



NATIONAL
AGEING
RESEARCH
INSTITUTE

Productivity Commission: Caring for Older Australians

Submission from
The National Ageing Research Institute

The **National Ageing Research Institute** (NARI) has developed as a centre of excellence in research on ageing, including health service evaluation, and the delivery of quality aged care education programs for health professionals and service providers. NARI is committed to the conduct of high quality research and to the professional development of the research and clinical workforce in aged care. NARI has a dynamic, experienced team with a broad range of research expertise, consultancy skills and strong knowledge of the health, community and aged care sector. NARI has collaborated effectively with a range of organisations in recent and current projects, and managed projects in a challenging health, community and aged care environment for over two decades. NARI staff work with aged care service staff, older people and their carers to identify issues of importance to them and to gain their input into service evaluation and into the conduct of research. Staff undertake a broad range of research activities in community care, residential care and hospital settings and have strong skills in the areas of evaluation, Alzheimer's disease, policy and consumer consultation.

As the oldest, largest and only independent aged care research organisation in Australia, NARI welcomes the Productivity Commission's inquiry into Caring for Older Australians. With the structural and numerical ageing of the Australian population, there is a clear need to review current policies, programs and services and plan for an increased demand on the aged care service system in the future. To do this, *a sound evidence base is required*.

To build a sound evidence base upon which to develop policy in this area, funding dedicated to ageing research is needed. Many of the questions posed in the comprehensive Issues Paper that outlines the scope of the inquiry cannot be answered without further research. For example, we don't know what models of community care are most acceptable, effective, cost efficient and feasible in an Australian context.

However, from our collective research experience in the aged care service system, we have identified the following areas that need to be addressed:

- The aged care system is extremely complex, fragmented and difficult to negotiate from a consumer perspective. A model such as the introduction of care navigators accessible to older people when they first experience the need for care (e.g. at the point of discharge from hospital) should be trialled and evaluated.
- We know that healthy lifestyle choices, such as adequate physical activity and a healthy diet can prevent or delay the onset of a range of chronic diseases, such as diabetes, depression and cognitive decline. Primary health interventions (including education, early intervention) that are supported by government funding incentives should also be trialled and evaluated.
- Existing knowledge about chronic health conditions associated with ageing, such as pain, dementia, stroke and diabetes is not routinely translated into practice in primary and secondary health, residential and community care. Medical practitioners, allied health, residential and community care workers require opportunities and incentives to continue professional development and translate evidence into their day to day practice.
- Better training and education about healthy and productive ageing is required in undergraduate, post-graduate and on the job professional development.
- Current procedures for auditing health, residential and community care services could be improved so that they focus more on quality of care, evidence-based care and those aspects of care that are of importance to the older person. For example, it is not enough to tick off that a recreation program is being run, but rather, is it culturally appropriate, are the older

residents participating in the program and is it tailored to meet their needs?

- Data collected via existing auditing and quality assurance processes should be analysed and fed back to the services concerned. This would provide direct evidence to service providers to enable practice improvement.
- The data currently collected via these processes should also be aggregated and analysed to determine trends and service/quality issues on a population level. This data would provide a wealth of rich information to inform policy.
- Partnerships between service providers and research institutes should be formally promoted to enable translation of evidence into practice, continuous quality improvement and research that is targeted to the needs of those providing care for older people.
- There is also a need to promote and/or maintain a focus on person centred care in all areas of care of older people (including community, acute, residential).

The Australian Government's *Ageing Well, Ageing Productively* Research Program has been of benefit in promoting collaboration between ageing researchers and the development of an ageing research agenda. However, this initiative has now concluded and there is still a need for a national ageing research program that promotes collaborative, cross-disciplinary research and supports skill development and career opportunities for emerging researchers. To this end, *targeted funding towards an ageing research program* administered through Government bodies, such as the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) is needed.

As a starting point, we believe the NHMRC should implement its 2010-12 Strategic Plan in the key area of *Ageing and Health*. This plan states that "NHMRC will focus on research, evidence translations, and capacity building in the care and support of ageing Australians and provide the evidence to underpin the most effective services supporting prevention of ill-health, improved quality of life and promotion of well-being". To date, NHMRC funding for research into public health, health promotion, and evaluation of models of health and community care has been inadequate when compared to the high investment in disease specific research.

Our colleagues at the Australian Association of Gerontology have prepared a comprehensive response to the Inquiry, to which we have contributed, that calls for an evidence based approach to policy development and outlines key areas and approaches required to meet the challenges of our ageing population. We endorse the AAG submission.

In summary, NARI welcomes the Productivity Commission's focus on the care needs of older Australians. We believe that future policies, programs and services for older people should be built on a sound evidence base. We suggest that research that would underpin this knowledge acquisition is currently under funded in Australia and we call for a research funding stream that is dedicated to ageing research.
