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Maintaining harmony in families with later life decisions

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> It is not the young man who should be considered fortunate but the old man who has lived well, because the young man in his prime wanders much by chance, vacillating in his beliefs, while the old man has docked in the harbour, having safeguarded his true happiness."
>
> Epicurus[1]

My interest in older people began quite early in my own life for three reasons. The first because my mother became seriously ill in her late fifties and I already had to learn to start to understand the role of being a carer — especially the role of carer of a parent. At the time, I was only in my late twenties with my own young and very busy family. It was quite a challenge. The second reason is that I became involved as an Honorary Board Member of an aged care home with some 500 residents, many of whom had suffered in Europe during the Holocaust. One could say that this was an early learning experience of dealing with the elderly. The third reason is that during many years of deciding cases in Court in my role as a magistrate, and in particular, the Children's Court, I became acutely aware of how many older members of our community take on the role of caring for their grandchildren, some full-time when

the parents are not available, and some part time, to assist the parents when they are in need.

Since reaching my own 'retirement age', I have had more time and the opportunity to reflect on what is really happening in our own society, and whether we can all start to think about the ways and means of improving our own older years. In the busy world we live in today many of us have not drawn breath to think about whether some planning for the latter part of our lives could be helpful and lead to a much smoother, happier transition into what can be our most fulfilling part of life. In my opinion, it is very worthwhile for people to start thinking about some of the issues that could make their later years much better — with just a bit of planning and preparation.

This was brought home to me very powerfully by the recent experience of an 86-year-old woman known to me who found herself in a precarious situation. Her late husband was a businessman with a number of business interests. He managed all their affairs and relied heavily on an accountant who was his only professional adviser and also had his Power of Attorney. He also happened to be the executor of his will. This was a second marriage for each of them, he having been estranged from his only child many years ago. She had two adult children who were living in Europe and were both unmarried. Neither spoke any English.

When the husband unfortunately developed dementia, as events unfolded, the wife and the accountant had a disagreement, and ultimately she was left to control all their financial affairs about which she knew nothing. When the husband eventually died she was left in a complete state of bewilderment. She did eventually obtain her own legal and accounting advice and was gradually able to sort out a very difficult situation. However, the dismantling of this estate was arduous and took about five years to fully resolve.

Reflecting on this story, it is clear that some planning could have avoided a huge amount of distress for this rather isolated lady.

She has had to deal with numerous conflicts during this process, some of which resulted in legal action. It has certainly not been a happy way for her to spend her latter years. She has had to deal with the disagreements with the accountant, appoint new advisers, appear before the Guardianship Board to establish she had the capacity to make appropriate decisions, appoint real estate agents to sell a variety of properties, prepare a new will, appoint a new power of attorney, and even prepare an advanced medical directive for herself. She also was required to negotiate with the banks in order to release funds that had been held in the name of her deceased husband. She was named as the sole beneficiary of his estate, but in order to obtain a Grant of Probate (a special legal document allowing her to access the funds of the estate) there were multiple obstacles for her to overcome. Regrettably, this is by no means an unusual story. It begs the question, are there ways that older people can prepare to avoid situations such as these?

The changing demographic

A recent inquiry, 'Caring for Older Australians', conducted by the Productivity Commission in 2011, highlights the significant change in the demographic of Australia, which is already becoming evident. This reflects a worldwide trend of an increasing aged population.[2]

By 2050 the Productivity Commission estimates that the number of people aged 85 and over in Australia will increase to 1.8 million, that is, 5.1% of the anticipated population. There is also an increase in the number of Australians living to 100. This is now growing by 8.5% a year, and by 2050 that number is expected to reach 78,000. There are currently over 4,000 Australians who are older than 100 years. Some of us will remember how rare it was to attend an 80th birthday party, and a 90th birthday was a rare occurrence indeed. Today, many of us know at least one or more of our friends' parents who have celebrated a 100th birthday.

In Australia we are experiencing a demographic transition in which the proportions of people in the oldest age groups are increasing while the proportions in the youngest age groups are decreasing. Centenarians are the fastest-growing age segment of the Australian population. It may come as a surprise to readers that more than half of all centenarians live in private dwellings, with 27% of men and 14% of women living on their own. Among Australia's centenarians in 2001, 93% were aged 100–104 years; 6.3% were aged 105–109 years, and 0.3% were aged 110 years and over. From 1971, the proportion of centenarians almost doubled every decade and is expected to double again in the next decade. Australia is among the countries that have the highest proportion of centenarians, along with the United States, Norway, and the island of Sardinia in Italy.[3]

The ageing population, which we are now seeing as a worldwide trend and experiencing quite dramatically in Australia, has major implications for health care and social policy generally. Our present government is in the process of increasing the retirement age in Australia to the age of 70 years, with very significant implications, particularly for those engaged in physical labour in the workforce. See the chapter in this book by Tara Skar on 'Working Longer'.

The demographic transition we are now seeing in Australia is changing the face of a phase of life known as 'retirement'. Increasingly, members of this retirement population aged between 50 and 74 are contributing to the long-term care of their very elderly parents and in-laws, usually aged over 85 years. They are also playing a major role in the lives of their children and grandchildren. Many older grandparents in their seventies are caring for young grandchildren, or even babies, as their own children follow their own careers, having had children either in their late thirties or forties. This pattern is affecting the health and wellbeing of an older generation who are now caring for their parents (the very

old) and their grandchildren (the very young). This has a significant effect on intergenerational relationships.

Government policies are starting to address the issues of an ageing population, including provisions for financial support, improved access to medical services, and appropriate housing and transport facilities. However, over the past 60 years there has been a reduction in the number of people in the younger age groups as a proportion of the Australian population. Growth in the middle age segments has been stable, but there has been significant growth in the 80- to 100-year age groups. In the '100+ club' it is been said that the 'the Queen is working overtime on those 100th birthday letters'.

It is also said that most centenarians: have a good sense of humour; don't take things too seriously; have an innate ability to deal with stress; are very active well into their eighties and nineties; live in non-industrial and less toxic environments; have children who seem to be following in their footsteps who are in their seventies or eighties with very few age-related disorders; never smoked heavily or abused alcohol.

Conversations about ageing

In 2011 and 2012, the Council of the Ageing (COTA) was contracted by the Department of Health and Ageing to undertake an engagement with older people on the proposed key reforms recommended by the Productivity Commissions final report *Caring for Older Australians*. Conversations were conducted in each state and territory.[4] People from major organisations in the community were invited to attend these conversations, where the proposed reforms were discussed. The organisations who participated included Alzheimer's Australia, Combined Pensioners and Superannuants Association, and National Seniors Australia. There was also a liaison with local councils and other community groups. Over 3,400 people attended these conversations, with each ranging from about 40 to 250 people. Most of the attendees were

older people, aged care workers and service providers. The conversations ran for approximately two hours, with the Federal Minister for Health and Ageing outlining the key reforms proposed by the Productivity Commission in its final report, *Caring for Older Australians*, followed by a further one-and-a-half hours of questions, answers and discussion.

Space here does not permit a detailed outline of all of these conversations, concerns and recommendations in the report, but it is appropriate to consider some of the major issues that were raised by many older Australians, and those involved in their care and wellbeing. There were a number of recurring themes that emerged in most, if not all, of the conversations.

Older Australians want to be seen as valuable and active citizens

The contribution older people make throughout their lives and continue to make was an underlying theme in response to many of the questions raised. The conversation highlighted that older people continue as volunteers across a range of areas, including in aged care, for many years. For example, grandparents are often caring for their grandchildren as a result of the mental health problems in their adult child and/or alcohol and substance abuse issues. Little support is provided to them in this role, and there was particular interest in how paying for aged care could affect their ability to continue in their caring role. There was also discussion about the growing number of grandparents who care for their grandchildren while both the children's parents go off to work, in order to provide financial support for the family.

Overall, older people in these conversations said that they wanted to be respected for who they are and what they contribute to society. Many expressed the view that they felt that they were not valued by society and were often seen as a burden.

The question of staying mentally and physically fit as one aged was also raised as a major factor. For example, the University of

the Third Age and the value of ongoing education were discussed, as were the value and importance of arts programs, particularly for people with dementia. Links were drawn between being mentally stimulated and connected and the prevention of mental health issues in later life. Men's Sheds were cited as another example of a service that provides both physical and mental stimulation, with a subsequent beneficial impact on mental health. Funding for these services was also raised. There was also concern that older people with mental health issues required more support in aged care services, particularly in residential care.

Generally, people felt that more funding needed to be provided for preventative health measures and research regarding how to maximise the long-term independence of older people.

Older people want a 'one-stop shop' to easily access the wide range of services they require

In the conversations, older people were clearly attracted to having one easily identifiable spot in their local community that they could go to and be linked in to the various services they need. One popular model that has emerged, the Aged Care Gateway, was discussed at the conversations and there was a general consensus that this would be a valuable and welcome addition to the current plethora of services. The rationale for this government-funded program can be found on the 'My Aged Care' website where it states: 'Australia's population is ageing rapidly and our current Aged Care system needs to change to keep up with future demand.'

The Aged Care Gateway is one element of the aged care reforms of the Australian government and known as 'My Aged Care', which commenced on 1 July 2013 with a website and a phone line. The vision for the Aged Care Gateway is designed 'to make it easier for older people and their families and carers to access information on ageing and aged care, have their needs assessed, and be supported to locate and access services available to them'. Since 1 July 2013, the My Aged Care Contact Centre has

answered an average of 12,000 calls per month, and the My Aged Care website has received an average of 38,000 visitors each month.

Older Australians want services that can cater for diversity and don't discriminate against individuals.

The pressing need for services to cater for the needs of culturally and linguistically diverse (CALD) people and others with different needs was discussed. Language was recognised as only one aspect of quality care, and there were many cultural aspects that needed to be better delivered in aged care services. Many people with different sexual preferences and orientation also raised issues that they face in accessing aged care services. Some participants in the conversations said they were reluctant to 'come out' to service providers for fear of discrimination.

Older Australians want to have control over their death

Each conversation that was held raised the question of older Australians wanting to have control over their own death. Some people used this as an opportunity to support voluntary euthanasia — many stated that they did not want to be resuscitated, and others raised the issue of access to quality palliative care. The majority of people in these discussions indicated they wanted to die at home. A suggestion was made by a number of people that there should be a national Do Not Resuscitate Register (DNR), which would operate similarly to the organ donation registry.

Older Australians want to live in appropriate housing

The importance of affordable and appropriate housing for older people was a common point of discussion during these conversations. Many participants stated that the impact on income arising from the sale of a home affected the pension, and further, the payment of stamp duty on a subsequent purchase stopped many from moving into more suitable accommodation. Most of the conversations considered the financial issues and disincentives relating to downsizing to more suitable and manageable accommodation.

Another common concern was the importance of homes remaining appropriate and liveable for older people as they became frailer. Many also raised the issue of the role that retirement villages play in providing more suitable accommodation and whether they are in fact part of the aged care system.

Older Australians indicated that they want to stay at home in their local community for as long as possible and preferably until their death. When people were asked what they wanted as they age, one of the consistent recurring themes was the desire to be supported to stay at home.

Older Australians want better support for people with dementia, including younger onset dementia

The question of providing adequate support for people living with dementia and the lack of Extended Aged Care at Home Dementia packages (EACHD) was raised by many participants. The need to provide enough care and support at home was a common concern. The importance of research in finding a cure and providing better treatment for people with dementia was also discussed.

There was also a growing awareness of the issue of younger onset dementia and the impact on families, and whether such people are best supported in aged care system or perhaps in some other way.

Older Australians want access to dental health services

Many queried why it is that the current Medicare system covers health issues relating to all body parts other than teeth, when it is clear that poor oral health has an effect on overall health.

Other concerns

In some of these conversations, issues were raised by older people that did not specifically relate to aged care or its reform but were matters that concerned them. These included:

- discrimination against older people pertaining to workers compensation, superannuation and travel insurance;

- climate change, carbon tax and environmental issues and the impact on future generations; and
- inadequacy of the pension and rising cost of living, including utilities and fuel.

Clearly the gradual increase to the age of 70 before one can access the pension will also be a matter of concern to older people.

A link between financial stress and poor mental health

Older people in debt are more likely to suffer mental health problems. New research in the United Kingdom published in January 2014 has shown that people who are struggling to manage their finances in old age are eight times more likely to have reduced levels of mental wellbeing than their wealthier peers.

It also found that more than 22% of those aged from 50 to 54 showed worryingly low levels of mental wellbeing, while this age group also has the lowest percentage of people living comfortably (26%). In contrast, 40% of those aged 80 and above are living comfortably, only 1% feel that they are finding things very difficult financially, and notably in this research, 85% showed positive wellbeing.

In fact, the age group displaying the highest levels of positive wellbeing are those aged 70–74, which researchers attribute to the 'baby boomer' effect, or people enjoying the early stages of retirement and good health.

These results were based on a sample of almost 20,000 people aged 50 and above, weighed to be representative of the whole population. The findings were drawn from the largest social survey ever undertaken in the United Kingdom and which captures important information every year about social and economic circumstances and attitudes of people living in 40,000 UK households.

David Hayes said: '… the magnitude of the relationship that we uncovered here is quite staggering. The research proves beyond

all doubt how poor mental wellbeing and poor financial management are inextricably related, and has implications for policy in the fields of health and debt.'[5]

A longevity levy to support the over 80-year-olds

Recently, former Prime Minister of Australia, Paul Keating, who originally crafted Australia's superannuation system, has called on the government to establish a new government insurance scheme for people aged over 80. This, he says, would guarantee elderly people income support, aged care and aged accommodation for the remainder of their lives. He says that such a scheme is necessary because current superannuation savings are insufficient to sustain people living well into their nineties. The growing cohort of people aged between 80 and 100 required a new phase of policy thinking about retirement incomes. Such a national insurance scheme, he said, should be funded by taxpayers through a 'longevity levy of a kind — 2–3% of wages'. Paul Keating has highlighted that as people age their financial position becomes highly relevant, and as the ageing population increases we are going to need more solutions to address these issues and to protect the ageing population.[6]

Reverse mortgages

These are a relatively new phenomenon in Australia and are specifically tailored for Australians, generally 60 years and over. A reverse mortgage allows an individual to borrow money using the equity in their house as security. Over the past 30–40 years there has been a dramatic increase in the value of houses in Australia, which has led to most homeowners now having substantial equity in their homes.

The loan may be taken as a lump sum, an income stream, a line of credit or a combination of these options. Interest is charged like any other loan, but the lender usually does not need to make repayments while they live in their home. The loan must be repaid in full if they sell their home or die or, as occurs in most cases, if

the lender moves to aged care. Typically, a lender is charged a higher interest rate on a reverse mortgage than for a standard home loan. With interest charged at a higher rate, the effect can be that a small reverse mortgage can balloon into a huge debt.

Government legislation now protects homeowners from ending up in a position of negative equity, where they finish up owing more than their home is worth. When the reverse mortgage contract ends and the home is sold, the lender will receive the proceeds of the sale and the property owner cannot be held liable for any debt in excess of this amount.[7]

There are some advantages, but also numerous disadvantages entailed with the use of a reverse mortgage, and it is highly recommended that anyone seeking to embark on a loan by way of a reverse mortgage seeks independent professional advice.

Elder mediation in Australia[8]

Mediation is a process in which an impartial third party facilitates communication and negotiation and promotes voluntary decision-making by the parties to the dispute. Mediation serves various purposes, including providing the opportunity for parties to define and clarify issues, understand different perspectives, identify interests, explore and assess possible solutions, and reach mutually satisfactory agreements when desired.

Elder mediation refers to mediation where the dispute involves an older adult and another party, or contains issues that have a particular impact on older adults. Common issues that can be resolved through elder mediation include disputes over caregiving responsibilities, disputes regarding future financial planning, and conflicts between older adults and the care facilities in which they reside.

Conflicts often arise in families during periods of transition, where there has been a decline in the older adult's health. Family members may disagree with the older adult's decision to decline assistance and may believe that he or she is at risk of harm.

Sometimes, various family members differ in their views as to the most appropriate course to be taken with an older relative, and on occasions there can be issues that arise in families as to the level and type of involvement each family member should provide. Conflict between elders and their families on issues such as these, if not resolved before they escalate, can result in the estrangement of families, or unpleasant legal conflicts sometimes resulting in court proceedings.

Elder mediation is a developing area that is now gaining increased attention as a new and promising approach to resolving disputes between older adults and family members or unrelated third parties. Developments in Australia in the role of Elder Mediation are very recent, but in 2014 have been given significant impetus with the formulation of the Elder Mediation Australasian Network (EMAN), which is aligned with the international network in Canada and Ireland and the Elder Mediation International Network (EMIN).[9]

Recent activity occurring in Australia in relation to issues specifically concerning older people include decision making for housing and living arrangements, caregiving, financial decisions around investments, enduring powers of attorney, estate planning and administration, and healthcare related to ageing and end of life decision making. A very complex but important issue is the question of capacity to make decisions and the issue of guardianship. The option of mediating agreements when a party may have an impaired decision-making capacity is an issue that is being considered very carefully.

With an increasing movement towards mediation and alternative dispute resolution as a preferred means for resolving legal disputes, it is a matter which needs to be addressed in each individual case. An experienced mediator involved in an elderly mediation needs to take into account concerns about consent, influence, power imbalance, individual support or advocacy

(where an independent support person may be present at the mediation) and possible conflicts of interest.

The development of the Elder Mediation Australasian Network will help promote a set of standards for mediators to ethically respond to the complex issues involved in elder mediations. These standards will assist in deciding the training requirements, ethical codes of conduct, ongoing professional development, and peer support needs that elder mediators in Australia require.

Ambassador for Ageing Program

In April 2008, the first Ambassador for Ageing, Ms Noeline Brown, was appointed by Department of Health. This appointment recognises the importance of the increasing ageing of the Australian population and to encourage respect for older Australians and to promote healthy active ageing. Details of this program may be found on the Australian Government website, Department of Health, Ambassador for Ageing-www.health.gov.au.[10]

Aged Care Complaints Scheme[11]

More then 343,000 Australians receive some type of Australian government-subsidised aged care service, with the number increasing every year. Most aged care providers endeavour to provide quality care and services for older Australians. However, if issues do arise there is an Aged Care Complaints Scheme that provides a free service for anyone to raise their concerns about the quality of care or services being delivered to receiving aged care services subsidised by the Australian government. Complaints can relate to care, catering, financial matters, hygeine, equipment, security, discrimination, activities, choice, comfort and safety, or other matters related to the responsibilities of a service provider.

After a review of the previous scheme, a new Aged Care Complaints Scheme was adopted in 2011. This scheme provides a greater focus on complaint resolution and protecting aged care

recipients, with several options to resolve complaints. This means the scheme is now able to resolve concerns using one or more approaches, including early resolution, service provider resolution, conciliation, mediation and investigation.

Attitudes to ageing

As I look at my grandchildren just embarking on a journey of life I wonder what the world has in store for them. Of course, I hope that the world will treat them well and that they too will make a contribution to ensuring that it continues to be a better place for their children and grandchildren. What more can any of us ask?

It is a privilege to grow old, and it is one for which I am immensely grateful. I didn't embark on life expecting to grow old. It's not usually something one thinks about much when one is young, but when we look at the statistics in the increasingly older population around us, it is very clear: the change is already upon us. Perhaps some of us will live to be 100 — or more. Perhaps our children and indeed our grandchildren will live to such an age.

The recent expectation of the Australian government that people should work until they reach 70 years of age is perhaps not too unrealistic. Already it is said that the longest period of our lives is starting to be 'the retirement years ' — when the retirement age was fixed as 65, many people only survived another year or two. That is all changing. It has always come as a surprise to me that one doesn't really feel any different at all as one ages — in fact, in many ways, it all feels a bit better as the path one is on is a little clearer.

So, it seems to me that the best approach to ageing is to age with the right attitude. Since I have now accepted that I am now in old age, but hopefully just at the beginning, I am astonished at how enjoyable it has all become. The days are just not long enough, although it's true, I have probably slowed down a little, but I'm not really prepared to consider that. I feel like a teenager in early

adolescence — just at the beginning of the next part of the journey.

In recent times this new interest has appeared — discovering how other older people feel. I found myself reading books by other older people — and now there has been quite an influx of movies about older people. Perhaps as there is an increase in films made about older people living their lives in a positive way, it will start to reflect on the attitudes to ageing of the community generally. The aged will no longer appear to be 'invisible' as they often are today.

How often is an older person asked: 'Do you have the 'Internet?' Do you have a mobile phone?' 'Have you heard of Facebook?' Recently, after I had a mammogram, I was advised that I would not need to come back as I had passed the 'age limit'. I wondered what that meant. Did it mean that I was too old to get breast cancer, or did it mean that even if I did, it didn't matter now, as I was old?

Ageism is still alive and well, but when I was young in the 1950s and 1960s, the world didn't expect that I could achieve much as a young girl — feminism hadn't yet taken hold and many doors were still closed for women. Perhaps we can still demonstrate that being older doesn't mean we don't retain much of the capacity we have always had. We should all keep contributing for as long as we can.

Endnotes

1 D Klein, *Travels with Epicurus*, Melbourne, Text Publishing, 2012.

2 RL Richmond, 'The changing face of the Australian population: Growth in centenarians', *Medical Journal of Australia*, vol. 188, no. 12, 2008, pp. 720–723.

3 Productivity Commission, *Caring for older Australians* (Final Report), 2012 retrieved from http://www.pc.gov.au/projects/inquiry/aged-care

4 COTA Australia, retrieved from http://www.cota.org.au/australia/

5 Understanding Society, *The UK Household Longitudinal Study*, retrieved from http://www.understandingsociety.ac.uk