We clearly have an important educational campaign to wage as well in this area.

It is necessary therefore for as full a range of support options and alternatives to be available. This is one option that will appeal to some people.

The operation is not unlike that in a child care centre. The older person is taken in the morning and picked up later, after the carer has been to work, is out or whatever. People can come on a regular or casual basis, and can be assured of high quality care and support. The fees are even similar to those for child care.

This is one good example of helping spread our scarce community resources and providing quality support for a much wider range of older people and their families.