



The Australian Association of Gerontology Inc

ABN 95 896 674 194

**Response to the Productivity Commission Draft Report:  
Caring for Older Australians**

**Submission prepared by**

**The Australian Association of Gerontology**



### Executive Summary

As the leading professional body supporting ageing research, the Australian Association of Gerontology (AAG) believes that building a robust evidence-base is an essential foundation upon which to develop ageing and aged care policies and reforms to best meet the challenges and opportunities of an ageing Australian population.

While the AAG is generally supportive of the recommendations related to ageing research proposed by the Productivity Commission in its Draft Report on Caring for Older Australians, and, in particular, the recommendation to establish a clearinghouse for data sets, the Association also believes that greater emphasis needs to be placed on:

- building capacity in the ageing research sector by way of targeted funding programs supporting ageing research,
- the development of a National Ageing Research Agenda,
- support for skills development and career opportunities for emerging researchers, and
- mechanisms to support multi-disciplinary research networks and the effective translation of research into policy and practice.

While programs such as the Australian Government's *Ageing Well, Ageing Productively* Research Program have been useful in terms of advancing an ageing research agenda, a broader, more structured ageing research program that promotes collaborative, cross-disciplinary research and supports skills development and career opportunities for emerging researchers is required to ensure that the research community has the capacity to keep pace with the rapid changes expected of an ageing population.

The AAG appreciates the opportunity to comment on the Productivity Commission's Draft Report and looks forward to seeing the release of the final report later in 2011.



## Introduction

The Australian Association of Gerontology commends the Commission on its Draft Report on Caring for Older Australians, its comprehensive overview of the key issues in aged care, and its recommendations for reform. As a member of the National Aged Care Alliance (NACA), the AAG was pleased to see that many of the essential elements of the NACA Vision for the Support and Care of Older Australians are core to the reforms proposed by the Productivity Commission.

The Association was also pleased to see that the Productivity Commission did not confine itself to simply considering the provision of direct care to older Australians. The Draft Report considers a broad range of issues related to aged care reform, including the important role that housing and environmental modification can play in enabling independence and care delivery, the “invisible” workforce of informal carers, and the necessity for quality research informing an evidence-based policy approach to aged care.

## Aged Care Data Sets

Improving access to aged care data sets was one of the foci of the AAG’s original submission. The PC’s recommendation for a national “clearinghouse” administered through the proposed Aged Care Regulation Commission with responsibility for coordinating data collection, including the adoption of common definitions, measures and collection protocols, and making data publicly available for research and evaluation, would, in our opinion, provide an effective solution to the difficulties that currently inhibit the use of aged care data for research.

However, the AAG believes that such an agency should also be sufficiently resourced to be able to itself conduct analyses to address critical questions concerning the effectiveness and efficiency of aged care services and monitor outcomes on an ongoing basis once the routine collection of outcome data is established. This would ensure that the most is made from the substantial investment in collecting data and also enhance the capacity of the ageing research sector.

## National Ageing Research Agenda

While the development of a clearinghouse for aged care data, with such research capacity, could go some way to addressing gaps in aged care research, there is also a need for greater support for broad based multi-disciplinary research. The paucity of evidence on particular topics relevant to aged care was noted in the report as was the need for stronger research and a better evidence base to inform policies and test and evaluate programs and proposed reforms. For example, Recommendation 10.2 states that building design standards for residential housing should be informed by an evidence base of the dimensions and capabilities of older people and of the dimensions and capabilities of contemporary disability aids. This is important, as it implies that research needs to be focused on critical gaps in the evidence base with outcomes informing policy and practice for the betterment of older people’s lives.



However, the report did not recommend a mechanism for prioritising research to ensure that funding can be directed in a timely fashion to addressing the questions that government, policy makers, care providers, care professionals, older people and the community more generally, agree are the most critical. The AAG believes the best mechanism for achieving this would be the development, and regular updating, of a National Aged Care Research Agenda developed as a subcategory of a broader National Ageing Research Agenda with broad consultation and input from all key stakeholders. Such an approach could build on the achievements of earlier strategies and government funded programs, including the Framework for an Australian Ageing Research Agenda, the ARC/NHMRC Research Network in Ageing Well, and the Ageing Well Ageing Productively Research Grants program, all of which were valuable for supporting the ageing research sector and in assisting to build a robust evidence-base, but which are no longer in effect and have not been replaced.

We propose that the AAG should work with the Government, specifically with the NHMRC, to develop a National Ageing Research Agenda that would assist them to meet their strategic objectives in the areas of ageing. The NHMRC identifies ageing and health as a key area within its 2010-12 Strategic Plan, stating that: “maintaining health as we age is an important social and economic objective. 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”.

### **Funding and Capacity for Aged Care Research**

To date, funding for aged care research has been inadequate when compared to the high cost investment in disease specific research. Increased funding for aged care research is essential if Australia is to develop the evidence-base required for the development and implementation of effective and efficient aged care services, and to promote healthy and productive ageing. Such funding needs to come from a variety of sources, with different purposes and approaches. These sources should include:

- 1) Investigator driven research funded by major nationally competitive grants schemes through the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC). These schemes enable innovative, rigorous and novel research into mechanisms and effects of biological, behavioural and social factors of ageing and interventions affecting experiences and outcomes for older people. Such research is important for developing new approaches to ageing and aged care programs and improving the lives of older Australians.
- 2) Targeted research funded through nationally competitive grants schemes and funding rounds. These processes also allow for rigorous and novel research addressing areas of identified priority. Such targeted approaches help to ensure more comprehensive knowledge generation in areas of specific need and importance.



- 3) Government and industry commissioned research. These would provide funding and mechanisms for development and evaluation of new models of care. An example of this research would be the Encouraging Best Practice in Residential Aged Care program, but which could be expanded to enable more comprehensive and complete evaluation across the sector.
- 4) Community research grants and partnerships. These would address issues of importance to a particular interest group or local area, and in partnership with the community.

Research into ageing and aged care cuts across traditional academic disciplines and does not fit well within the disease or body-systems based models adopted within a number of funding mechanisms, including community grants which are often targeted towards a particular condition (e.g., Alzheimer's disease). For instance, the NHMRC grant panels for 2010 did not include a panel for multi-disciplinary ageing research or research into aged care. Given the importance of ageing and aged care research within the context of an ageing population, we argue that our major health and medical research funding bodies should include a panel to review multi-disciplinary grants in ageing and aged care, including appropriate experts with experience in such research.

Moreover, with the notable exception of Alzheimer's disease and research into other dementias, much disease focused research funded under existing grants schemes systematically excludes older people. Consequently, very little is known about best practices for caring for older people with chronic and complex conditions, and with increasing degrees of frailty. For example, the National Mental Health Survey excluded people over the age of 85 years, and, as a consequence, very little is known about the prevalence of depression and anxiety in old age.<sup>1</sup> Moreover, there is also almost no information available on the health of older indigenous peoples with the exception of a few specific studies in selected communities, such as the Kimberley Indigenous Cognitive Assessment study, the Lungurra Ngoora service model project, and the Koori Growing Old Well study.

In 2004, the NHMRC and the ARC did call for submissions to advise and refine research themes in the area of Ageing Well and Ageing Productively, reflecting national research priorities. These grants were awarded to six projects which are all due for completion later this year. A second round of Ageing Well, Ageing Productively research grants, or some similar research program targeted towards ageing research, has not been announced. The AAG believes that a second round of Ageing Well, Ageing Productively research grants would add considerable depth to the evidence-base and be of great benefit to policy makers dealing with the complexities of an ageing population.

### **Ageing Research Networks**

The capacity for aged care research is, however, not only invested in academic research centres. In recent years, many more provider organisations, having come to appreciate the value of research

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<sup>1</sup> Haralambous B, Lin X, Dow B, Jones C, Tinney J, Bryant C. *Depression in older age: A scoping study*. Report to beyondblue, September, 2009.



and wishing to contribute to the development of the aged care evidence-base, have employed researchers as permanent staff or as contractors to undertake specific projects or evaluations. While the PC report emphasises the importance of independence in aged care policy research and evaluation, there are also advantages to having an internal evaluator or internally driven research, for example: understanding of the service and program context; access to, and knowledge of, all potential data sources; and, a feeling of ownership of the process and hence the findings by the organisation. This latter fact is more likely to result in the findings being directly translated into organisational policy and practice.

Thus, while the AAG agrees with the Productivity Commission's stress on the importance of transparency in research and evaluation, it does not necessarily entirely support the concept of independence, but rather supports the concept of organised networks of researchers and providers who can share knowledge and skills, and, with input from other key stakeholders such as older people themselves, identify and conduct research that is most likely to lead to policy and practice change. The ARC/NHMRC Research Network in Ageing Well was such a network that made a significant contribution to building ageing research capacity, but its funding was time limited. The AAG believes that a national ongoing strategy for maintaining and enhancing our ageing research capacity is required.

The AAG has identified 18 collaborating centres with a key focus on ageing research. These centres employ high-profile researchers from across Australia with interests in biological, social, psychological, medical and aged care research (see attachment A). Together, the centres represent enormous potential for building a robust capacity for large-scale, multi-disciplinary research into ageing and aged care. What is needed now are the resources and organizational structure to enable the centres to work together more effectively to optimise Australia's ageing research potential.

### **Translating Research into Policy and Practice**

To ensure that research results in effective outcomes to improve the lives of older Australians, there is a need for translating ageing research into meaningful policy and practice. This requires funding to engage with relevant stakeholders, including consumers, service providers, practitioners, researchers and policy makers, to identify key areas of research and models of best practice, as well as incorporating mechanisms for disseminating and translating research findings effectively to increase the uptake and application of knowledge by policy makers and health care professionals.

Moreover, where new models of practice have been shown to be effective in research studies, which by their very nature are conducted in very controlled situations and limited service contexts, they should be rolled out gradually accompanied by rigorous formative evaluation, the results of which are then used to progressively improve the model. This would ensure that applied research is able to be effectively translated into best practice outcomes.

To support the formative evaluation of new models of practice, service providers should be encouraged by way of funding incentives to attract high-calibre researchers to the field. Working



directly with the service sectors would allow researchers to have a more in-depth understanding of the needs of older people, as well as care providers working in the aged care sector.

### **Academic Status of Ageing Research**

Aged care policy and practice is informed not only by aged care research, but by ageing research more broadly. Unfortunately, however, multi-disciplinary ageing research does not have high status within the academic arena. This has the potential to negatively impact on the quality of researchers working in the field and hence the quality of the research.

Gerontology's prominence in research circles has been further eroded by the recent introduction of the Excellence of Research in Australia (ERA) initiative, which is currently used to assess quality of research in Australian higher education institutions and which will drive funding allocations. Assessments within the ERA scheme are based on the relative performance of research outputs (peer reviewed publications) within defined disciplines or "Fields of Research".

Ageing research is at a distinct disadvantage in that there is no specific field of research code for gerontology and it therefore cannot be judged within its own discipline. In contrast, there are fields of research for nursing, women's studies, and complementary and alternative medicine (to name a few) and these disciplines have been advantaged within the ERA scheme by having their own research field. A specific consequence of the lack of a code for ageing is that very few gerontology journals have an A or A\* (best) rating, despite their high standard within the field of ageing, and having a much higher impact factor and citation index than A\* journals in other fields. This poor ranking is both a discouragement to publishing in ageing research journals, and, ultimately, a discouragement to people undertaking ageing research.

There will also be further implications for funding of research into ageing and aged care. Researchers who work in ageing will not be able to effectively compete for funding grants on the basis of their track record due to the dominance of B and C ranked journals in their publications list. These rankings will set them at a disadvantage relative to other researchers working in different fields where there is a wider choice of A and A\* journals for them to publish in.

### **Career Opportunities for Ageing Researchers**

In addition to the need for more accessible and targeted research funding, there is an urgent need to build Australia's workforce capacity in ageing research. A strong research and development focus, supporting skills development and career opportunities for emerging researchers in ageing will be a national resource in addressing the needs of the ageing population over the coming decades. For successful research outcomes, it will be necessary to harness all the existing expertise as well as promoting the development of additional expertise.



Importantly, as already indicated, this research capacity should be invested in both academic and service sectors and should facilitate effective collaborations, skill sharing and knowledge transfer. Such partnerships ensure a well educated ageing research workforce that is capable of undertaking timely and relevant research for improved wellbeing and better care.

### **Conclusion**

Ageing research must be a major focus within health and aged care reform, and as such should be supported by a dedicated and targeted funding stream that not only enables greater opportunities for collaborative, cross-disciplinary ageing research, but also increases capacity in the sector by supporting skills development and career opportunities for researchers. Any research program will also need to have input from a wide range of stakeholders to ensure that research is policy and practice relevant, therefore, support for mechanisms encouraging multi-disciplinary research networks and the effective translation of research into policy and practice is also required.

Furthermore, the AAG strongly believes that a National Ageing Research Agenda should be developed to identify gaps in the evidence-base, conduct horizon scanning to identify medium and longer term research needs, and provide a broad, multi-disciplinary framework for gerontological research. A National Ageing Research Agenda, responsive to the challenges and opportunities of an ageing population, would also support the Government's policy objectives related to ageing and aged care, ensuring policies and programs were in-line with latest research findings.





**Attachment A**

**List of Australian Association of Gerontology Collaborating Research Centres**

**Aged Services Learning and Research Centre**

Southern Cross University  
Hogbin Drive  
Coffs Harbour NSW 2450  
<http://aslarc.scu.edu.au/>

**Ageing Research Centre**

South Wing, Edmund Blacket Building  
Prince of Wales Hospital  
High Street  
Randwick NSW 2031  
<http://www.sesiahs.health.nsw.gov.au/powh/arc/index.asp>

**Ageing Research Unit**

Building 63  
Eggleston Road  
Australian National University  
Canberra ACT 0200  
<http://cmhr.anu.edu.au/ageing/>

**ARC Centre of Excellence in Population Ageing Research**

The Australian School of Business  
The University of New South Wales  
UNSW Sydney NSW 2052  
<http://www.asb.unsw.edu.au/research/populationageingresearch/>

**Australian Centre for Evidence Based Aged Care**

Australian Institute for Primary Care & Ageing  
5th Floor, Health Sciences 2  
La Trobe University  
Victoria 3086  
<http://www.latrobe.edu.au/acebac/>



**Centre for Ageing and Pastoral Studies**

15 Blackall Street  
Barton ACT 2600  
<http://www.centreforageing.org.au/>

**Centre for Education and Research on Ageing**

Concord Hospital  
Concord NSW 2139  
<http://www.cera.usyd.edu.au/>

**Centre for Research on Ageing**

Curtin University  
7 Parker Place  
Technology Park, Bentley WA  
<http://cra.curtin.edu.au/>

**Dementia Collaborative Research Centres**

School of Psychiatry  
Faculty of Medicine  
AGSM Building  
The University of New South Wales  
Sydney NSW 2052  
<http://www.dementia.unsw.edu.au/>

**Flinders Centre for Ageing Studies**

School of Psychology  
Flinders University  
Adelaide SA 5001  
<http://flinders.edu.au/sabs/fcas/>

**Health and Ageing Research Unit**

War Memorial Hospital  
125 Birrell Street  
Waverley NSW 2024  
<http://www.nmh.uts.edu.au/research/clinical-professors/health-ageing.html>



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### **Healthy Ageing Research Cluster**

Level 4, Medical School South  
Frome Rd  
The University of Adelaide, SA 5005  
<http://www.adelaide.edu.au/harc/>

### **Healthy Ageing Research Unit**

School of Primary Health Care  
Monash University  
Building 1  
270 Ferntree Gully Rd  
Notting Hill Victoria 3168  
<http://www.med.monash.edu.au/sphc/haru/>

### **Institute for Sustainable Resources**

Level 3, D Block  
Queensland University of Technology  
Gardens Point Campus  
BRISBANE QLD 4001  
<http://www.isr.qut.edu.au/>

### **National Ageing Research Institute**

34-54 Poplar Road  
Royal Melbourne Hospital  
Parkville, VIC 3052  
<http://www.mednwh.unimelb.edu.au/>

### **Research Centre for Gender Health and Ageing**

The University of Newcastle  
Callaghan, NSW 2308  
<http://livesite.newcastle.edu.au/gha>

### **Western Australian Centre for Health and Ageing**

University of Western Australia  
35 Stirling Highway  
Crawley, WA 6009  
<http://www.wacha.org.au/>



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**Wicking Dementia Research and Education Centre**

Menzies Research Institute

University of Tasmania

17 Liverpool Street

Hobart, TAS 7000

<http://www.utas.edu.au/wicking>