benevolent society

A roadmap for ageing well: Independence, connections and care

Position Paper

About The Benevolent Society

The Benevolent Society is Australia's oldest charity. Established in 1813, we have been caring for Australians and their communities for nearly 200 years. We are a secular, non-profit, independent organisation working to bring about positive social change in response to community needs. Our purpose is to create caring and inclusive communities and a just society.

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Contents

1 Executive Summary 1

2 Introduction 12

3 Change and diversity in the older population 14

4 Social inclusion and exclusion 19

5 Wellbeing in later old age 23

6 The importance of social connections 27

7 Housing and living arrangements 29

8 New models of housing, support and care 32

9 Care for older people at home 35

1 Executive Summary

Older age is a normal phase of life like any other and affects us all – either now, in future, or as family members of older people. The ageing of the Australian population is a triumph in terms of medical, social and economic advancement and it offers many opportunities. But it also presents social and economic challenges for individuals, families, communities and governments. The Benevolent Society has supported older people since the beginnings of the organisation in the early 19th century. Today, the Society supports older people through:

- community care services for frail older people and those with disabling health conditions who need assistance with activities of daily living
- services for carers* of older people (many of whom are older themselves)
- supported housing for older people on low incomes
- community development, social re-engagement projects, information services and education
- research, evaluation and advocacy.

The Society is also currently developing a flagship project of a new model of supported housing with care, Apartments for Life.

In this paper The Benevolent Society outlines changes needed to:

- harness opportunities for older people to participate more fully in economic, social and family life, for the benefit of the community as a whole and for older people themselves
- enable people to remain independent, active and socially connected in older age
- improve people's quality of life in older age when health problems mount
- address social exclusion among vulnerable older people
- ensure that Australia's systems of social support, housing and care of older people are adequate.

Change and diversity

The older population is changing as well as growing. The number of people in late old age is projected to double over the next 20 years and the older population is becoming much more culturally diverse.

The accumulated advantages and disadvantages people bring to older age shape the resources they have at their disposal and thus their ability to deal with the changes of later life, their vulnerability to crises and their resilience in responding to them.

Factors which underpin social inclusion in older age include adequate income and material assets; appropriate, affordable and secure housing; a supportive built environment; access to health services, transport and care services; community attitudes of respect and acceptance; social connections and opportunities to participate in family and community life.

On average, older people today are wealthier than in previous generations, but these averages mask considerable and growing differences in economic circumstances. There are very large differences among older people in the distribution of income, wealth and home ownership. The poorest are those who live alone and do not own their home.

* In this paper, carers means family members and others who provide informal unpaid care to older people.

People who enter older age as renters, low paid workers, people who have been out of the labour market for long periods (for example because of unemployment, disability or family responsibilities) tend to be the most susceptible to a financially vulnerable older age.

Social exclusion in older age can result in poor quality of life, avoidable illness and disability, premature institutionalisation and death.

Attitudes and respect

Negative preconceptions about age and ageing have implications for individual wellbeing and for social cohesion. Ageism creates barriers to older people participating in employment, in community life, in their access to services and in having their voices heard. At an individual level, ageism erodes older people's self esteem so that they internalise feelings of low worth, become more passive and dependent.

Much of the public debate about ageing is in negative, even apocalyptic, terms. This is not helpful to constructive policy-making, nor for today's older generation who are constantly surrounded by messages about older people being a burden on the rest of the population. Yet it should go without saying that older people make a significant contribution to community prosperity, cultural richness and wellbeing. This may be through paid employment, caring, volunteering, by providing financial assistance to younger people, through participation in social and cultural life and as custodians of our history.

- Older people are entitled to respect no less, or more, than any other age group.
- Older people should be considered as part of mainstream policy decision-making, rather than as an afterthought, or as a problematic section of the community with 'special needs'; a 'seniors policy lens' is a useful framework.
- Greater policy attention should be given to social exclusion in older age and to older people in deep economic disadvantage.
- There should be greater emphasis on addressing ageism and age discrimination and in valuing older people's contribution to the community, building community knowledge about ageing and about older persons' concerns and circumstances.

Wellbeing in later old age

'A good life' in older age is one in which people are active agents in manageing their own lives, have access to adequate resources, can continue to make choices and adapt to changing circumstances, irrespective of their state of health and stage of life.

Wellbeing is not simply about the absence of disease or disability, desirable though this is. The ability to remain independent is valued very highly, as is the opportunity to exercise choice, to have a sense of belonging and of purpose, to maintain relationships and to be treated with dignity and respect.

- Older people should be supported to maintain their autonomy and ability to do things for themselves, to lead full and active lives and participate in all aspects of community life, irrespective of their health status or stage of life.
- The design, funding and delivery and evaluation of care and support services for older people must be underpinned by an understanding of and focus on older people's wellbeing and the factors that contribute to it.

Social connections

Social dimensions feature strongly in older people's perceptions of their wellbeing. Social networks, activity and access to confidants can help protect people from the negative impact of stressful life events and are associated with higher quality of life and life satisfaction and better physical, mental and emotional health.

Conversely, social isolation and loneliness in old age are linked to a decline in physical and mental wellbeing.
Life events such as bereavement and loss of mobility may trigger social isolation, especially among people who are more at risk. They include people with low self esteem, mental illness, hearing impairment, older men and older carers and people in later old age.

There are also systemic barriers to social connectedness. They include lack of suitable transport and aspects of the built environment such as inappropriate housing, public spaces without seating, poor footpaths and inaccessible public buildings. These can reduce people's ability to take part in social activities outside the house, or can force them to have to move elsewhere away from their social networks.

It is estimated that 7-10% of older people are socially isolated and another 12% are at risk of becoming so.

Community care services are intended to address the social needs of older clients. However, in practice, current home-based service delivery styles, assessment systems and the funding available means that services do little to counteract loneliness and social isolation.

- Additional policy and community responses are needed to address social isolation among older people. These should include programs and services to foster social relationships and participation among people at risk, identify isolated individuals and proactively support them to build or rebuild their connections and social activity.
- Age-friendly design principles should be incorporated into urban planning, the design of public buildings and spaces, and transport.
- Addressing social isolation should become an integral component of community care services and health promotion programs. Program goals and funding formulas should be adjusted accordingly.
- Community care services should put greater focus on supporting isolated clients' to build on their strengths and interests and to overcome personal and practical barriers to social engagement. Additional resources will be required for

transport, equipment, staff time and training, and volunteer training and support.

Housing and living arrangements

Safe and secure housing is a major contributor to the quality of life and wellbeing of older Australians. The vast majority of older people (92%) live in private dwellings. Contrary to popular view, even in late older age (over 85 years), a majority live in private dwellings.

However, although the rate of home ownership is high - around 70% - older people's housing choices are limited, especially in the later years, by a shortage of suitable and affordable housing that allows them to maintain their quality of life and participation in the community. Older people are not as mobile as the young and are more dependent on the locational amenity of their housing.

The lack of suitable affordable options is particularly acute for low-income older renters and people with low or modest assets. About 7% of older people are private renters, many paying high proportions of their income in rent. The number of older renters is projected to grow.

- With the projected growth in numbers of older people and affordability problems faced by a significant minority, greater public policy attention must be given to older people's housing.
- Federal and state governments' recent investment in social and affordable housing is very welcome and should continue.
- A national older persons' housing strategy is required to increase the stock of housing suited to an ageing population and to address affordability issues.
- The strategy should include introduction of universal design standards; review of planning controls to encourage the creation of more age-friendly housing; strategies to make it easier for older owners to downsize; financial innovation (with appropriate consumer protections) to encourage a wider diversity of products involving shared equity and access to home equity; easier access to assistance with home maintenance and modification; and more investment in social and affordable housing for older people.

New models of housing, support and care

Most older people want to live as independently as possible, continuing to do the things they enjoy and staying connected to their community. Yet there are limited options that allow them to do this which also take into account the fact that they will probably require more care and support at some stage.

Residential aged care (nursing homes and hostels) plays an essential role but is an expensive option for the taxpayer and for individuals and not what most people want. Other options are needed which will enhance older people's self-reliance and quality of life and reduce the demand for aged care services.

The Benevolent Society has developed a new model of housing, care and support for older people, Apartments for Life, which offers older people a chance to remain in their own home – in this case an apartment – throughout older age and to avoid having to move when their health declines and they require increasing care and support.

However, the Apartments for Life model is about more than just enabling older

people to live in the one place until the end of life. It is about supporting older people's control over their own lives and their continued activity and participation in community life. Another key feature is the inclusion of social and affordable housing.

The Apartments for Life Project is being trialled by the Society in Bondi in Sydney. Apartments for Life can also be described as 'service-integrated housing'. There is a high level of support for this model among the population as a whole, as evidenced by recent polling for The Benevolent Society.

- Support by governments will be required if new models of service integrated housing such as Apartments for Life are to be developed and become widespread, and to ensure that this style of housing is available to older people with low incomes and assets.
- This will require the removal of unnecessary planning barriers, and financial subsidies to enable the inclusion of low cost rental and shared equity affordable housing (for example through a broadening of the National Rental Affordability Scheme).

Care for older people at home

Community care is critical in supporting older people to stay living independently at home. Informal care by family members and friends, and care provided by formal community services, each play a vital role. There has been enormous growth and development in community care services over the last 25 years. However, care services are unable to meet the needs of older people for support and the system is not sustainable in its current form. The community care system is not understood by most people, is difficult to navigate and is largely invisible to the general community. One result is that many people only get assistance after a health crisis has occurred, and opportunities are lost for them to obtain low key inexpensive assistance that could have prevented the crisis.

A key issue for policymakers is to find better ways to deliver information and support to those who most need it, including to people who will not ask for help. This will need to take into account the increasing number of older people from culturally and linguistically diverse backgrounds with varying attitudes towards ill-health, family roles and responsibilities and willingness to seek help.

There are several parallel systems of community care funded by federal and state governments, each subject to different eligibility criteria, assessment and access arrangements. The complexity of the system leads to inefficiency and waste, access barriers and inequity in access to support.

Current community care programs were primarily designed to provide long-term care for older people for the rest of their lives or until they enter residential aged care. They were not designed to build or rebuild older people's capacity to live without care services, where possible. A culture of dependency has been inadvertently created.

Instead, care services should aim to support people's abilities to do things for themselves, to gain or regain skills and confidence, and to minimise their dependence on ongoing care.

Older people who have had an episode in hospital should be able to get quick access to short-term care services to help them 'get back on their feet' and avoid unnecessary dependence. Long-term care will also always be required for people whose circumstances are such that becoming completely independent again is unrealistic.

Currently, community care is constrained by innumerable guidelines and an aversion to risk by government funders. As a result care services tend to be unnecessarily inflexible and conservative. This inflexibility is also partly a reflection of the culture of many service providers. The planning of services around existing 'service types' and configurations means opportunities are lost to address unmet needs in different and perhaps cheaper ways.

Community care reform

Many of these issues have been recognised for some time, but progress in tackling them has been very slow. Significant reform of and investment in community care is required in order to reduce demand for expensive services such as residential and acute care, to foster older people's independence and self-reliance and to ensure that care is available to those who need it.

- Care services should be about enabling older people who cannot do so without some help, to live as full a life as possible. Community care services should be re-oriented to focus on people's goals, strengths and abilities.
- Once assessed as needing them, older people should be entitled to receive care services.
- Funding for community care programs should be increased to address unmet needs. Fees payable by clients should take into account ability to pay.
- The consolidation of community aged care funding programs under one Commonwealth Government program is strongly supported. It should provide for people to receive flexible care services based on their needs, circumstances and preferences, and for services to adapt as these change.
- Community care programs should provide for intensive short term restorative care that helps people 'get back on their feet' after periods of ill-health, as well as for ongoing care for people whose health is poor or declining.
- Programs and service providers should support older people and their families/carers to be actively involved in deciding upon and manageing the care services they receive. They should be able to nominate what level of involvement they are interested in.

Older people with mental health conditions

There is a growing recognition of the scale and impact of depression, anxiety and other mental health conditions among older people. In 2007-8 about 8% of older men and 11% of older women reported high or very high levels of psychological distress.

Depression is not an inevitable or normal part of ageing, but older age can bring challenges that are risk factors for depression. These include health problems like heart disease, stroke or chronic pain; bereavement; loss of independence and mobility; sudden declines in health; as well as pre-existing psychological conditions.

It has been estimated that 10-15% of people 65 and over living in the community experience symptoms of depression. Similarly, 10% have a diagnosable anxiety disorder. The depression rate in older people receiving a high level of support at home is reported to be approximately twice as high as in less frail community-dwelling older people.

- These trends highlight a need for more training and development about mental health among the community care workforce, improved access to mental health services and coordination between health services and community care services.

Better health services

Community care services struggle to be effective if older people do not have access to adequate health services. Frail older people's health can deteriorate quickly if relatively minor health issues are not tackled actively and promptly, leading to cascading problems and even hospitalisation. On the other hand, timely health interventions can reduce or even eliminate dependence on community care services.

It is well established that frail older people, especially those with dementia, do not fare well in hospital. It is in everyone's interest that they receive better primary health care and appropriate specialised services so that avoidable hospital admissions are reduced.

Preventive strategies can assist older people to build and maintain physical and mental reserves, reduce risks and adapt to changed circumstances. Recent evidence suggests that there is considerable scope for implementing health promotion strategies with users of community care services.

Unfortunately, some older people are still being discharged from hospital (especially private hospitals) with no or inadequate discharge planning, no referral to post-hospital care services and inadequate follow-up in the few days after they leave hospital. Other continuing weaknesses include poor access to GP home visits and failure by GPs to activate community care services for older patients who would benefit from them, prior to a crisis.

These issues have been recognised by the Health and Hospital Reform Commission and COAG. Priority should be given to implementing key strategies that enhance independence and avoid unnecessary hospitalisation, including:

- better access to primary health care and GP home visits
- better links between GPs and care services
- health promotion programs and chronic disease management programs.

Abuse of older people

While there have been important developments across the country to help prevent abuse and to respond when it has occurred, the system is patchy and under-developed.

Weaknesses include a lack of easy access for older people and the general public to sources of information about what to do if abuse is suspected. This is especially the case in NSW which lacks a specialised abuse prevention service. The complexity and varying forms of abuse also present a challenge for social, health care and legal professionals.

Older people are less likely to be abused or neglected if they understand their rights, have a strong sense of their self-worth and a positive relationship with their families. Isolation, poor mental and physical health, stressed families and family members with mental health or substance abuse problems put older people more at risk.

Domestic and family violence may continue in older age. Options such as women's refuges are rarely appropriate for older women in these circumstances.

A coordinated, national approach to prevention of abuse and exploitation of older people, and responses when it is suspected or occurs, is required. Key strategies include:

- encourageing and supporting older people to stay active and socially connected
- ensuring that older people have access to independent information and advice prior to making decisions about financial and housing matters
- educating older people to assert their rights and gain support where necessary
- facilitating older people's use of powers of attorney and guardianship which enable them to plan for and have choice over who will have control over their affairs if they lose capacity
- educating professionals to identify and respond to abuse
- raising community awareness of abuse
- establishment of a clearinghouse to provide a central point for the collection and dissemination of up-to date information, policy, practice guidance and research.

Building a skilled community care workforce

Continuing strategies are needed to attract and retain people to community aged care through training, campaigns to enhance the visibility of the sector, scholarships, incentives for mature age workers, traineeships and so on. Improvements in pay and conditions would also make a fundamental difference.

In partnership with researchers and other practitioners, The Benevolent Society has developed a series of Research to Practice Briefings to help make community care research findings more accessible to the community care workforce.

- A range of strategies are needed to better support the systematic uptake of evidence-based practice in community care, and to enhance collaboration between researchers, policy makers and practitioners in ageing/caring for older people. The Australian Research Alliance for Children and Youth (ARACY) may be a useful model.

Care services for a good life – in a nutshell

- Give people more choice and control – about what service they receive, who delivers it, when and how it is delivered, and where.
- Offer community services on the 'IKEA principle' – give options for DIY, simple instructions, services that are well designed, click together and are easy to use, and at a good price.
- Raise the profile and visibility of home care services in local communities, through for example, 'big, loud inviting resources centres which shout about the possibilities for help at home.' This would encourage people to make use of services at an early stage and avoid sudden crises.
- Support older people to manage their health pro-actively, through prevention and health promotion programs (especially focussing on exercise and eating well), recovery programs that help people recover from periods of ill-health, screening to detect problems early, self-management programs for conditions such as arthritis or in the wise use of medicines. Community care services could play a much larger role, working with GPs and other primary health care services, to sponsor such programs and/or to assist older people to access them.
- Pay attention to good service design – by really listening to older people (recipients of services, other older people, family members).
- Look beyond people's functional needs (having a shower, meals, going to the shops) and pay attention to the social context of people's lives.

Adapted from Jane Musared 2009 ACH presentation

2 Introduction

Older age is normal phase of life like any other and ageing affects us all.

The ageing of the population is a triumph in terms of medical, social and economic advancement and it offers many opportunities. But it also presents social and economic challenges for individuals, communities and for governments in relation to systems of social support.

Older age is a normal phase of life like any other. It affects us all – as older people ourselves, or as members of a future generation of older people. Most of us also have family members in older age.

Older and younger generations have always depended on, and had responsibilities towards, each other. However, demographic changes have the potential to have profound effects on the contract between generations. Declining birth rates and death rates during the 20th century are resulting in unprecedented increases in the number of older people, in longevity and in the proportion of older people in the population as a whole.

The ageing of the population has been likened to climate change, urbanisation, technological change and globalisation as one of the most significant forces shaping the world. It represents a triumph in terms of medical, social and economic advancement and offers opportunities for older people to continue to contribute to and be part of economic, social and family life.

The proportion of older people in Australia's population is increasing rapidly, although it remains below most of the developed world and the rate of increase is projected to be slower than in many countries of Asia. In Australia, as elsewhere, much of the public discussion about ageing is alarmist, seeing older people as bankrupting us all and, at a personal level, something to be avoided, denied or ignored. Nonetheless the ageing of the Australian population does present social and economic challenges for individuals, communities and for governments.

This paper outlines The Benevolent Society's views about how – for today's and future generations of older people – to:

- harness opportunities for older people to participate in economic, social and family life for the benefit of the community as a whole and for older people themselves
- enable people to remain independent, active and socially connected in older age
- improve people's quality of life in older age when health problems mount
- address social exclusion among vulnerable older people
- ensure that Australia's systems of social support, housing and care of older people are adequate.

The Benevolent Society and older people

The Benevolent Society has provided support to older people since the beginnings of the organisation in the early 19th century. At the turn of the 20th century the Society was instrumental in the introduction of the age pension, although during much of the 20th century the Society's focus turned to women's health, emergency relief and services for children. In the 1960s and 70s the Society again started to expand its services for older people, providing support to older people through low cost housing and in the 1980s through residential aged care. The Society began providing community-based services for older people in their own homes in the 1980s and this is now the largest area of the Society's work with older people.

Today, the Society supports older people primarily through:

- community care services for frail older people and those with disabling health conditions who need assistance with activities of daily living
- services for carers of older people (many of whom are older people themselves), carer education and training
- supported housing for older people on low incomes
- community development, social re-engagement projects, information services and education
- research, evaluation and advocacy.

The Society is currently developing a flagship project of a new model of supported housing with care. The Apartments for Life project is described in Section 8.

3 Change and diversity in the older population

The older population is changing. In particular, the number of people in later old age, over 85 years of age, is projected to double over the next 20 years. The older population is also becoming much more culturally diverse than previously.

There are very large differences among older people in the distribution of income, wealth and home ownership. The poorest are those who live alone and do not own their home.

A bit about terminology

In this paper we use the term 'older people' as a shorthand term for people aged 65 and over, unless otherwise specified. However, chronological age is not a precise marker for the changes that accompany ageing and people of the same age vary considerably in their health status and level of independence.

Similarly, if age 65 is used as a marker, older age can encompass a period of 30 years or more. The over 65s population is very heterogeneous, differing greatly in socio-economic circumstances, health status, cultural background and so on. The earlier life experiences and current circumstances of people in their 60s are also very different to those of older people in their 90s, born a generation earlier.

It is also important to distinguish between what is sometimes referred to as the 'third age' and the 'fourth age', the former being that 'period of life when work and family demands reduce and people have time, resources and, by and large, enjoy good health' and the latter being the time when health and disability problems mount leading eventually to death.

For indigenous people, ages 45 or 50 are commonly used by governments as markers of older age for service planning and for eligibility purposes (although not for eligibility for the age pension).

Growth and longevity

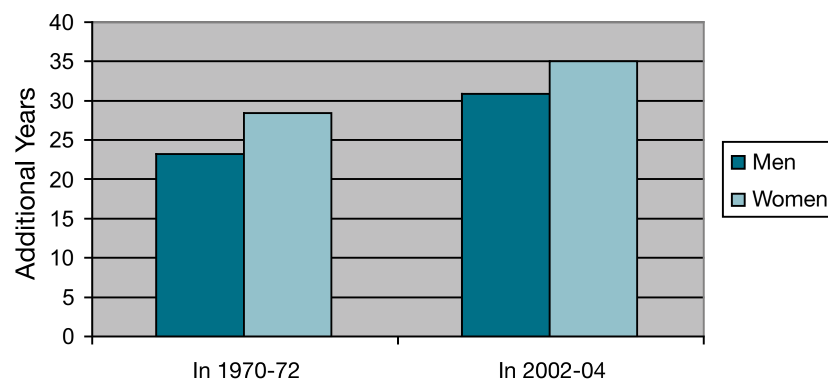
The proportion of the population aged 65 years and over is projected to increase from 14% today to 18% by 2020 and to 25% by 2050. Particularly high growth rates are projected among people aged 85 years and over, whose numbers are projected to double over the next 20 years.

The projected growth in the oldest age groups has particular significance for public policy as it is in these age groups that people tend to need more support.

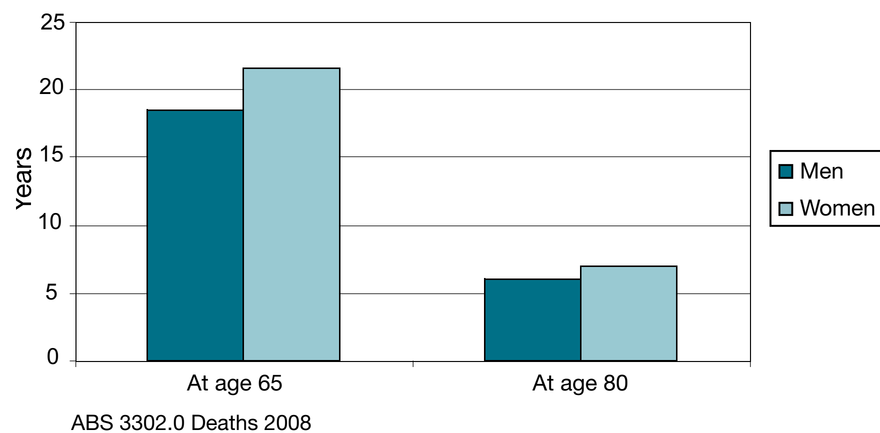
At an individual level, these trends mean that there is a much higher chance of people living to older age and then for long periods in older age, than did their parents or grandparents.

Average life expectancy remains shorter for indigenous people and for lower socio-economic groups.

Life expectancy at age 50



Average life expectancy at 65 and 80 (2008)



Changes within the older population

The older population is becoming much more culturally diverse. Already, 22% of older people were born overseas in non-English speaking countries. By next year, 38% of the older population in Melbourne and 34% in Sydney will be from culturally and linguistically diverse (CALD) backgrounds. In some areas, older people from CALD backgrounds now make up the majority of the service population for health and aged care services, whereas once they were the minority.[3]

The number of older indigenous people is growing although their proportion of the indigenous population as a whole remains much lower than in the general population. Approximately 8% of the indigenous population or 37,000 people are aged 55 and over. About 3%, or 15,000 people, are aged 65 plus (2006 Census).

The older population is also projected to become more likely to:

- live in smaller households, be divorced and to not have had children
- not be married (but less likely to be widowed, because of the increasing life expectancy of men)
- be the carer of a spouse
- still be in the workforce in their 60s
- if women, to have spent longer in the paid workforce
- have had higher levels of education.[4]

An increasing economic divide

The effect of the accumulation of advantages and disadvantages in earlier life are magnified in older age, resulting in wide gulfs between well-off and financially disadvantaged older people. There is certainly evidence of very large differences among older people in the distribution of income, wealth and home ownership. [5]

The poorest are those who live alone and do not own their home. In 2005-6, 46.9% were estimated to be living in poverty, the highest incidence of poverty of any demographic group[b]. [8]

On average, older people today are **wealthier** than in previous generations, but these averages mask considerable and growing differences in economic circumstances.

About three quarters of older people receive an age or veterans pension. Among pensioners, 60% have less than $20 a week of private income, while five per cent have private incomes of over $400 a week. Thirty per cent of age pensioners have bank balances of less than $1000. However, 5% of age pensioners have assessable[a] assets over $250,000, and 13.8% of age pensioners are in the top quartile of net worth (largely in the value of the home they live in). [6 7]

Increasing accumulation of superannuation by a minority of baby boomers is expected to increase economic inequality within the older population. Substantial numbers of people in mature age have very modest amounts of superannuation reserves. In 2004, half of women aged 45-59 had $8000 or less in their superannuation funds; half of all men in this age group had $31,000 or less.[10]

15%

Fifteen per cent of single people on the age pension and 7.5% of couples rent privately. Most non-homeowners (83%) have private incomes of less than $20 per week.

vulnerable

Those most susceptible to a financially vulnerable older age are people who enter older age as renters, those who have been out of the labour market for long periods because of unemployment or disability, and people who have divorced in later life and remained single.

It has been estimated that 3.8% of the older population are in 'deep economic disadvantage'[c], rising to 8.5% among older people who live alone. It has been projected that these percentages will rise in future as a result of marriage breakdown, lower rates of home ownership and increasing rents. [9]

a Excluding the home they live in.
b This percentage should now be lower, as a result of the increase in the pension in 2009.
c In the bottom income quintile, reliant on government benefits and renting privately.

Greater numbers needing support

Greater longevity is projected to result in increases in the prevalence of disability and ill-health among older people.

The number of older people with a disability is projected to increase from 560,900 in 2003 to 1,116,200 in 2023, that is, to double.

Currently, about 32% of people aged 65-74 report needing some assistance with personal or everyday activities. Among people aged 85 and over the proportion is much higher, at about 86%.

By ages 75-79, 12% have a severe or profound limitation in their ability to undertake a core activity of daily living. By 85 years and over, this figure has risen to 58%. The conditions most likely to be associated with a severe or profound core activity limitation are dementia, speech problems, Parkinson's disease, anxiety disorders and depression. They cause the greatest 'burden of disease'. [12]

Dementia contributes more than any other condition to the burden of disability among older people. It affects some 4% of people aged 65 and over but becomes much more prevalent in older ages and is more likely than any other condition to be associated with need for help with self care, mobility and communication.

There will also be a growing group of people in older age who have had lifelong disabilities.

Changing expectations

There is much discussion about changing expectations and preferences among future older people. It is suggested that baby boomers' expectations will be very different to those of previous cohorts, though perhaps no more so than each older generations' expectations differ from those of the preceding generation.

In relation to where and how they live the majority of older people would, if given the choice, prefer to remain living in their own homes supported by appropriate care rather than move to a residential aged care facility or to live with their children. A survey of people aged 50 and over commissioned by The Benevolent Society indicates that there is likely to be even less interest in traditional forms of residential aged care among future generations of older people. The Benevolent Society's research found that the perception of nursing homes is such that 82% of the over 50s believe there is a need for a new style of accommodation and care for the elderly. [13]

Baby boomers' greater expectations of autonomy in decision making may translate into a greater preparedness to use formal care services when the time comes. The baby boomer generation may also be more willing to move and/or to use their housing assets to support their desired lifestyles. [14]

4 Social inclusion and exclusion

Factors which underpin social inclusion in older age include adequate income and material assets; appropriate, affordable and secure housing; a supportive built environment; access to health services, transport and care services; community attitudes of respect and acceptance; social connections and opportunities to participate in family and community life.

The terms "social inclusion" and "social exclusion" are key themes in social policy. Under the Federal Government's social inclusion strategy, being socially included means people must be given the opportunity to:

- secure a job
- access services
- connect with family, friends, work, personal interests and the community
- deal with personal crisis
- have their voice heard. [15]

While the social inclusion framework is potentially very relevant to older people with the exception (for most) of having opportunity to secure a paid job, the Federal Government's social inclusion priorities focus mostly on families with children and people of working age.

In 2008, the Ministerial Advisory Conference on Ageing (of federal, state and territory ministers) agreed to 'develop options for national initiatives involving all levels of government working together to strengthen the social inclusion of older people.'[16] However, it is not clear what has eventuated and a policy focus on social inclusion among older people remains under-developed.

Factors which underpin social inclusion in older age include adequate income and material assets; appropriate, affordable and secure housing; a supportive built environment; access to employment (if wanted), health services, transport and care services; community attitudes of respect and acceptance; social connections and opportunities to participate in family and community life.

Social inclusion's converse, social exclusion, can result in poor quality of life in older age, avoidable illness and disability, higher rates of hospitalisation, premature institutionalisation and premature death. The risk of social exclusion in older age increases among people who:

- are older (those 80 years and above being more prone to exclusion)
- live alone
- are renters
- have no children
- have poor mental or physical health
- do not have access to a private car or to public transport
- have low incomes, especially those who depend wholly on the pension
- are carers of, for example, a spouse in poor health, an adult child with a disability or grandchildren
- have a long-term disability.

Attitudes and respect

Negative preconceptions about age and ageing have implications for individual wellbeing and for social cohesion.

Ageism creates barriers to older people participating in employment, in community life, in their access to services and in having their voices heard. At an individual level, ageism erodes older people's self esteem, so that they internalise feelings of low worth, become more passive and feel more dependent.[17] Such perceptions may lead to people limiting their activities unnecessarily. Ageism may contribute to avoidance of preparation for later life.

Older people are entitled to respect no less, or more, than any other age group. However, older people sometimes report feeling excluded by the changing world around them, of not feeling needed or valued and having their needs overlooked. Older women report feeling doubly 'invisible' on the grounds of age and gender. [18]

While the proportion of people in the earlier years of retirement who feel able to 'have a say within the community on important issues affecting them all or most of the time' is higher than at any other age, it is lower among people aged 85 and over than at any other stage of adult life. Similarly, the percentage of adults who feel able to 'have a say among family and friends' is lowest among people aged 85 and over.[19]

Most people have friendships primarily within, rather than across, age groups. There is much that older and younger people can learn from each other and greater scope for building stronger connections between older and younger generations.

Recognising the contribution of older people

Much of the public debate about ageing uses negative, even apocalyptic terms. This is not helpful to constructive policy-making. It is particularly unhelpful for today's older generation to be constantly surrounded by negative messages that see them as passive recipients of services – or, worse still, as a burden on the rest of the population.

The vital role that older people play in the community is often under-recognised and undervalued.

Older people make a significant contribution to many aspects of community prosperity, cultural richness and wellbeing, providing a wealth of valuable experience, knowledge and skills. They contribute in many ways through employment, caring, volunteering, advising, by providing financial assistance to younger people, through participation in social and cultural life and as custodians of our history.

Substantial numbers of older people provide unpaid help to others. For example, a quarter of older people undertake voluntary work and over 450,000 older people provide help to people with a disability. Nearly a quarter of all primary carers are older people themselves.[20]

People aged 55-64 are more likely than any other age group to be providing support to relatives living outside the household. Significant proportions of people over 65 do so also. [21]

A seniors policy lens

One way of ensuring that older people are given proper consideration – within the larger context of the good of the population as a whole – is to apply a 'seniors' policy lens' to the policy making process. In Canada, a country with a similar age structure to Australia, policy makers and planners are encouraged to apply a seniors' policy lens as a way of helping ensure that:

- the needs and values of older people are respected
- the contributions of older people in all aspects of life are acknowledged
- their diversity is taken into consideration
- issues are approached in a holistic manner, as many will involve several different levels of government, as well as different departments and agencies
- the cumulative impact of change on older people is considered
- the concerns of today's and coming generations of older people are considered.

The seniors' policy lens comprises a series of questions and checklists that test proposals against each of these criteria and against the key values of dignity, independence, participation, fairness and security. [22]

Policy directions

- Older people should be considered as part of mainstream policy decision-making, rather than as an afterthought or as a problematic section of the community with 'special needs'; a 'seniors policy lens' is a useful framework.
- Older people's views and opinions should be taken into account when developing and implementing policies that affect them.
- Greater policy attention should be given to the increasing numbers of older people at risk of social exclusion and those in deep economic disadvantage.
- Maintenance of an adequate age pension is vital to ensure that significant sections of the community are not disadvantaged in retirement by lack of access to superannuation as a result of breaks in workforce participation (particularly affecting women), or exclusion from the labour market in mature age through unemployment, forced early retirement or disability.
- Greater policy attention should be given to effects of labour market, income security and superannuation policies on people in mature age, given their profound impact on economic circumstances in older age.
- There should be greater emphasis on:
  - addressing ageism and age discrimination through legislative change and campaigns to overcome negative stereotypes
  - valuing older people's contribution to the community and in families
  - building community knowledge about ageing and about older persons' concerns and circumstances
  - building stronger connections between older and younger people.

5 Wellbeing in later old age

A 'good life' in older age is one in which people are active agents in manageing their own lives, with access to adequate resources, continuing to make choices and adapting to changing circumstances.

The Benevolent Society sees 'a good life' in older age as one in which people are active agents in manageing their own lives, have access to adequate resources, continue to make choices and adapt to changing circumstances.

Being an active agent in manageing one's own life is most likely to be under threat in later older age when health and other difficulties mount. It should apply in the' fourth age' as much as in the' third age', in other words irrespective of people's state of health and stage of life.

The accumulated advantages and disadvantages people bring to older age shape the resources they have at their disposal and thus their ability to deal with the changes of later life, their vulnerability to crises and their resilience in responding to them.

The ability to remain 'independent' is valued very highly. What this means and the weight attached to different components of 'independence' reflect personal circumstances, values and perspectives and changes over the ageing process. Independence may, for example, mean quite different things to people in their early 60s to those in their late 80s and to people in different cultural groups. [24]

Independence is not an absolute concept; inter-dependence and reciprocity are also key values.

Also consistently mentioned as important are:

- the opportunity to make choices, the freedom to do things of interest
- social connections, companionship, love and, if possible, intimacy
- having a meaningful role and opportunity to do something worthwhile
- a sense of pleasure and enjoyment in life
- a sense of belonging
- being treated with dignity and respect
- feeling safe
- being able to reciprocate, not being 'a burden' on others
- being able to contribute to future generations.

The importance to older people of a sense of meaning and of purposeful engagement may take many forms such as helping others in or outside the family, volunteering, doing paid work, pursuing an interest, leaving a legacy for future generations (not necessarily a financial one), giving money to others or passing on knowledge, skills and advice.

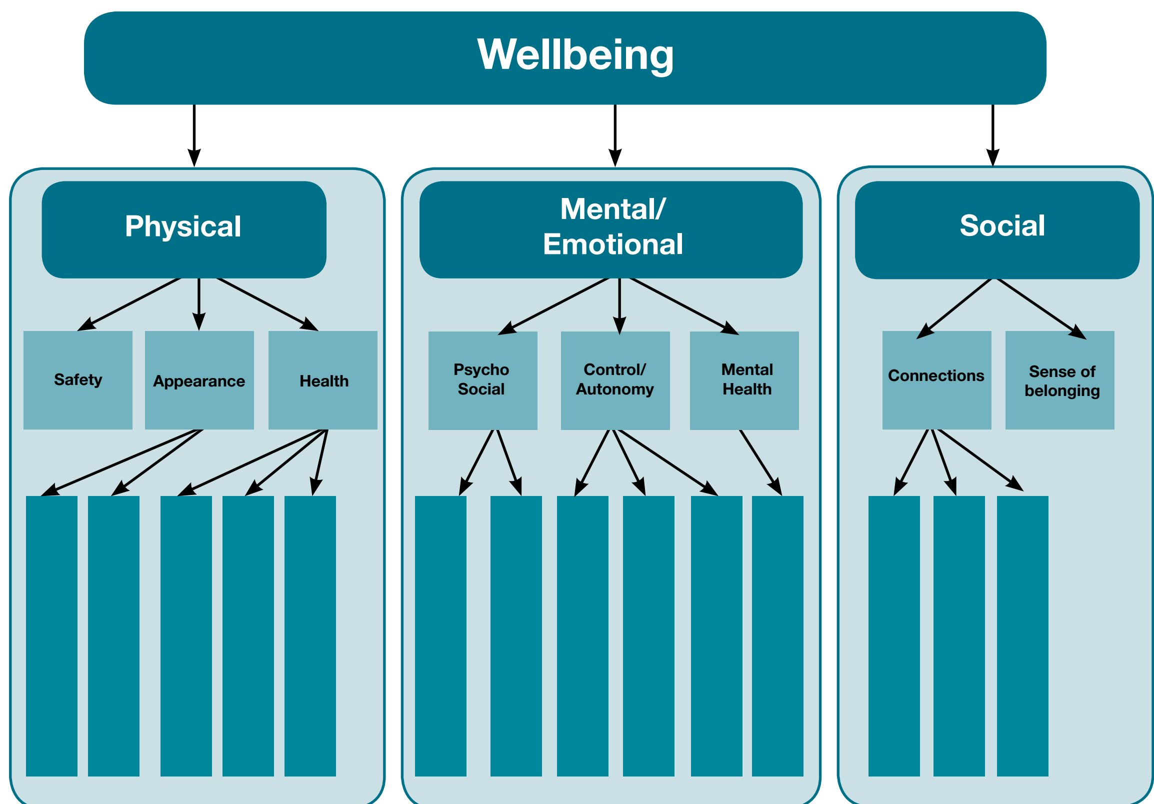
Health is seen as an important contributor to quality of life but as a means to an end – to be able to do things and be independent – rather than an end in itself. Wellbeing is not simply about the absence of disease or disability, desirable though this is. People with objectively assessed poor health may report high levels of wellbeing.

The ageing process usually does not mean a linear decline but is more likely to be

characterised by periods of ill-health or loss, alternating with recovery or partial recovery, and continued growth and change. A partner's state of health may be part of the equation as well.

Wellbeing among older people who receive care services

In its work with older people who need assistance with some aspect of daily living, The Benevolent Society uses the following framework to guide the provision and evaluation of its services to community care clients. As mentioned earlier, sufficient financial resources, appropriate and affordable housing, access to health services and transport and a supportive built environment underpin these aspects of wellbeing.


Wellbeing
Physical
Mental/
Emotional
Social
Safety
Appearance
Health
Psycho
Social
Control/
Autonomy
Mental
Health
Connections
Sense of
belonging

Older people's vision for long-term care

- People knowing and caring about you.
- The importance of belonging, relationships and links with your local or chosen communities.
- Being able to contribute (to family, social, community and communal life) and being valued for what you do.
- Being treated as an equal and as an adult.
- Respect for your routines and commitments.
- Being able to choose how to spend your time – pursuing interests, dreams and goals – and who you spend your time with.
- Having and retaining your own sense of self and personal identity – including being able to express your views and feelings.
- Feeling good about your surroundings, both shared and private.
- Getting out and about.

Adapted from Bowers H et al (2009) Older people's vision for long-term care, Joseph Rowntree Foundation http://www.jrf.org.uk/publications/older-people-vision-long-term-care

Policy directions

- Older people should be supported to maintain their autonomy and ability to do things for themselves, to lead full and active lives and participate in all aspects of community life, irrespective of their health status or stage of life.
- The design, funding and delivery of care and support services for older people must be underpinned by a focus on older people's wellbeing and the factors that contribute to it.
- Research and evaluation of community aged care services needs to be better supported and funded, and the results shared. Data collection and monitoring should have a greater focus on outcomes. The Benevolent Society supports the establishment of a Centre for Community Service Effectiveness.

6 The importance of social connections

Social dimensions feature strongly in older people's perceptions of their wellbeing. Strong social connections can mitigate against risks.

Social isolation and loneliness in old age are linked to a decline in both physical and mental wellbeing. An estimated 7-10% of older people are socially isolated.

Social dimensions feature strongly in older people's perceptions of their wellbeing. Social networks, activity and access to confidants can help protect people from the negative impact of stressful life events and are associated with higher quality of life and life satisfaction and better physical, mental and emotional health.

Conversely, social isolation and loneliness in old age are linked to a decline in both physical and mental wellbeing.

Social isolation is usually regarded as an objective measure of having minimal contact and interaction with others and a generally low level of involvement in community life. Loneliness is a more subjective concept and a reflection of an individual's perception of the adequacy of the relationships in their life. [25]

There is also a distinction between loneliness (a negative state) and solitude (a positive state).

In its work with older clients of its community care services, The Benevolent Society recognises that some older people's apparent avoidance of social situations may not be an active choice. It may be the result of factors such as an accumulation of negative experiences, stigma or shame associated with being lonely, lack of trust of people in new environments, lack of language skills and feeling unsafe in the local area.[26]

Being lonely is not something people will always admit to, with some feeling a sense of shame or personal failure that family members apparently do not want to spend time with them.

There are also systemic barriers to social connectedness. They include lack of access to suitable transport and barriers in the built environment such as: [27]

- homes that are not appropriate for or cannot be easily adapted to meet changing needs
- parks and public spaces without seating, public toilets or well lit paths
- footpaths that are uneven and/ or shared with cyclists
- inaccessible public buildings.

Inappropriate housing can result in greatly reduced ability to take part in social activities outside the house, or can force older person to move. This often means leaving a familiar neighbourhood which in turn threatens the person's social networks, sources of informal support and access to familiar services.

The consequences of social isolation among older people are significant. Isolation can affect people's ability to access resources such as timely health care and isolated people tend to engage in fewer health-promoting behaviours. Socially isolated people may have fewer sources of informal care (family and friends) to draw upon in later older age. Social isolation may thus contribute to premature moves to residential aged care.

For some older people, isolation is a continuation of an ongoing life experience. For others it will be a new experience triggered or exacerbated by factors and events experienced in later years.

It is estimated that 7-10% of older people are socially isolated. In addition, an estimated 12% are considered at risk. [28] This means that, based on the most conservative estimate, there are more than 200,000 socially isolated older people (2009 figures).

Several trends are likely to mean a growth in the number of socially isolated older people – the projected increases in the numbers over 80 years of age, those who live alone, and have no close family.

Older people at greater risk of social isolation

- People aged 85 and over
- People with low self esteem, low social confidence or mental illness
- People with hearing impairment
- Older men
- Some older people from cultural and linguistically diverse backgrounds
- Some Aboriginal and Torres Strait Islanders
- Residents of aged care facilities
- Older people without access to appropriate and affordable transport
- Older carers

Adapted from Queensland Government Department of Communities Cross Government Project to Reduce Social Isolation of Older People

Life events that may trigger social isolation

- Retirement
- Loss of a partner
- Relocation to a new area (or relatives and friends moving away)
- Sudden disability
- Being a victim of crime
- Suffering a series of falls
- Loss of driver's licence, or partner's loss of licence.

Adapted from Queensland Government Department of Communities Cross Government Project to Reduce Social Isolation of Older People

Policy directions

Additional policy and community responses are needed to address social isolation among older people, including;

- developing strategies, community development programs and services that foster social relationships and participation to prevent isolation, especially among those older people likely to be at risk
- identifying individuals who have lost or are losing their social connections and proactively supporting them to build or rebuild their connections and social activity
- creating a more 'age-friendly' built environment.

This is discussed further in Section 9.

7 Housing and living arrangements

Older people's housing choices are limited by a shortage of suitable and affordable housing. This is particularly so for low-income older renters and people with low or modest assets.

Safe and secure housing is a major factor underpinning the quality of life and wellbeing of older Australians. As well as shelter, older people's homes are often a source of emotional wellbeing and stability, a familiar place where they feel in control of their lives and know others in the neighbourhood and the repository of personal and family memories and life experiences.

The vast majority of older people (92%) live in private dwellings. The most common living arrangement is living in a private dwelling with a spouse. Contrary to popular view, even among those over 85, the majority live in private dwellings, although by this age almost half of them live alone.

Rates of home ownership amongst older people are high, around 70%. A further 5% are purchasers (i.e. do not own their home outright). As outright home ownership among people in mature age declines, the percentage of people over the age of 65 who are still purchasing is projected to increase.

About 7% of older people are private renters and are the group most likely to be in financial stress due to housing costs. In 2005-06 lower income private renters over 65 living alone spent 42% of their gross income on rent.[29]

Housing choices

Older people's decisions about their housing and living arrangements are influenced by a number of factors. Two thirds of people move between the ages of 55 and 75 influenced by 'pull factors' such as lifestyle changes.[30] At later ages, older people are less likely to move; if they do, it tends to be as a result of a decline in their own or a partner's health, and reduced ability to care for themselves and maintain the house or garden.

A number of factors constrain older people's housing choices:

- shortage of housing stock designed to take into account older people's circumstances
- lack of affordable options for low-income older people who rent, or reach retirement without having paid off their home, or have a home of low value (relative to the local housing market)
- lack of options that integrate housing, care and support and take account of the fact that over time people will probably require more care and support (discussed further in Section 8)
- difficulty accessing independent information and advice on housing, finances and care services; and help to navigate the complex interaction between pension, tax and aged care rules.

The majority of private housing was not built with the needs of older people in mind, even though, in 2001, 23% of private households were occupied by at least one person aged 65 and older. By 2021, it is estimated that 4 in 10 households will be occupied by at least one older person.[31]

Older people are not as mobile as the young and are more dependent on the locational amenity of their housing.[32] Especially in the later years, attachment to the local area may be more important than attachment to a particular house.[33]

However, lack of enough housing stock of suitable design means that older people are often unable to 'trade down' and remain in the same area. Typically their choice is between remaining in increasingly unsuitable housing that limits their quality of life and ability to participate in the community – or moving to a more appropriate housing in a new area and jeopardising their social networks and access to familiar services.

Older renters

Home ownership is a major bulwark against disadvantage in older age. Older people who do not own their own home have fewer options and risk poverty, frequent moves and poorer quality of life. Private renters are rarely able to modify their home to suit changing health needs. Private renters, particularly women, are more fearful for the future than any other section of the older population.[34]

The number of older people in low-income rental households is projected to increase by 115% from 195,000 at present, to 419,000 by 2026. Approximately two-thirds of these households will be sole women. The greatest projected change is in the 85 and over age group, where the number of low-income renters is estimated to increase by 194% from 17,300 to 51,000.

Higher rates of divorce is one of the driving forces behind this trend. Divorced older people are much more likely to be renters than their married or remarried peers. In 2002, among people aged 55-74, 49% of the divorced single men who had not remarried were renting. Among women, 35% of divorced singles were renters, twice the proportion of those who had remarried (18%). [35]

There are worrying trends in the numbers of homeless older people. The number of homeless people aged 55-64 increased by 36% between 2001 and 2006 and the number aged 65 and over increased by 23%. [36]

Demographic projections forecast a 76% increase in demand for public housing from older people between 2001 and 2016, and higher still among people aged 85 and over.

Independent living units have been a long-standing housing option for older people, providing around 27% of social housing for older people, but much of the stock is small in size, quite old and of poor quality.

The greater targeting of residential aged care at people with higher care needs has also had the effect of reducing the housing options of low-income older people who would previously have been accommodated in low care aged care hostels.

Policy directions

With the projected growth in numbers of older people and affordability problems faced by a significant minority, it is imperative that greater public policy attention be given to older people's housing.

Federal and state governments' recent attention to affordable housing and homelessness is very welcome, as was the significant investment in social housing introduced under the stimulus package and National Rental Affordability Scheme.

- A national older persons' housing strategy is required to increase the stock of housing suited to an ageing population and to address affordability issues. This should involve federal, state and territory governments.
- The strategy should be aimed at enabling older people to make housing choices that allow them to maintain a high quality of life as they age and to maintain their social networks and potential sources of informal care. The strategy should include:
  - introduction of universal design standards (the recent Liveable Homes initiative for new dwellings is an extremely positive move in this direction)
  - review of planning controls to encourage the conversion of existing housing to age-friendly smaller units, construction of 'granny flats' and dwellings that cater for multi-generation households, incorporation of more smaller dwellings into new developments, and flexible housing designs that can adapt to changing household composition and ages
  - strategies to make it easier for older owner-occupiers to downsize to housing that is more suited to their changing needs, including easier access to independent information and advice on housing, finances and care services and help to navigate the complex interaction between pension, tax and residential aged care rules; reducing transaction costs such as stamp duty for home owners on low incomes and /or for housing of low value
  - supporting the introduction of financial innovation (with appropriate consumer protections) to encourage a wider diversity of products involving shared equity and access to home equity
  - enhancing older people's access to home maintenance and modification, by improving access to reliable independent information and advice and access to recommended tradespersons; and by increased expenditure on subsidised home maintenance and modification schemes
  - greater investment in social housing for older people, including in 'independent living units'.
- Urban planning, the design of public buildings, spaces and transport should incorporate age-friendly design principles. A wide range of resources, guidelines, toolkits and so on are now available for use by councils, transport planners, designers and builders.

8 New models of housing, support and care

As mentioned, most older people want to live as independently as possible, continuing to do the things they enjoy and staying connected to their community. Yet currently, there are limited housing options that take account of the fact that over time older people's health will change and they will probably require more care and support.

Unsuitable housing can increase the costs of caring for older people and contributes to premature and unnecessary moves to nursing homes and hostels. Conversely, appropriate housing and social supports can enhance older people's self-reliance and quality of life and reduce their need for aged care services.

If given the choice, the majority of older people would prefer to live in their own home throughout older age and, when their health declines, be supported by family and community care services rather than move to a nursing home or hostel. While residential aged care plays an essential role, it is highly regulated and it is difficult for facilities to be truly 'homelike' and to offer residents genuine control and choice. The economics of residential aged care also means that the average size of facilities is increasing, the reverse trend to virtually every other area of human services. Nursing homes are also an expensive option for the taxpayer and for individuals.

The purpose-built retirement housing section of the Australian housing market is small and has a number of limitations. Many retirement village operators have built their financial models on the expectation that residents will move on to an aged care facility when their care needs increase, at a time of life when moving home is difficult and destabilising. Some villages also operate as 'gated communities' with residents having minimal interaction with others in the community. This is particularly so for villages located on the urban fringes with poor transport links.

The challenge is to develop new forms of housing – with care when needed – that:

- enable people to remain in their own homes and communities
- encourage older people to be as self-reliant as possible
- offer more cost effective ways of supporting frail older people
- enhance older people's participation in the community.

The Benevolent Society has drawn on Australian and overseas experience (especially the Humanitas Foundation in the Netherlands) to develop a new model of housing, care and support for older people. As its name suggests, a key feature of The Benevolent Society's Apartments for Life model is that it offers older people a chance to remain in their own home – in this case an apartment – throughout older age and to avoid having to move home when their health declines and they require increasing levels of care and support. The Apartments for Life model challenges the oft-held assumption of the inevitability of a move to a nursing home in later old age.

Apartments for Life can be described as a form of 'service-integrated housing', defined by Jones et al[39] as:

> 'All forms of housing for people in later life where the housing provider deliberately makes available or

arranges for one or more types of support and care in conjunction with the housing provision'

However, the Apartments for Life model is about more than just enabling older people to live in the one place until the end of life. It is about supporting older people's control over their own lives and their continued activity and participation in community life.

The Apartments for Life Project is being trialled by the Society in Bondi in Sydney. It offers a new concept in retirement living and aged care – a place where older people can live in their own homes throughout the changes and challenges of later life, with a sense of autonomy and purpose and fully connected to their local community.

The key features of the model are:

- design that encourages 'active ageing', social interaction and autonomy and includes a high level of adaptability to residents' changing needs
- access to care services from local care providers when needed; a care advisor to assist residents to connect with the particular type of care that they need and negotiate with providers on their behalf; and to monitor residents' wellbeing
- the inclusion of social and affordable housing, so that residents' socio-economic diversity reflects that of the local area
- a location close to shops, transport and services, plus on-site services and facilities open for use by the local community
- social activities and community engagement, to foster integration with the local community, older people's participation in the community and minimise loneliness and depression
- a philosophy of respect for residents' individuality and autonomy
- evaluation and research so that others can learn from, replicate and adapt the model.

The model's benefits and value for money from the perspectives of residents, developers and governments have been assessed by consultants ACIL Tasman.[40]

They noted that it could offer:

- reduced need for high level aged care facilities
- increased efficiency in formal care services, especially via reductions in travel times, better time utilisation of skilled and scarce care staff
- design and support features that support a range of health cost savings
- substantial freeing up of other housing, in general better suited to families
- increased affordable housing, and opportunities for delivering more cost effective affordable housing
- environmental advantages.

There is considerable interest in the Apartments for Life model among older people's organisations and the aged care and retirement housing sectors. More importantly there is a very high level of support for it among the population as a

whole, as evidenced by recent polling for the Benevolent Society.

The polling found that 92% of respondents support the Apartments for Life model, including 56% who strongly support it. Support is high among all age groups, not just those aged 50 and over. The benefits of the model were recognised, with the principle ones being ability to maintain independence, easy access to health care services and proximity to family and friends. People aged over 50 years, the ones for whom this type of accommodation is most relevant, put greater emphasis on remaining close to friends and being able to stay within their neighbourhood.

This polling also found very high levels of community concern about access to affordable housing as people get older.

Policy directions

Support by governments will be important if new models of 'service integrated housing' such as Apartments for Life are to be developed and become widespread.

Support will also be required to ensure that this style of housing is accessible by older people with low incomes and no assets (i.e. social housing) and older people on low incomes with some assets.

- Federal and state governments should take a lead to bridge the traditional divide between housing policies for older people and aged care policies, and to assist the development of 'service integrated housing'.
- State governments should review planning regulations to remove barriers to the development of new models of 'service integrated housing'.
- Housing developers, community housing and the aged and community care sectors could work more closely to develop partnerships to increase the availability of 'service integrated housing' for low income older people without assets.
- A broadening of the National Rental Affordability Scheme (or introduction of a similar scheme) to cater to older people's financial circumstances is required to enable the inclusion of low cost rental and shared equity affordable housing in service-integrated housing.
- Proposals to separate subsidies for housing and subsidies for care (so that a person approved for high level nursing home care could receive the equivalent subsidy and services in the setting of their choosing) would help residents of service integrated housing avoid having to move again.
- Support for research and evaluation in order to quantify the social and economic outcomes is also required.

9 Care for older people at home

Community care is critical in supporting older people to stay living independently at home. Informal care by family members and friends, and care provided by formal community services, each play a vital role.

There has been enormous growth and development in community care services over the last 25 years. However the system is creaking at the joints and is not sustainable in its current form.

A clearer system

The care system is not understood by most people, is difficult to navigate and is largely invisible to the general community. As the Department of Health and Ageing itself acknowledges, the community care system is 'too complex, confusing and fragmented'. [41]

Many older people worry what will happen if they are not able to get help when they need it. Others are deterred from asking for help because of previous knockbacks, poor previous experience in dealing with officialdom or, especially among people from culturally and linguistically diverse backgrounds, unfamiliarity with the whole notion of community care.

The care system relies heavily on people knowing that assistance exists, knowing how to access it and then taking the onus of doing so. One result is that many people only get assistance after a health crisis has occurred, and opportunities are lost for them to obtain low key inexpensive forms of assistance that could have prevented the crisis.

Access to information about services and to services themselves is variable across the country but is often far from straightforward. Access to care services can seem like a lottery.

Older people and their families should be able to access clear and reliable information and advice about a range of issues affecting them, and about the benefits, services and support in the home through to future needs, including care. A key issue for policymakers is finding the best way to deliver information and support to those in most need, including to those who may resist admitting that need or who will not ask for help.

The increasing number of older people from culturally and linguistically diverse backgrounds is likely to exacerbate the inaccessibility of the system unless it is energetically addressed. This will need to take into account not only language, but also cultural factors such as attitudes towards ill-health, family roles and responsibilities and willingness to seek help.

Parallel systems

There are, in effect, several parallel systems of community care – those funded through the Home and Community Care program and administered through state governments, packaged community care funded and administered through the Commonwealth Government, carer programs funded through state and federal programs, and short-term care aimed at people coming out of hospital and funded through state health departments and the Commonwealth Government.

The different types of services are funded in different ways and subject to different eligibility criteria, assessment and access

arrangements. As people's circumstances change, they may need to transfer to different agencies. For example, a person who moves from needing assistance several days a week with personal care to needing it every day may have to wait to be formally assessed by an Aged Care Assessment Team, then wait for a 'package' to become available in their area, then get used to a completely new set of people coming to their home (coordinators and care workers) with new routines.

Enabling people to lead as full a life as possible

Fundamentally, care services should be about enabling older people who cannot do so without some help, to live as full a life as possible. Care services should be provided in ways that support and build people's abilities to do things for themselves, gain or regain skills and confidence, and minimise their dependence on ongoing care from others.

Community care services have much to learn from the philosophy and models of 'case management' in other areas of social policy especially disability services, rehabilitation services and employment services, where the focus is on client-led assessment and planning.

Community care programs such as Home and Community Care (HACC) and Commonwealth-funded packaged care were essentially designed to provide long-term care for older people for the rest of their lives or until they enter residential aged care. They were not designed to provide services quickly when older people need immediate, relatively intensive but short-term assistance. Nor were they designed to rebuild older people's capacity to live without formal support, where possible. A culture of dependency has been inadvertently created.

Encourageingly, there is an increasing focus on capacity building, enabling and restorative approaches to community care called, variously, 'Impact', 'active service models', 're-ablement', or 'wellness' approaches.[42]

Wider implementation of these approaches will require improved access to allied health services such as physiotherapy and occupational therapy and the supply of equipment and independent living aids that can be very important in enabling people to regain functional skills. Older people will also need assurance that care services will be available to them again, if they are to be confident about stopping services.

The physical environment in which people live has a huge impact on their need for community care. Improving the use of home maintenance and modification services to make older people's homes suitable for their changed circumstances and to remove hazards, would also be a very strategic approach towards reducing unnecessary dependence on services.

Long-term care will always be required for people whose health and other circumstances are such that becoming completely independent again of formal care services is unrealistic. However, restorative care should be given greater prominence. In particular, older people who have had an episode in hospital should be able to get quick access to short-term care services (provided in close cooperation with health services) with a focus on restoration of function and

avoidance of unnecessary dependence. A number of such programs exist, such as transition care and, in NSW, the ComPacks program. There are signs that these can be very effective but access to them is patchy and inconsistent.

Unmet need

More than 350,000 people aged 65 years and over who need some form of assistance to help them stay in their own homes indicated in 2003 that their needs were being met only partly. Over 50,000 indicated that their needs were not being met at all.

Methods of rationing of services are sometimes very crude. In NSW for example, agencies such as the Home Care Service of NSW (the main source of personal care and domestic assistance) sometimes closes its books. As it does not keep waiting lists, callers are told to call again unless their situation is already urgent. This practice also has the result of masking the true level of demand for services and hinders service system planning.

Community Aged Care Packages (CACPs) typically offer an average of 5 hours per week of support. As people's needs increase and this becomes insufficient, staying at home can be very difficult as there are few available Extended Aged Care at Home (EACH) packages that offer a higher level of care. Waiting times for EACH packages in Sydney can be two years, by which time it is often too late and the person will have had to move to residential aged care.

Flexibility of services

Currently, service providers are constrained by innumerable guidelines and the services provided tend to be inflexible. Rather than being client-focused, the norm is that clients are offered a narrowly defined set of services irrespective of what would suit them best in their circumstances. While some service providers, including The Benevolent Society, try hard to bend and stretch the rules to provide truly client-centred services, this is not always possible.

This inflexibility is partly a reflection of unnecessarily rigid and detailed government program and sub-program guidelines, but also of the culture of many service providers. An aversion to risk among funders also has a tendency to create conservative programs with unimaginative goals.

The complexity of the current service system leads to inefficiency and waste, access barriers and inequity in access to services.

For example, while the growth of programs and services specifically for carers has been positive in many ways, program guidelines and rigid interpretations as to who is, or is not, a carer, and what forms of support carers can receive can lead to nonsensical situations and less than optimum care. An example is when two members of an elderly couple receive care services from two different agencies, one as a carer, the other as a care recipient.

On the other hand, The Benevolent Society is aware of examples of imaginative good practice in which carers' expertise is respected about what would suit them and the person they care for, and service

providers have responded accordingly.

In NSW, the planning of HACC services tends to be based around existing service types and configurations, resulting in lost opportunities to address unmet needs in different and perhaps cheaper ways. For example, unmet needs for community transport are considerable. Whereas some of this unmet need could be addressed by, for example, assisting older people to become confident in using public transport, the 'service type description' for transport is confined to group and individual transport services.

Community care reform

Many of these service delivery issues have been recognised for some time, but progress in tackling them has been very slow and leadership by governments lacking. In 2002, the Commonwealth Government initiated a review of community care programs that 'would simplify and streamline current arrangements for the administration and delivery of community care services'. Its focus was to 'ensure that it will be easier for people to access the care that they need and that community care programs are well aligned and are interlinked, offering an appropriate continuum of care in the community that is of high quality, affordable and accessible.'[44] These goals remain relevant eight years later.

Significant reforms of, and investment in, community care are required to meet the needs of today's and future generations of older people. Doing this is needed in order to reduce demand for expensive services such as residential and acute care, reduce interminable inter-government and inter-departmental debates and cost shifting and, most importantly, help foster older people's independence and self-reliance.

Paying for aged care

As has been pointed out in a UK context [45]

> 'Care and support needs in life and old age are inherently uncertain. Two in three women and one in two men* will develop high care needs during their retirement. But some people will need no care and support at all. The current social care system does very little to help people minimise that uncertainty, with some facing very high costs near the end of their lives and others needing far less care.'

In Australia, greater clarity is certainly needed about people's rights or entitlements to services, what people can expect to receive and what they will be expected to pay. While as mentioned earlier, older people have on average greater financial resources than previous generations, significant sections of the older population have low income and/or low assets. Access to aged care should be equitable and the fees payable take into account ability to pay.

* UK data.

Policy directions

- A paradigm shift is needed in the way older people are supported through community care services. Programs for older people and their carers should be re-oriented to focus on people's goals, strengths and abilities, in order to avoid unnecessary dependency.
- Older people should be entitled to care services, once assessed as needing them. They should not have to wait months, or even years, for them.
- Access to community aged care should be equitable and the fees payable take into account ability to pay.
- Funding for community care programs should be increased to address unmet needs and to enable a more appropriate level of care to be offered to existing clients.
- The consolidation of community aged care funding programs under one Commonwealth Government program is strongly supported. It should provide for people to receive flexible care based on their needs, circumstances and preferences, and be able to adapt as these change.
- Programs should provide for intensive restorative care after periods of ill-health or major life changes to help people regain functions; as well as services that offer ongoing long-term care for people whose health is poor or declining.
- Programs and service providers should support consumers to be actively involved in deciding the care services they need and how they will be delivered. Clients and their families/carers should be able to nominate what level of involvement they are interested in. For some, this may mean taking on full responsibility for deciding the form of support and for organising and monitoring it. Others may not want to take on this responsibility. Some significant and sustained cultural changes in services may also be required.

A renewed focus on social connections

> "People should not have to move permanently to residential care because they are lonely, bored, not eating well – and as a result get sick." [46]

Community care services are intended to address the social needs of older clients. However, in practice, current home-based service delivery styles do little to counteract loneliness and social isolation of older people who live alone.[47]

Some 'social support' services are funded through the HACC program although they are a small component. Packaged care offers flexibility in what and how services are provided although, in practice, funding levels often do not permit the service provider to offer more than services to meet functional needs associated with daily living.

Day centres are intended to provide a social outlet but have limited appeal for many older people. Many only offer a limited range of structured activities with little variation and are inappropriate for older people from differing cultural backgrounds. Older men often find that activities on offer are tailored primarily to women's interests. Insufficient resources limit day centres' ability to offer enjoyable and meaningful activities.

The social contact provided by careworkers' visits is often highly valued by clients, but it is invariably limited by time pressures, and cannot substitute for broader social contacts and community connections.

The Benevolent Society's own experience is that community care clients' social isolation has typically not been systematically assessed (either by referring agencies or our own services) and staff may be unaware of the extent of clients' loneliness.

While The Benevolent Society is attempting to address this more systematically through training and supervision, staff have limited resources at their disposal with which to address isolation and loneliness. Assisting people to overcome barriers to social engagement such as lack of confidence and mobility issues may not be straightforward and can require significant time, skill and resources.

Employment of dedicated staff with the specific mandate to address social isolation and who have deep local knowledge about informal networks and community resources may be warranted.

The Benevolent Society is currently exploring a range of ways of utilising volunteers to help reduce social isolation and loneliness among our community care clients. This includes strategies that enable clients to support each other (for example, over the phone). While using volunteers is a less expensive option than using paid workers, it does have costs associated with it as volunteers also need training and support and their travel cost paid for.

Policy directions

In addition to the directions mentioned earlier at 6:

- Addressing social isolation should become an integral component of community care services and health promotion programs; program goals and funding formulas should be adjusted to reflect this.
- Assessment services and community care services should put greater focus on supporting isolated clients' to build or rebuild their social networks; including working with individual clients to build on their strengths and interests and to overcome personal and practical barriers to social engagement.
- Additional resources are required for transport, equipment, staff time and training, volunteer training and support.

Older people with mental health conditions

There is a growing recognition of the scale and impact of depression, anxiety and other mental health conditions among community care clients. A recent survey of our own community care clients has shown considerable levels of emotional and mental disorders.

Depression is not an inevitable or normal part of ageing, but older age can bring challenges that are risk factors for depression. Risk factors for depression include increases in physical health problems like heart disease, stroke, chronic pain; losses such as bereavement, loss of independence and mobility; significant change in living arrangements, admission to hospital; special occasions (anniversaries) and the memories they evoke; as well as pre-existing psychological conditions.[48]

It has been estimated that 10-15% of people 65 and over living in the community experience symptoms of depression (half pre-existing and half developed in old age). Similarly, 10% have a diagnosable anxiety disorder.[49] The depression rate in older people receiving a high level of support at home is reported to be approximately twice as high as in less frail community-dwelling older people.[50]

In 2007-8 about 8% of older men and 11% of older women reported high or very high levels of psychological distress.[51]

The Benevolent Society's experience is that many of the local care agencies from whom we normally broker or purchase services, will not accept clients with mental health conditions. We also note a shortage of specialist mental health services available to older people.

Policy directions

These trends highlight a need for:

- more training and development about mental health among the community care workforce
- improved access to mental health services and coordination between health services and care services; for example, better collaboration with GPs, mental health practice nurses and specialist mental health agencies; better use of Medicare to enable clients to have access to psychologists; and better access to specialist mental health programs for older people.

Better health services

The prevention of avoidable illness, disability, pain and unnecessary dependency is clearly in the interests of older people and of the broader community.

Community care services struggle to be effective if older people do not have access to adequate health services. Frail older people's health can deteriorate quickly if relatively minor health issues are not tackled actively and promptly, leading to cascading problems and eventually hospitalisation.

On the other hand, timely health interventions can reduce or even eliminate dependence on community care services.

It is well established that frail older people, especially those with dementia, do not fare well in hospital. It is in everyone's interest that they receive better primary health care and appropriate specialised services so that avoidable hospital admissions are reduced.

Preventive strategies can assist people to build and maintain physical and mental reserves, reduce risks and adapt to changed circumstances. Recent evidence suggests that there is considerable scope for implementing health promotion strategies with users of community care services.

Unfortunately, The Benevolent Society's experience is that some older people are still being discharged from hospital (especially private hospitals) with no or inadequate discharge planning, no referral to post-hospital care services such as ComPacks (in NSW), and lack of adequate follow-up in the few days after a person leaves hospital. The latter is important as older people themselves may overestimate their ability to cope in the immediate period after an episode in hospital. Incorrect assumptions are also made by hospitals about the ability of family members to act as carers; or about carers' ability to cope without support.

Other continuing weaknesses include poor access to GP home visits and to allied health services, and failure by GPs to activate community care services for older patients who would benefit from them, prior to a crisis.

Policy directions

These issues have been recognised by the Health and Hospital Reform Commission and COAG. Priority should be given to implementing key strategies that enhance independence and avoid unnecessary hospitalisation, including:

- timely access to primary health care, including GP home visits and better links between GPs and care services
- falls prevention programs, exercise programs, medication monitoring, Home Medicine Reviews and comprehensive chronic disease management programs for people with diabetes and arthritis
- timely access to health services that can reduce dependence on care services such as cataract surgery and hearing services.

Carers

Eighty three per cent of older Australians receiving assistance in the community are supported by informal carers, wholly or partly. Their role is vital but many family carers are under great stress. Their psychological wellbeing is lower than any other group in the community. At the same time, carers may derive esteem and meaning from their role as carers, particularly those who are caring for a husband or wife.

Carers of a spouse or partner are least likely of all carers to seek help.[52] Carers of people with dementia or complex needs are the most vulnerable. Many carers are older people themselves, usually caring for a spouse or an adult son or daughter with a disability.

Older people who are carers attach high value to receiving support for their own needs and interests as well as to receiving practical help for them in their caring role.

The Benevolent Society is currently exploring way of working with carers that build carers' resilience and ability to continue as carers (if they wish to do so). In contrast to simply offering respite (short breaks from caring), our approach is to work with carers to identify what would be of greatest help to them and to support carers' own inherent resources.

Abuse of older people

While there have been a number of important developments across the country to help prevent abuse and to respond when it has occurred, the system is patchy and undeveloped. The complexity and varying forms of abuse also present a challenge for social, health care and legal professionals.

Weaknesses include a lack of easy access for older people and the general public to sources of information about what to do if abuse is suspected. This is especially the case in NSW which lacks a specialised abuse prevention service.

Older people are less likely to be abused or neglected if they understand their rights, have a strong sense of their self-worth and positive relationship with their families. Isolation, poor mental and physical health, stressed families and family members with mental health or substance abuse problems put older people more at risk. Domestic and family violence experienced in earlier life may continue into older age. A number of agencies, including The Benevolent Society, report increases in numbers of women seeking housing and

other support as a result of domestic violence. Options such as women's refuges are rarely appropriate for older women in these circumstances.

Policy directions

A coordinated, national approach to prevention of abuse and exploitation of older people, and responses when it is suspected or occurs, is required.

Key strategies include:

- encourageing and supporting older people to stay active and socially connected
- ensuring that older people have access to independent information and advice prior to making decisions about financial and housing matters
- educating older people to assert their rights and gain support where necessary
- facilitating older people's use of powers of attorney and guardianship which can enable them to plan for and have choice over who will have control over their affairs if they lose capacity
- educating professionals to identify and respond to abuse
- raising community awareness of abuse
- establishments of a clearinghouse to provide a central point for the collection and dissemination of up-to date information, policy, practice guidance and research.

Building a skilled community care workforce

Continuing strategies are needed to attract and retain people to community aged care, through training, campaigns to enhance the visibility of the sector and understanding of community care work, scholarships, incentives for mature age workers, traineeships and so on. Improvements in pay and conditions would also make a fundamental difference.

The Benevolent Society places a strong emphasis on the client-relationship aspects of careworkers' role, as well as on the clinical and task-focussed aspects of their work. Our experience is that careworkers' relationships with clients is the most rewarding aspect of their role and is a key factor in staff retention. A Research to Practice Briefing[53] published by The Benevolent Society in conjunction with the Social Policy Research Centre has highlighted the importance of valuing careworkers and their relationship with clients, and of ensuring that organisational policies and procedures support this.

The Briefing is one in a series developed by The Benevolent Society in partnership with researchers and other practitioners. The Briefings arose from an observation that although in some areas of human services there are a large number of clearing houses, websites, briefing papers and other forms of communication between researchers and practitioners, this is far less developed in the community aged care sector. The Benevolent Society has produced the Briefings as a contribution to filling this gap and to the more systematic implementation of evidence-based practice in community care.

Other strategies will also be needed to support the uptake of evidence-based practice. Fixsen has noted that across the human services sector, 'research results

are not being used with sufficient quantity and quality to impact human services and, therefore, have not provided the intended benefits to consumers and communities'.[54]

Policy directions

- A range of strategies are needed to support the uptake of evidence-based practice in community care, and to enhance collaboration between researchers, policy makers and practitioners in ageing/caring for older people. The Australian Research Alliance for Children and Youth (ARACY)[55] may be a useful model.

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