



Professor Rhonda Nay

Professor of Interdisciplinary Aged Care

Director Institute for Social Participation
Director Australian Centre for Evidence Based Aged Care
Director Australian Institute for Primary Care
Faculty of Health Sciences

5 August 2010

Caring for Older Australians
Productivity Commission
PO Box 1428
Canberra City ACT 2601

Dear Sir

Productivity Commission Submission: Caring for Older Australians Enquiry

La Trobe University's Institute for Social Participation commends the Commonwealth Government for initiating this enquiry. It is both timely and necessary given that the last major systemic/legislative changes to aged care occurred in the 1980s and that significant demographic changes have resulted in an expanding ageing Australian population. Moreover, the task of 'Caring for Older Australians' concerns all Australians personally, either directly through experiencing old age or as a family member of an older person.

What is the Institute for Social Participation?

La Trobe University's Institute for Social Participation (ISP) is an interdisciplinary initiative, established in 2009, that comprises members from the departments of Health Sciences, Law, Sociology, and Politics. Centres affiliated with the Institute include the Australian Institute for Primary Care, the Graeme Clark Centre for Bionic Ear and Neurosurgery Research, the John Richards Initiative, the Lincoln Centre for Research on Ageing, La Trobe Life Skills, The Australian Centre for Evidence Based Aged Care, the Centre for Health Communication and Participation, and the Unit for Studies in Biography and Autobiography.

The aims and ambitions of ISP are to foster interdisciplinary research that will provide new perspectives on the implications of social participation and social exclusion. The desired outcomes of this research will contribute to and influence social policy agendas pertaining to social participation with a particular focus on

Victoria 3086
Australia

Web: www.latrobe.edu.au/isp

ABN 64 804 735 113

ageing and disability in both research and practice. It is from both a research and policy position that ISP wishes to respond to the Productivity Commission issues paper on 'Caring for Older Australians'.

This submission paper is in two parts. The first part is a report on the key discussion points arising from the Symposium on "Caring for Older Australians" held in Melbourne on July 26, 2010. The symposium was organised and funded by the Australian Social Policy Association (ASPA) and La Trobe University's Institute for Social Participation (ISP), in response to the Productivity Commission's call for submissions to its proposed restructuring of the older people care sector. The symposium was well-attended by a broad cross-section of groups with expertise in ageing from the academic, government and non-government sectors. Representatives from over 40 organisations attended the symposium and are listed in the appendix to this submission. However, attendance at the symposium should not be taken as indicating support or otherwise for the positions described in this submission's summary of symposium discussion points.

The broad themes canvassed at the symposium are discussed below.

The second part of this submission is a more detailed discussion of issues of specific interest to ISP, given its research and policy focus.

1. KEY POINTS DISCUSSED AT SYMPOSIUM

Central to the concerns of the Productivity Commission is the restructuring of aged care systems in Australia. Some of the current challenges that were discussed at the Symposium included:

- Social/community/institutional aspects of aged care
- Funding reforms
- Addressing special needs' groups (CALD communities, people with mental illness etc.) in both rural and remote areas
- Workforce requirements.

Identifying what works and what does not work

It must be acknowledged that it is all too easy to describe the numerous shortcomings of current aged care policies. It is easy to list the problems, but in addressing such concerns, there must be specificities. To this end, it is important to highlight what is working well and discuss and formulate ways in which existing structures can be built upon.

The concept of ageing is now changing. Attitudes toward older people are now more positive than they used to be. Changes in attitude have helped facilitate the transition away from residential aged care to community care.

Community Care

Community care is now the way of the future. The focus on caring for older people in the community is informed by ways of ensuring that individuals remain in control of their own lives and that the focus of care lies in consideration of older people's individual strengths and goals. The social and emotional needs of individuals need to be understood better. Intermediaries or personal 'navigators', with a personal interest in the welfare of the individual under care, will be required to ensure that these needs are being met and able to be accessed at different points in the system.

Service integrated housing

Service integrated housing offers a new type of care facility. Service integrated housing can comprise a large and exclusive establishment or retirement village or it may comprise public/community/boarding housing. Service integrated housing is a growth area that offers intermediate accommodation between community care and residential care.

Skills nets/funding

An historical overview of 50 years of aged care in Australia is revealing:

1950s – Aged care largely addressed through voluntary traditions

1960s – Community service initiatives helped give rise to nursing home care facilities

1970s – Nursing home expansion

1980s – Aged care reform saw restructuring across the sector.

No major systemic changes have occurred to aged care since the 1980s.

Where does aged care go from here?

- Is it time to move beyond a centralised program to a more regional approach?
- In re-evaluating aged care services a key concern and consideration is that people want to continue to be themselves and continue to be in control of their own lives.
- Individuals want to maintain their independence as well as being assured of quality of care.

The needs of older people translate into basic human rights as defined by the following key terms:

- Security
- Dignity
- Comfort.

Issues for moving ahead

Flexibility and Flexibility/Coordination and Continuity

- Possible changes to existing aged care services might include unbundling current care packages. This needs-based care approach would give individuals more choice about their care and thus ensure greater independence
- Individuals who cannot afford care services should be subsidised
- Individuals who can afford to pay should do so
- Greater government action is urgently needed to implement such changes.

Moving toward a new aged care system

The implementation of a new aged care system is required to address myriad concerns about Australia's rapidly expanding ageing population. Initiating such a change will require:

- A new Aged Care Act
- Strong Commonwealth regional management
- Replacement of residential and community care programs with active boards of key stakeholders, consumers, providers, and funders
- Quality assurance must be undertaken on the basis of client vulnerability.

Key Issues concerning the current formal aged care workforce

Bill Martin and Debra King's report "Who Cares for Older Australians?" indicates that, statistically, this workplace demographic fares better than others on the grounds of flexible working hours, recognition, and utilisation of skills and knowledge, combined with an overall job satisfaction. However, delegates questioned the methodology of the report. It was widely agreed that the questions asked of the respondents lacked specificity. While one interpretation of the Martin and King report can indicate there is little or no need for workplace reform in the older people care sector, delegates agreed that it ignored changing client needs and the need for large-scale reform in the aged care workforce in general.

Aged care reform must also include changes to how we care for older people. Some recommendations include:

- A better understanding and means of addressing emotional issues in aged care
- A more interdisciplinary care team that is better equipped to deal with multiple care issues
- Ensuring we value older people by supporting skills development for the workforce employed in aged care sector
- A new look at how we deliver services across the continuum of care and staff accordingly – rather than simply 'fix' the current system.

Overall, there appear to be gaps in the Productivity Commission's ideas about what constitutes 'satisfactory' workers in aged care.

The following part of the submission highlights issues identified by the Institute for Social Participation as part of its mandate to undertake research and review social policy in this area.

2. ADDRESSING SOCIAL POLICY OMISSION OF OLDER PEOPLE

There are two key policy areas that this submission canvasses:

- Social Inclusion Policy and the related issue of social inclusion for an increasingly aged and frail population. There is a lack of nuanced policy for older people and substantive research in this area.

Commonwealth Social Inclusion Policy

Policy Background: One of the main aims of Australia's Federal Social Inclusion Policy is to reduce disadvantage and increase social, civil and economic participation. A Commonwealth social inclusion policy reform agenda was established in 2007–2008. The government's position on social inclusion was re-affirmed by Julia Gillard when she was sworn in as Australia's Prime Minister on 24 June 2010.

Issue: The Australian Government's vision of a socially inclusive society is one in which all Australians feel valued and have the opportunity to participate fully in the life of society (www.socialinclusion.gov.au). However, current Australian Government social inclusion priorities do not identify older people as a priority

(www.socialinclusion.gov.au/SIagenda/Priorities). In other words, older people are not explicitly or substantively included in this policy; rather, they are subsumed under other broader demographics. As this policy is a key platform for the Commonwealth Government, this omission—including the lack of priority given to the expanding ageing population—needs to be addressed.

Ultimately, the government's social inclusion policy insists upon a stronger emphasis on full participation in economic, social and political life (Australian Government, Social Inclusion Principles). In short, the ambition of the policy is to realise a more equitable and integrated society; a society where those who, for various reasons, have become excluded from civic facilities and support services, can be better integrated into society. The Rudd/Gillard Government's expansion and development of existing social policy to incorporate the disadvantaged more broadly is strong on merit but needing refinement in its interpretation of the terms 'social inclusion' and 'social citizenship'. Moreover, the policy requires significant amendment to include other marginalised groups including the elderly, those with mental illness, or both.

The policy language in relation to 'Healthy Ageing' and similarly allied terms such as the National Research Priority 'Ageing Well, Ageing Productively' begs the question of what constitutes healthy ageing for an increasingly old and frail population (80+). Clearer definitions of what constitutes social inclusion for older people with complex and chronic health conditions are imperative. The significance of an increasing population of ageing Australians with chronic and complex conditions necessitates targeted, more nuanced health strategies and policies that encompass health and wellbeing, including self-definitions of social inclusion and social participation for older people. Moreover, more targeted funding of research is required to re-define the goal of 'Ageing Well, Ageing Productively' for older Australians. Understanding social participation from an older person's perspective also has the potential to contribute to a society that is more inclusive of old older people with chronic and complex illness.

3. New Models of Care

CONSUMER DIRECTED CARE

The common goal of consumer-directed care (CDC) is to empower recipients so that they may dictate the direction of services to their care. CDC provides the user with control of financial resources, usually through individualised budgets or direct cash allowances (Caldwell, 2007). Increasingly, moves to provide CDC for older people in the delivery of aged care packages in Australia are taking place. However, there has been very little robust evaluation of CDC delivery in Australia and overseas (Doty et al. 2007; Brown & Dale 2007, Ottman et al. 2009). In a robust CDC (Individual Budget) trial conducted in the UK (Glendinning et al. 2008) older consumers were less likely than other groups to report higher aspirations as a result of being offered an individual budget and reported lower psychological wellbeing than the comparison group. These findings highlight the vexed issue of choice and

empowerment for a demographic for whom 'choice' may provide specific challenges. Appropriate consumer support and delivery of CDC packages requires a nuanced understanding of what an older consumer's needs constitute.

A broader context for Consumer Directed Care and caring for older people must incorporate a human rights agenda. In other words, a human rights perspective provides a structural framework for Consumer Directed Care. James (2008) argued for the critical need for service users to influence and shape the outcome of their social care provision in the context of recognition of human rights, citizenship and social-legal rights.

It is worthwhile noting that there is an increasing push at the international and national level for a Convention on the Rights of Older People in response to the global ageing profile and the need to address ageism in society. In a recent presentation given to the International Federation of Ageing in Melbourne (Brockerick 2010) The Australian Commissioner responsible for Age Discrimination, Elizabeth Broderick, highlighted the "entrenched, invisible age discrimination" in Australian society and how a human rights framework is useful in the protection of the rights of the older person whereby "human rights are essential for promoting an inclusive society" in which a Convention can play a role.

Consumer directed and person centred care should inform all areas of care and support for older people; we recommend the Commission look at initiatives such as the Victorian Government COAG LSOP work and their work on the Active Service Model (http://www.health.vic.gov.au/hacc/projects/asm_project.htm); Western Australia's Home Independence Program (HIP) and their Wellness Approach to Community Homecare (WATCH) program (e.g., Lewin et al. 2006); the UK Government's "Our Health, Our Care, Our Say" White Paper (2006) and ancillary reports; and the report by Laragy and Naughtin (2009), which reviews international experience in consumer-directed care.

We have provided a recent book *Older people: Issues and innovations in care* by R. Nay and S. Garratt, which addresses many of the areas of interest to the PC, including workforce responses. In doing so, we stress the need for new models of care to be informed by research and associated with education (we support recommendations included in AAG submission to the Productivity Commission) if there is to be sustainable change. Most importantly, we recommend any change be driven by consumer need and preference.

6. DEMENTIA We commend the submission of Alzheimer's Australia to the Productivity Commission regarding this area but recommend the Commission give equal weight to care as has previously been given to cause and cure.

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Regards

Rhonda Nay
Director