# T R A N S C R I P T

# STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

## Inquiry into end-of-life choices

Mornington — 29 October 2015

Members

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Witness

Ms Helen Ridgeway, positive ageing officer, Mornington Peninsula Shire Council.

**The CHAIR** — I would now like to welcome Ms Helen Ridgeway, the positive ageing officer at Mornington Peninsula Shire Council. Ms Ridgeway, can I just reiterate our thanks to the council for hosting us and facilitating our public hearing today. If you could pass that on to your colleagues, it would be greatly appreciated.

Before I invite you to make some opening remarks, I just caution that evidence provided today is protected by parliamentary privilege and subject to the Legislative Council standing orders. Therefore you are protected for anything you say here today, but you are not afforded such privilege for anything you say outside the hearing. All evidence is being recorded. You will be provided with a proof version of the transcript in the next week or so, and ultimately all evidence will be posted on the committee's website.

We have allowed half an hour for our session this morning, so I invite you to make some opening remarks and thereafter the committee will have questions. Thanks again for being with us.

**Ms RIDGEWAY** — Thank you and hello, everyone. While the Mornington Peninsula Shire does not have a policy or specific services in this particular area, as the shire's positive ageing officer, I thank you for inviting me to speak broadly about the community-based actions and approaches we do undertake to support people to age well. It is no news to you that the shire has a much higher proportion of people aged over 60. The cohort is 30 per cent on the Mornington Peninsula compared to around 17 per cent in greater Melbourne, and this cohort is expected to increase significantly by 2030 and beyond. This has something to do with the fact that a lot of people choose to retire down here. It is such a beautiful place to live.

In response to this large cohort and growing cohort, the shire is currently implementing the second iteration of its five-year positive ageing strategy. We call it A Community for All Ages. It has a whole-of-council and whole-of-community approach, and it also has a collaborative approach. It is based on the World Health Organisation's eight-pillared framework for creating age-friendly communities and cities. I will soon talk a little bit about some of the strategy's most relevant aspects. Firstly, there are a few other comments that you might find useful for this inquiry in terms of our role as a local government.

The shire is the largest home and community care services provider on the peninsula. Currently 5000 residents receive low-intensity services — that is, things like personal care and respite care — and over 350 people receive daily home-delivered meals. Clients are relatively independent. We do not provide nursing-type services, but we do refer frequently to other services, such as the Royal District Nursing Service, and work very closely with them. As the shire's cohort continues to grow, so do requests for home care services, and it is a struggle to continue to fulfil those requests. The shire does augment government funding from its own budget to do this, and I think you are very aware that government funding models are in the process of change in this area. In more recent times there has been a significant increase in home care support requests for those receiving at-home palliative care.

In terms of end-of-life choices, shire home care assessors prompt clients about consideration of end-of-life choices. This happens at both initial assessment and also in follow-up assessment. Then, as appropriate, they will either direct the clients to web-based options and tools to think about this or, if a face-to-face, one-on-one option is needed, refer them to Peninsula Health, which can offer this service. I believe Peninsula Health is also presenting today.

In terms of advocacy, through the Ageing Well Alliance, the shire works on a regionally based project concerned with advance care plans. I believe Lisa Rollinson from the Ageing Well Alliance, who chairs it at the moment, will be speaking later day, and I suspect she will talk more about that. Speaking more broadly about the shire's community-based role, through our positive ageing strategy the shire seeks to undertake a collaborative role and a capacity-building role across all areas in the community as a facilitator, as an awareness raiser and as a connector. We endeavour to create an age-friendly community and to counter common misconceptions of ageing. The approach is to support older people to build on individual and familial strengths and existing community services to create opportunities for older people for them to find solutions to the challenges they face. The shire initiates collaborative projects with a wide range of organisations, individuals and services, with an emphasis on encouraging seniors to have opportunity to represent themselves and their own views on issues that concern them. This is to do with having informed information and choice.

Today a representative from the shire's own highly regarded official Peninsula Advisory Committee for Elders, PACE, will be speaking more about their role and their views. I would like to acknowledge that the shire is

grateful for the amount of voluntary work and guidance that PACE offers. They are involved in all aspects of our work, particularly in the development and implementation of the positive ageing strategy. I mentioned the World Health Organisation's age-friendly framework that we use in the shire, and I would like to mention a few of the community-based initiatives that we undertake in two of the eight domains.

The first one is about communication and information. Quite simply, seniors, like many of us, commonly do not look for information until the time they actually need it, and frequently older people do not know where to find it in a form they can access. Many, many seniors do not have easy access to the internet, and unfortunately most information is increasingly only available online. So the shire seeks to provide and facilitate accessible and appropriate information in a wide range of mediums where and when older people and their families need it, but also before they realise they need it. Some examples of this include some print version options. We produce three different sorts of newsletters; one of them is the positive ageing newsletter. It has quite a wide range of information in it, including articles to do with powers of attorney, wills, and we are about to put an article in about end-of-life choices and where to go for help. We also have a home and community care newsletter that goes to all the 5000 clients, and we also have a newsletter that goes to every household across the shire, and that always has information in it about ageing well. We also, in more recent times, have been working with our local radio station that we have here on the peninsula. We have a regular segment that we call *PACE on AIR*; this is together with our advisory committee, which is PACE. We include all sorts of issues in the broadcasts. Some have included a discussion about elder abuse, wills, powers of attorney, seniors rights and other health and wellbeing issues.

We also partner with a lot of different organisations to help bring iPad and other device classes to seniors so they can learn to have better access to the internet and learn to use devices if they have them. Organisations that we partner with are, for example, the Brotherhood of St Laurence, libraries, neighbourhood houses and the University of the Third Age, to name a few. We also partner with Peninsula Health, Frankston City Council and National Seniors Australia to produce the annual Ageing Well Expo; over 1000 older people come to that. This year I think we had over 70 information stalls that people could come to and find out a lot of information about a range of different healthy ageing options and issues. We also have a partnership with Monash University and the U3A, where we have run a series of free public lectures, all to do with healthy ageing, and we will continue to do that next year.

Most importantly in this area we are very aware of the power of the word of mouth, so we spend a lot of time speaking at network meetings, cluster meetings and different community settings groups and organisations trying to help them connect with each other as well as bringing information to them, receiving information from them and then taking it across to other networks and so on. We particularly do this because we are trying to seek new ways of connecting with isolated and lonely older people, and there are many of them on the peninsula, because we do have issues to do with transport. It is quite a rural area. Even though we are considered part of the metropolitan area of Melbourne, it can be very difficult for someone who is not well and their family to have transport so they can keep in touch with friends and family and also get to medical appointments.

The other area I want to talk about, which is in our strategy and part of the World Health Organisation's framework, is to do with respect and social inclusion. As a result of our many community consultations, it is clear older people want to be acknowledged as having valuable contributions to make, and like all members of society, they hold a range of personal values, experiences, lifestyles, cultures and beliefs, and they clearly want to be respected and included in decisions about their lives. Lack of respect at times can result in being at risk of or experiencing elder abuse — this includes from family members — and we are aware that this occurs on the peninsula, as it does right across the country.

The shire also seeks to address ageism and to broadly build respect between the different generations and create much better understanding. A range of intergenerational initiatives are undertaken, such as supporting and encouraging the development of places like men's sheds, community gardens, environment groups, libraries and neighbourhood houses, to include a focus on intergenerational shared activities. We also recognise that the media plays a very powerful role in our lives, and we are working on a communication strategy designed specifically to promote respect and inclusion, reduce ageism and build awareness of issues such as elder abuse and where people can go to get help.

The last thing I would say about that is we also have a project which we call the Celebrate Ageing photographic media campaign. Again, this is a partnership approach with Frankston City Council and Peninsula Health. We

are wanting to gather and build a library of photos of local older people who are engaged in life doing whatever it is they love to do. We will be using those photos for fliers and different media applications.

That just gives you a bit of an idea of the current role of local government as we see it in the lives of older people and the way we are involved in advocacy. We are involved in awareness raising, and we do try to connect different individuals and organisations to each other and together.

**The CHAIR** — Thank you very much, Ms Ridgeway, for that presentation and for giving us some detail on some of the work that the council is doing, noting the demographics that you referred to in your statement.

I remember reading in the Mornington Peninsula newsletter that comes out from the council on a quarterly basis about the plans that council had to install recharge stations for mobility scooters, which I thought was a really innovative idea for basically empowering people to be out and about. Are those the sorts of initiatives that you are looking to include in the council's positive ageing framework?

**Ms RIDGEWAY** — Absolutely, yes. This is the strategy. You are welcome to it. I could leave this with you. The strategy actually covers eight areas. I have only spoken about two. Areas include housing, transport, civic participation and employment, health and community services, social participation and connectedness, and in the area you have just mentioned one pillar is in the area of outdoor spaces and buildings. So we have included in that things that will help people get around more easily, and yes, we have those scooter recharge stations, we have what we call mobility maps that we are increasingly putting together for the different key town locations. We have it all mapped out: the easiest way to get around so you can get to the local shops and services in whichever township you are located near with your mobility device or if you have problems with mobility. We will work out the best footpaths; places you can stop and sit if you need to sit to have a rest along your way; where there is, for example, the best public lighting; where there are good places you can cross the road most safely; where there are footpaths and paths wide enough for your scooter to go down; where there are public toilets that are accessible to all people. That is another example of it. There are many in the strategy. It is an ongoing work.

**The CHAIR** — Indeed. Thank you.

**Ms PATTEN** — Thank you for that. It sounds like you guys are doing some amazing things down here.

**Ms RIDGEWAY** — We try.

**Ms PATTEN** — Yes, and it is very interesting. I have been a bit involved in Alzheimer's Australia, so it is really great to be hearing that it is age friendly. You mentioned that you provide services for a number of people in palliative care now. I was just wondering if you have any idea about what percentage of the 5000 people that you are providing services for would be in a palliative care setting at home?

**Ms RIDGEWAY** — I can get that information for you if you would like it, but I do not have that on me. That is in a support role. It is still home and community care, so it may be perhaps doing the shopping so that a carer can stay more closely involved with the person who is receiving palliative care, or it may be that it would be great to sit with that person so the carer can have a break and have a coffee with their friend.

**Ms PATTEN** — Sort of respite.

**Ms RIDGEWAY** — Yes.

**Ms PATTEN** — Is that on your horizon, the increased need?

**Ms RIDGEWAY** — Yes, absolutely. It is growing all the time, and we have a growing cohort of older people. It is why to date the shire has augmented funding with our own budget to keep this service going as best we can. As you are aware, there are major changes happening in funding models with state government and commonwealth government, so we are unclear yet at this point where this is all going to sit and how that will affect us here and if the shire will still be in a position to be able to assist that and augment it if needed.

**Ms SPRINGLE** — My question is: in your role as positive ageing officer with the council, what is the intersection between your work and end-of-life care and end-of-life choices? Is it an issue that comes up a lot?

**Ms RIDGEWAY** — My role as a positive ageing officer is, broadly speaking, to facilitate the implementation of the whole plan. So it is a plan that sits right across every area in the shire, all the different activities — if you think about those eight pillars I mentioned. The other part of my role is to connect as much as possible with community organisations and individuals. So I am frequently aware of issues to do with end-of-life choices. In those situations I will do my best to provide information that we have at hand and to get information out much more broadly. For example, the big emphasis we have had in this last year has been about elder abuse, to get that information understood, so that has been a theme in community forums, in articles that are written, in the local radio program and so on, and all those avenues can be used. When we have good information about end-of-life choices we can do all we can to get that information out.

**Ms SPRINGLE** — So it is a prevalent issue that comes up regularly, in your opinion?

**Ms RIDGEWAY** — In my opinion, yes. Having said that, I am not a home and community care staff member, but I am very aware of it.

**Mr MULINO** — One of the issues that we have received evidence on from a number of sources is the importance of having conversations early. Obviously a lot of the work being done by the council and by volunteers is with people who are not facing end of life imminently but who could usefully have conversations about their wishes. I am just wondering, from your perspective, do you think people are generally open to having those conversations, and what do you think is the best way to prompt those conversations?

**Ms RIDGEWAY** — From my perspective — I can speak in my role as positive ageing officer — it is varied. There is so much diversity in the community, which I know you are aware of, as we are, and different people have different amounts of support. Some people do not have family supporting them — they are very much on their own — and they will be in a situation where the only conversation that they will have an opportunity to have about this may be with a friend or maybe not, or maybe with their paid carers and service providers. There are a lot of lonely and isolated people on the peninsula. Those people with strong family connections, I suspect, are in a better place to have those conversations, and from my understanding, the earlier the better. It is the reason why in our home and community care services our assessors do flag this and bring this up in the initial assessment. You know, 'Have you considered this? Are you aware that the sooner you think about these sorts of issues the better? Here is where you can get some information'.

**Mr MULINO** — And obviously given the diversity in the population and people being in so many different circumstances, it seems like it is important that people who are prompting these conversations are trained and have an appropriate skill set to be able to deal with what is a pretty challenging situation.

**Ms RIDGEWAY** — Absolutely. I have just spoken about the community care assessors. These are the people who go into the family home or the person's home. We also are seriously considering ways of offering information sessions and workshops with family members to do with their relationships with their older parents or older family members. One of these education-type programs that we are considering is something called I'm Old, Not Stupid, which is great. But we are aware that a lot of people do not want to be told they need to go to these sorts of classes, so it is going to be by choice, and at the moment I am currently talking with some of the neighbourhood houses. We have about 15 of them across the peninsula. We are a very long, geographically highly spaced out peninsula, so we have 15 of them, and we have community centres as well. In my mind perhaps those would be the best places for these sorts of courses to be offered. We might pilot them and see how we go.

**Mr MELHEM** — Thank you very much again. Most people, as we know, would like to die at home. In your experience in the shire do you think our current funding model is adequate? Do you support that approach or that desire?

**Ms RIDGEWAY** — I suspect it is not. In my role as positive ageing officer I am not well placed to give an informed opinion about that. I think later today when you have the Royal District Nursing Service, the Ageing Well Alliance and Peninsula Health talking to you, they will be in a better place to make comment about that.

**Mr MELHEM** — A follow-on to that: you are dealing with a cross-range of issues — I know specifically you are not dealing with palliative care — but do you think the current palliative care system needs further development? I know you talked about awareness and you talked about information, but in your role are you getting any feedback about the adequacy of the system?

**Ms RIDGEWAY** — Yes, I do get feedback about it, and it is my understanding in the informal community feedback that I receive that it is not adequate and that more funding is needed for it.

**The CHAIR** — Ms Ridgeway, can I just ask, with the workshops you are considering running, are you looking at having information about advance care directives or that sort of material as part of those workshops?

**Ms RIDGEWAY** — We would certainly consider it, yes. The material that we are looking at at the moment and the organisation that runs it at the moment does not include it. We are also aware that they do not include much information, for example, about dementia, which is another issue. The approach would be very broadly, I think, to begin with about very much what the title encapsulates — 'I'm old, I'm not stupid. I want choice. I have a right to choice. I have a right to information in a form I can understand it'. I think if we start there to begin with, it becomes easier to then bring in very specific information about this topic.

**The CHAIR** — Thanks very much, Ms Ridgeway. Is there anything you would like to add before we conclude?

**Ms RIDGEWAY** — Just thank you for inviting me to speak generally about the role of council at the moment and the diverse collaborations and partnerships that we work with with different community groups and organisations. It can be a very powerful way to get information out.

**The CHAIR** — Yes. Thank you very much for your evidence today and informing us about some of the great work that council is doing in this important space.

**Ms RIDGEWAY** — You are welcome.

**Witness withdrew.**