REPORT OF THE NATIONAL COUNCIL OF WOMEN OF NEW ZEALAND'S SURVEY ON HEALTH CARE AND SUPPORT SERVICES FOR OLDER PEOPLE AND THEIR CARERS
November 2000

Prepared by
the NCWNZ Standing Committee on Health

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Executive Summary

The National Council of Women of New Zealand (NCWNZ) an umbrella organisation first established in 1896, speaks on behalf of a wide cross-section of women in New Zealand. Currently, its membership represents women from some 150 societies affiliated through 36 branches spread throughout New Zealand. It has always regarded healthcare as one of its priority areas and has considerable policy in the area.

In 1999, NCWNZ members expressed concerns about current funding and delivery of health care and services for older people and the lack of strategic policy development and planning in this area. As part of the organisation's strategy for 2000, the Health Standing committee initiated a questionnaire to its members seeking information from people 75 years and older or their carers about health care and support services they received. The aim of this survey was to collect information to better understand issues affecting the care of the elderly in the community.

Our survey, in the form of a one (double-sided) questionnaire, asked key demographic questions such as region, community type, gender, ethnicity, living arrangements and whether the older person had a community service card or not. Other questions sought information on needs assessments effected, its affect on accessing services, knowledge of needs assessment and difficulties accessing services. Four categories covering use of nursing services and nine categories of support services were also canvassed. A copy of the questionnaire is attached as Appendix I.

This report covers results of that survey. Information was gathered from an estimated 630-700 people aged 75 years and older between May and July 2000. Because most of our sample numbers identified as European/Pakeha, results do not reflect Maori, Pacific Island and other minority ethnic group use of services. Quantitative demographic data are presented in table form within the report and the attached Appendices detail many of the qualitative responses.

Data gathered covered most of the regional council areas in New Zealand. However, it should be noted that over half of our survey responses were from people living in Northland and Waikato. Data from other regions were not representative of their older populations. Our survey results cover people aged 75 and older who live in cities (31 per cent), large towns (21 per cent), small towns (32 per cent) and rural areas (13 per cent). Over three quarters of the participants were living in their own homes and had received a Needs Assessment. Nearly 90 per cent were women and over 40 per cent of the participants responded on their own behalf.

A large number of participants had little or limited knowledge about Needs Assessment. Responses to this question are shown in Appendix III

Medication and Podiatry were the two medical services mostly used by our respondents. Cost of regular podiatry care ranged from $10-$40 per visit. Other costs mentioned under Nursing services included Doctor visits and personal alarm fees.

In the ten categories of support services canvassed, housework was the most widely used assistance given - to 70 percent of the survey participants. Assistance with gardening, shopping and transport were received by around 40-50 percent.

Agencies and Carers were identified as the predominant assistance providers of for showering dressing and housework (70-74 per cent). Meals on Wheels, agencies and carers were meal providers to over 50 per cent and assistance with gardening was given by private contractors (51 per cent) and carers (23 per cent). Spouse or family members provided 22 percent of meals, 29 per cent of assistance with lifting, 29 per cent of assistance with shopping, 32 per cent assistance with transport and other supervision.

In most cases bathing, dressing and lifting assistance was provided at no cost to the recipient. In regions where Meals on wheels were available, prices ranged between $3.50 per meal and $8.50 per day. Housework assistance through agencies and private contractors ranged between $9.30 and $15 per hour. Lawns and gardening service costs ranged between $10-$15 per hour or $10 and $30 per fortnight. Shopping assistance cost between $5 and $10 per with many listing 'taxi' or 'half taxi fare'
in their response.

Our survey asked about difficulties in accessing nursing and support services and also asked what additional services would improve their quality of life. Only half of the respondents had no problems and a similar number offered comments on service improvements. These responses are also attached as an appendix.

Nearly 90 per cent of our survey numbers indicated the older person had a Community Services Card and had a satisfactory relationship with their health professional.

Only 38 per cent of our survey responded to our carer support question about respite care, day care, night care and holiday care. May commented on the reduction of their respite care entitlements.

Our questionnaire also asked about whether they received enough information about available support services and provided for comments on how information dissemination might be improved. Many comments reflected a need to know what services were available and how to access them with 20 per cent recommending that some form of pamphlet/brochure be distributed to medical rooms, chemists and through district nurses. Suggestions made are also attached as an appendix.

While our survey results do not reflect a representative sample of people in New Zealand aged 75 and older, they do represent a large sample of between 600 and 700 of these older people and the health care and support services they and their carers use. There is evidence that transport and shopping may be a problem if no family members are available and that respite care entitlements may not be sufficient relief for carers. We consider that there is also a large unmet need among older people for information on the purposes of a needs assessments and access to information about their entitlements, access to and availability of support services to assist them to remain independent in the community.

Although data has been collated on a regional basis, constraints on funding and time have precluded detailed analysis of data by region being included in this report.

1. Introduction:

As life expectancy and the proportion of older people increases, demand for health care and support services for the frail elderly will also increase. Currently around 92 per cent of older people are living in the community[1]. Given the recent shifts in public policy from institutional care to community care for older people, projected demand for community services and support will rise. This will have major funding and service provision implications for Personal Health Services, Disability Support Services and Public Health Services, the three Health Service categories receiving public funding. Older people suffer from more chronic health problems and functional disability than young adults. For example, between 1995 and 1998, people aged 75-79 required ten times the Disability Support Services funding per person than people of younger ages and people aged 85 and older required thirty times the amount per person[2]. Results of the first major surveys of disability in New Zealand[3] further highlight the likely extent of health service demand that will be generated by disability among older people.

In its recent report[4], the National Health Committee identified problems with current funding and delivery of health care services for older people. They also expressed concern about the lack of strategic policy development and planning, significant defragmentation of services, reductions in the availability of providers and reduced options for care. Similar concerns have been expressed by members of the National Council of Women of New Zealand (NCWNZ). These concerns were validated through a remit at its national conference in November 1999 that recommended that New Zealand's health policy give greater emphasis to the planning of community health and residential care service provision for people aged 75 and older and their carers.

As part of NCWNZ strategy for 2000, their Health Standing committee initiated a questionnaire to its members in May this year. In order to better understand issues affecting the care of the elderly in the community the survey sought information from people aged 75 years and older or any person providing care for a person aged 75 years and over who was accessing health care and support services for older people. It was hoped that responses would provide a representative sample of people in New Zealand aged 75 years and older and their carers and identify any unmet needs or difficulties in availability and access to support services.

This report covers results of that survey. Nearly 550 individual responses were received, representing data on around 630-700 people aged 75 and older. Community sizes were defined as City, Town, Small Town (population <10,000) and rural. For comparison purposes these definitions equate with Statistics New Zealand's four urban and rural area groupings (main, secondary urban, minor urban and rural). Thirteen percent of our survey respondents were living in rural areas (populations less than 1,000) Thirty-two per cent identified as living in small town populations of less than 10,000 people (minor urban area) The remaining responses were from people living in cities (31 per cent) and larger towns (secondary urban).

Although data received does not reflect a representative sample from the 16 regional council areas, they do represent quite a large sample of people aged 75 and older and their carers and the information may be useful for service planning purposes.

We would like to acknowledge the contribution to this survey of Tokoroa Council of Social Services and Home Support North Trust from Paihia. Both agencies issued copies of the NCW questionnaire to their carers and encouraged their participation. Thanks must also be recorded to the Salvation Army who distributed the questionnaire through many regions in New Zealand and the DV Bryant Trust in Hamilton, who responded to the Health Standing Committee's request for financial assistance toward the cost of database entry and collation of results.

2. Methodology:

A one-page (double sided) questionnaire was used to gather anonymous data. It was designed to be brief enough to encourage participation and to provide what was considered to be relevant information to allow for the better understanding of issues affecting the care of older people in the community. The questionnaire was distributed with the May Circular to all NCWNZ members (approximately 1100 individuals) throughout New Zealand with a request that they disseminate the questionnaire as widely as possible to members of their affiliated organisations and the wider public. Responses were requested to be returned to the national office of NCWNZ in Wellington by 1 July, 2000.

The questionnaire construction contained both qualitative and quantitative questions. Key demographic details included the geographic region respondents lived in and community size; ethnicity, gender and living arrangement and whether the cared for person had a community service card. Respondents were asked to identify their relationship to the person aged 75 and older; whether a Needs Assessment had been effected, the effect of needs assessment on service access, their understanding of Needs Assessment, if they had difficulties accessing services, suggestions for additional services to improve quality of life, if they had a satisfactory relationship with health professionals involved. Carers were asked what support they received. Other questions asked whether respondents received enough information about available services, how service information could be improved and any other comments. A section of the questionnaire asked what nursing and support services were being received and the cost to the recipient. These services included medication administration, catheter or colostomy care, wound dressing, podiatry, other nursing, help with bathing, dressing, meals, lifting, housework, gardening, shopping, transport, supervision and other support services.

Copy of the questionnaire is attached as Appendix I.

Response Rate

By the middle of August 2000, five hundred and forty two (542) individual responses had been received. Many of the returned questionnaires were incomplete. Response rates could not be determined because of the random manner of distribution and the unknown number of photocopies taken of the questionnaire.

Analysis of data.

Each questionnaire was given an identification number before data from each questionnaire were entered into a computer database (Microsoft Excel). In preparation for analysis, the quantitative questions (12) were entered in coded form. Responses to the eight qualitative questions were transferred directly to the database. Because of the diversity of answers to the qualitative questions , it was not possible to develop a scale to facilitate analysis. However, efforts were made to try and standardise answers as much as possible without losing the meaning of the response given.

3. Survey results:

A total of 542 questionnaires were returned. Given that responses about the relationship to the person being cared for indicated over 54 percent were responding as carers, we believe the survey response of 542 represents between 630 and 700 people aged 75 and older. This figure was calculated by doubling the numbers of those who identified as 75 years and older and caring for someone of a similar age or older (83) then adding a further 75 from the remaining questionnaires that included 'us', 'our' or some other indication that inferred the response was for more than one person aged 75 and older. Because most of our sample numbers identified as European/Pakeha, collated results do not reflect Maori, Pacific Island and other ethnic group use of services for older people. Data from the survey have been collated on a regional basis, however, constraints on funding and time that detailed analysis would involve, have precluded the analysis of each regional council area being included in this report.

The estimated 630 to 700 people represented in this survey is a considerable number, however, they do not provide a representative distribution of people aged 75 years and older living in New Zealand. We are also disappointed that responses from the regions did not reflect NCWNZ's membership distribution. Nevertheless, we consider the data gathered to be a large sample that may be significant for service provision and resource planning purposes. In particular, the high number of questionnaires returned from the Paihia area of Northland and from South Waikato areas (Tokoroa, Tirau and Putaruru) may be useful for planning of minor urban and rural services and can be easily extracted for separate analyses. Responses from these areas within Northland and Waikato contributed to the 285 replies we received from these two regions (i.e. 53 per cent of total respondents).

Regions covered and type of community.

Questions 1 and 2 of the survey asked for information about what region and type of community respondents lived in. Regions in New Zealand used were Regional Council areas as defined in the Census of populations. Table 1 summarises the extent of the survey and the various communities represented. From data collected we were able to determine that 13 percent of our respondents lived in rural areas; 32 per cent lived in small town populations with less than 10,000 people, 21 per cent lived in townships with more than 10,000 people and 31 per cent lived in cities..

Table 1 Regional Distribution and community types of survey respondents.

Region	City	Rural	Small Town <10,000	Town >10,000	Not specified	Total numbers	% of respondents
Northland	8	43	78	13	2	146	26.9
Auckland	40	3	4	8	0	55	10.1
Waikato	20	12	58	49	2	141	26.0
Bay of Plenty	11	0	3	1	1	15	2.8
Gisborne	0	0	0	0	0	0	0
Taranaki	14	0	2	1	3	19	3.5
Hawkes Bay	5	1	0	0	0	6	1.1
Wanganui	1	0	0	0	0	1	0.2
Manawatu	9	2	1	7	0	19	3.5
Wairarapa	0	1	1	12	0	14	2.6
Wellington	31	1	7	6	0	45	8.3
Nelson-Marlborough	13	6	5	5	4	33	6.1
West Coast	0	0	2	3	0	5	0.9
Canterbury	10	4	6	7	0	27	5.0
Otago	6	1	4	1	0	12	2.2
Southland	2	0	2	0	0	4	0.7
Total	**169**	**72**	**175**	**114**	**12**	**542**	
% of respondents	**31.2**	**13.3**	**32.3**	**21.0**	**2.2**	**100.0**	**100.0**

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Respondent category and relationship to person being cared for

Questions 3 and 4 sought clarification on whether the respondent was a person aged 75 and older or a carer of a person 75 years and older, as well as their relationship to the person being cared for. Question 3 responses are summarised in Table 2. Over 40 percent of our survey made responses on their own behalf. The proportion of people caring for their spouse was 19 percent, those caring for their Mother, Father (or Parent-in-law) represented 17 percent of our survey, and a further 14 percent were caring for friends and clients. Other carer relationships accounted for just over 3 per cent of the responses Four to five per cent of respondents did not answer the questions seeking this information.

Table 2 Distribution of individual respondent categories by region

Region	Aged 75 +	Aged 75 years + & caring for a person 75 +	A carer of a person 75+	Not specified
Northland	103	13	21	7
Auckland	18	15	21	1
Waikato	75	25	33	9
Bay of Plenty	5	4	7	0
Gisborne	0	0	0	0
Taranaki	9	3	5	2
Hawkes Bay	3	0	3	0
Wanganui	0	0	1	0
Manawatu	8	3	7	1
Wairarapa	4	3	7	0
Wellington	24	9	12	0
Nelson-Marlborough	17	1	13	2
West Coast	3	0	2	0
Canterbury	12	5	9	1
Otago	4	2	6	0
Southland	1	0	3	0
Total	286	83	150	23
% of respondents	52.8	15.3	27.7	4.2

Ethnicity and Gender

The ethnicity question resulted in a total of 513 responses identifying as European/Pakeha and New Zealanders. For data collation purposes, 'New Zealander' was interpreted as European/Pakeha. Numbers identifying as either Maori or Pacific Island represented only 1.5 per cent and 2 per cent respectively. The majority of respondents to the survey were women (451). Ethnic and gender details are shown in Table 3.

Table 3. Gender and European/Pakeha ethnicity by Region

Region	Female	Male	Male/Female or not specified	% European/ Pakeha ethnicity
Northland	107	37		92.4
Auckland	49	6		96.4
Waikato	117	22	3	92.3
Bay of Plenty	15	1		93.8
Gisborne	0	0		0
Taranaki	15	3	1	94.7
Hawkes Bay	5	1		100.0
Wanganui	1			100.0
Manawatu	16	3		89.5
Wairarapa	13	1		92.9
Wellington	41	4		91.1
Nelson-Marlborough	29	3	1	97.0
West Coast	5			100.0
Canterbury	24	3		92.6
Otago	10	2		91.7
Southland	4			100.0
Total	451	86	5	
% of respondents	83.2	15.9	0.9	93.2

Living arrangements

There were a total of 498 responses to the living arrangements question. Categories included 'own home', 'with family members', 'rented accommodation', 'rest home' and 'other'. Table 4 summarises the regional distribution of these categories.

Table 4. Living arrangements by region

Region	Own home	Family member	Renting	Rest Home	Other	No response
Northland	129	3	5	1	5	1
Auckland	42	5	2	4		2
Waikato	103	7	10	6	4	11
Bay of Plenty	16					
Gisborne	0					
Taranaki	16			2		1
Hawkes Bay	4		2			
Wanganui	1					
Manawatu	9	2		6		2
Wairarapa	11			2	1	
Wellington	36	1	4	3	1	
Nelson-Marlborough	23	3	6			1
West Coast	4		1			1
Canterbury	21	1	1	2	1	1
Otago	9		1	2		
Southland	4					
Total	**428**	**22**	**32**	**28**	**12**	**20**
% of respondents	**79.0**	**4.1**	**5.9**	**5.2**	**2.2**	**3.7**

Needs Assessment

Nearly 400 of our survey number had had a Needs Assessment effected. Reasons for the Needs Assessment reflected the complexity of older people's health conditions. Age was given as the reason for assessment by 10 per cent of respondents. A further 18 per cent identified some form of physical mobility problem (e.g. disability/mobility/joint replacements/arthritis/sight). Stroke and heart related problems accounted for only 8 per cent of identified reasons. A large number of comments (17 per cent) related to coping difficulties (e.g. assess care/help required; need help; unable to cope).

Whilst the survey was not set up to measure disability, comments given for assessment reasons and the effect the assessments had on services accessed may be helpful for further analysis. These are attached as Appendix II. Of note were the many comments expressing the relief for carers and being able to continue living independently. Table 5 provides a breakdown by region, of numbers who had received a Needs Assessment. Table 6 provides an analysis of those Needs Assessment numbers by community types

Table 5. Regional distribution of survey sample who had received a Needs Assessment

Region	Yes	% by region
Northland	134	91.8
Auckland	49	89.1
Waikato	73	51.8
Bay of Plenty	13	86.7
Gisborne		
Taranaki	9	47.4
Hawkes Bay	3	50.0
Wanganui		
Manawatu	11	57.9
Wairarapa	10	71.4
Wellington	28	62.2
Nelson-Marlborough	27	81.8
West Coast	5	100.0
Canterbury	18	66.7
Otago	10	83.3
Southland	3	75.0
Total	**393**	
% of total respondents	**75.6**	

Table 6, Numbers who had received a Needs Assessments, by Community type

Community Type	Yes	% of sample
City	119	21.9
Town	66	12.2
Small Town<10,000	134	24.7
Rural	66	12.2
Not specified	8	1.5
Total	393	

Understanding of 'Needs Assessment'

Half of the 400 people who replied to this question, clearly understood the purpose of a needs assessment. However, a quarter of the replies responded negatively with answers such as nothing, nil, not a lot. The balance of answers had a partial understanding of free services available if eligible (i.e. home help, respite care) or believed it was a financial or a gatekeeper role for service entitlement. All responses to this question are shown in Appendix III.

Nursing Services

Under 'Nursing services' we included the following five categories:

Medication administration, Catheter or colostomy care,
Wound dressing, Podiatry and '
'Other'

Responses from those who used these services were analysed by region. Help with nursing services were provided by spouses, carers, district nurses, rest homes, sons and daughters and Doctors and chemists. Summaries of usage of the above nursing services are shown in Tables 7. There were 141 replies to the medication administration question. In this area carers gave the most help (31 per cent) followed by district nurses (15 per cent), self (13.5 per cent) and spouses (11 per cent). Fifty of the respondents received colostomy or catheter care assisted predominantly by District Nurses and carers. Eighty four people received assistance with wound dressing, mainly from District Nurses (47) and carers (14). Of the 139 who responded to the Podiatry question, private podiatrists catered to 67 per cent. Prices for this service showed some variation around the regions. Emergency and medic alarms were often listed as a service under 'other' nursing services.

Costs incurred for nursing services identified Podiatry as a regular service that was not provided free. Podiatrists fees per visit ranged from $10 to $40 per visit. Other services mentioned in the nursing category were Doctor and Pharmacy fees and personal alarm fees.

Table 7 Nursing Services received by region

Region	Medication Admin	Catheter/ Colostomy care	Wound Dressing	Podiatry	Other
Northland	33	9	19	37	11
Auckland	15	5	10	14	2
Waikato	23	11	18	31	
Bay of Plenty					4
Gisborne					
Taranaki	11	3	6	9	4
Hawkes Bay	1	1	3	1	
Wanganui					
Manawatu	9	4	5	7	2
Wairarapa	8	1	3	9	1
Wellington	10	5	6	13	3
Nelson-Marlborough	10	2	4	14	3
West Coast	2			3	1
Canterbury	12	7	6	7	1
Otago	5	2	3	7	
Southland	2		1	1	
Total	**141**	**50**	**84**	**153**	**32**
% of responses	**30.6**	**10.9**	**18.3**	**33.3**	**6.9**

Support services received

Support services covered by our questionnaire included assistance received with:

Bathing;	Dressing;	Meals;
Lifting;	Housework;	Gardening(& lawns);
Shopping;	Transport;	Supervision, and
Other'.		

These services were analysed by carer category (Table 8) by community type (Table 9) and by regions (Table 10 and Table 10a). Agencies, carers, spouses, family members and rest homes were identified as the main providers of many of these services.

Table 8 . Support Services received by respondent category

Help received with	Response from Carer	Response from person 75+	Response from person 75+ Caring person for 75+
Bathing/showering	92	56	42
Dressing	75	39	35
Meals	94	65	42
Lifting	59	35	64
Housework	115	204	64
Gardening/Lawns	87	115	49
Shopping	99	101	47
Transport	88	90	41
Supervision	76	28	31
Other Support received	33	23	16

Within the support services categories, predominant providers of the respective services were:

showering and bathing,	agencies or carers (74 per cent)
dressing	agencies or carers (70 percent)
meals	Meals on wheels (24 per cent), agencies or carers (37 per cent). spouse or family (22 per cent)
lifting	agencies or carers (52 per cent), spouse or family (29 per cent
housework	agencies (62 per cent), carers (14 per cent)
gardening	private contractors or agencies, ((51 per cent) carers (23 per cent)
shopping	agencies or carers (46 per cent), spouse or families (29 per cent)
transport	agencies or carers (32 per cent, spouse or families (32 per cent)
supervision	agencies or carers (45 per cent),spouse or families (32 per cent)

Table 9 . Support Services received by community type

Help received with	City	Rural	Small Town <10,000 people	Town >10,000 people	Total	If paid for, cost to user
Bathing/showering	71	18	56	45	190	
Dressing	56	14	44	36	150	
Meals	84	23	49	42	198	$0-$10 pd
Lifting	56	17	33	18	124	
Housework	120	56	131	72	381	$9.30-$15 ph
Gardening/Lawns	89	29	79	53	250	various
Shopping	92	33	69	49	243	$5-10 per
Transport	78	30	58	52	218	various
Supervision	56	19	29	31	135	$0-$15 ph
Other Support received	30	10	17	16	73	

In most cases bathing and dressing services were provided at no cost to the recipient. In the few cases where costs were indicated, prices ranged from $6 to $14 per hour. In regions where Meals-On-Wheel services were available, costs ranged between $3.50 to $8.50 per meal. Based on these meal price ranges many of the users appear to be using them 3-4 times each week. It was difficult to judge an average price per meal for other meal providers. Housework costs from agencies and private contractors ranged between $9.30 and $15 per hour, many respondents stating costs ranged between $10-20 per week. Because many included lawns, pruning and gardening under the gardening category and we did not ask for any indication of the size of the property involved, costs given for these services ranged between an hourly rate of between $10 and $15 per hour and a weekly or fortnightly fee of between $10 and $30. Many also indicated they received a WINZ allowance toward these costs. Shopping costs

ranged between $5 and $10 per for those who were involved in a charge, many listing 'taxi fare' or 'half taxi fare' in their responses. Although taxis were identified by 10 per cent of respondents to this question, no indication of costs were included. Over
20 per cent relied upon family members as their means of transport.

Table 10. Distribution of Support Services received by regions

Region	Bathing	Dressing	Meals	Lifting	House-work	Garden-Lawns	Shopping	Trans-port	Super-vision
Northland	41	33	39	27	126	67	59	57	28
Auckland	21	17	31	24	38	26	31	29	21
Waikato	51	35	36	21	73	47	44	41	23
Bay of Plenty	9	8	9	7	12	10	8	7	4
Gisborne									
Taranaki	7	7	9	7	12	10	12	10	6
Hawkes Bay	3	1	2	1	3	2	5	2	1
Wanganui									
Manawatu	6	3	8	8	14	9	11	13	10
Wairarapa	9	8	10	3	11	9	10	10	6
Wellington	11	12	19	10	36	26	24	20	12
Nelson-Marlborough	11	7	18	6	25	19	18	11	9
West Coast	4	4	3	2	5	3	3	4	3
Canterbury	11	11	11	7	22	18	14	11	10
Otago	7	3	7	2	9	7	7	6	3
Southland	2	2	2	2	3	3	2	1	1
Total	**193**	**151**	**204**	**127**	**389**	**256**	**248**	**222**	**137**
% of survey	**35.6**	**27.9**	**37.6**	**23.4**	**71.8**	**47.2**	**45.8**	**41.0**	**25.3**

Table 10a. Percentage distribution of respondents receiving support services by region

Region	Bathing	Dressing	Meals	Lifting	House-work	Garden-Lawns	Shopping	Trans-port	Super-vision
Northland	28.5	22.9	27.1	18.8	87.5	46.5	41.0	39.6	19.4
Auckland	38.2	30.9	56.4	43.6	69.1	47.3	56.4	52.7	38.2
Waikato	35.9	24.6	25.4	14.8	51.4	33.1	31.0	28.9	16.2
Bay of Plenty	56.3	50.0	56.3	43.8	75.0	62.5	50.0	43.8	25.0
Gisborne									
Taranaki	36.8	36.8	47.4	36.8	63.2	52.6	63.2	52.6	31.6
Hawkes Bay	50.0	16.7	33.3	16.7	50.0	33.3	83.3	33.3	16.7
Wanganui									
Manawatu	31.6	15.8	42.1	42.1	73.7	47.4	57.9	68.4	52.6
Wairarapa	64.3	57.1	71.4	21.4	78.6	64.3	71.4	71.4	42.9
Wellington	24.4	26.7	42.2	22.2	80.0	57.8	53.3	44.4	26.7
Nelson-Marlborough	33.3	21.2	54.5	18.2	75.8	57.6	54.5	33.3	27.3
West Coast	80.0	80.0	60.0	40.0	100.0	60.0	60.0	80.0	60.0
Canterbury	40.7	40.7	40.7	25.9	81.5	66.7	51.9	40.7	37.0
Otago	58.3	25.0	58.3	16.7	75.0	58.3	58.3	50.0	25.0
Southland	50.0	50.0	50.0	50.0	75.0	75.0	50.0	25.0	25.0
Average	**39.3**	**31.2**	**41.6**	**25.7**	**64.7**	**47.7**	**48.9**	**41.5**	**27.7**

Access to support services and additional services to improve quality of life

Question 13 of the survey asked about difficulties in accessing nursing and support services. Question 14 asked what additional services would improve quality of life. Just over half of the survey numbers responded to the services access question and of these, more than half indicated they had no problems. A similar number offered comments on improvements to services. One response sent by a family support worker and the Elder Abuse co-ordinator in Featherston, covered older people living in Martinborough, Featherston, Greytown, Carterton and surrounding rural areas where public transport and a taxi service is not available. It is noted that 'access to Masterton health services for many older people without local family support is difficult other than by ambulance for which there is a charge'. The Fetherston respondent reported a 'dramatic decline in the criteria allowed for home care services since FOCUS services began', 'limited respite care was available because of limited beds' and 'changes to the day care eligibility criteria had meant a cut back or closing of services'. This respondent offered to provide media clippings about reduced services in the area and was happy to speak in support of better services.

To highlight regions where access issues may be more prevalent, Table 11 lists response numbers received. Comments on access and additional services are attached in Appendix IV. This appendix also provides the community type and the respondent category for each reply where comment was made.

Table 11. Access difficulties and suggested additional support services by region

Region	Access difficulties: Comments rec'd	Access difficulties: No difficulties	Suggested additional support services: Comments rec'd	Suggested additional support services: Not considered needed
Northland	74	59	65	28
Auckland	30	11	25	5
Waikato	65	33	66	14
Bay of Plenty	12	8	11	5
Gisborne				
Taranaki	6	2	8	1
Hawkes Bay	3	1	4	1
Wanganui				
Manawatu	10	7	11	5
Wairarapa	11	4	10	3
Wellington	26	10	25	4
Nelson-Marlborough	19	13	16	6
West Coast	5	4	4	2
Canterbury	18	12	15	7
Otago	6	2	6	2
Southland	3	1	2	
Total	**288**	**167**	**268**	**83**
% total survey	**53.1**	**30.8**	**49.4**	**15.3**

Community Service Card

The question about having a community services card received a high response (89 per cent of survey numbers) and positive answers from 91 per cent of respondents. Regionally, the proportion of responses indicating they held community service card ranged between 72 and 100 per cent.

Satisfactory relationship with health professionals involved

Again, the response to this question was very high (91.3 per cent of survey numbers) mostly of a positive nature. Because there was no provision for comments if relationships were negative, no data was captured on difficulties experienced with health professionals other than those the respondent chose to include elsewhere in the questionnaire. Although over 60 per cent of our survey came from people living in the upper North Island regions, two thirds of the negative and 'yes/no' comments came from respondents living in the lower North Island and in the South Island.

Carer support received

Our questionnaire asked carers of people aged 75 and older to identify support services they received such as respite care, day care, holiday care, night care and 'other'. Only 38 per cent of the survey numbers responded to this question. Table 12 highlights the type of carer support received. In the 'other' category comments, many specified the hours or days per week they received the services or indicated family, friends, field officers, support co-ordinators and other sources who provided support. Several also commented on the reduction in their respite care entitlements.

Table 12 Carer Support received

Type of Carer Support received	Responses	% of responses
Respite Care	46	22.5
Day Care	17	8.3
Holiday care	11	5.4
Combination of Respite/Day/Holiday care	28	13.7
Night care	2	1.0
None	84	41.2
Total responses received	**204**	**100.0**
% of people who identified as Carers (233)		**87.6**

Information about available services

Table 13 identifies responses, by region, to the question asked about whether respondents received enough information about available support services. Our questionnaire also allowed for comments on how information about these services could be improved. Half of our survey respondents answered this question. Only 58 per cent of them answered "yes'. Many of the accompanying comments reflected a need to know what services were available and how to access them. At least 20 percent of the comments

recommended some form of written information (pamphlets/brochures) be available. Distribution outlets suggested for such written material were newspapers, medical rooms, Chemists and District Nurses. Suggestions made are shown by region, in Appendix V.

Table 13. Carer numbers receiving sufficient information about available services

Region	Yes	No	Other	Total Responses
Northland	41	6	12	57
Auckland	20	16	1	37
Waikato	36	32	1	69
Bay of Plenty	4	6	2	12
Gisborne				
Taranaki	4	4		8
Hawkes Bay	2	1	1	4
Wanganui				
Manawatu	6	2	1	9
Wairarapa	6	5		11
Wellington	11	6	1	15
Nelson-Marlborough	12	6	1	10
West Coast			1	1
Canterbury	12	5		17
Otago	4	3		7
Southland		3		3
Total	**158**	**95**	**21**	**274**
% total responses	**57.7**	**34.7**	**7.7**	

Other comments about health care and services for people aged 75 years and older

Our questionnaire concluded with a request for any other comments and asked that additional pages be attached as necessary. We did receive several comprehensive letters or attachments to the responses, some identifying themselves for follow-up if needed. A summary of other comments received is attached as Appendix VI. Many of these comments acknowledged appreciation for the services they received. Of note are the number of times respite care is mentioned as well as the roles of GPs and a need for carer training.'

4. Discussion

Although people are living longer, current trends indicate that levels of morbidity among people aged 75 years and older are high and increase with age. The need to access equitable and effective support services that allow older people to retain their health, independence and quality of life in their own homes will intensify as the population ages and there are greater numbers of older people. Meeting the projected increased demand for health care and support requires resource and service planning. Resource planning includes personnel who are trained in geriatric and care issues as well as funding arrangements that give priority to effective support for older people in their own homes. The complex needs of older people requires policy development that incorporates all categories of health (personal, disability support and public), as well as co-operation from Ministries involved in housing, transport and community welfare and support services.

The NCWNZ's Health Standing Committee believes that our survey provides addition support to the National Health Committee's May findings regarding inadequate planning for and provision of services and support for older people. Our survey also indicated that many carers in the community receive no support and numbers living in small townships of less than 10,000 had a much lower proportion of people who had been assessed.

There is evidence that transport and shopping may be problematic for frail older people if there is no family support and that respite care entitlements may not be sufficient relief for carers. Podiatry care was also identified as a regular additional cost not met by publicly-funded services. Further, we consider there is a large unmet need among older people for information on the purpose of a needs assessment as well as access to, entitlements and availability of support services to assist them to remain independent in the community.

NCWNZ's Health Standing committee believes that our survey results identify several issues affecting the care of people aged 75 years and older living in the community that may be particularly useful for service and resource planning.

REFERENCES

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[3] Statistics New Zealand, 1996 Household Disability Survey and 1997 Residential Survey
[4] National Advisory Committee on Health and Disability, 2000, *Report of the National Health Committee on Health Care for Older People*,