



Ageing well, ageing productively

The Australian Nursing Federation (ANF) welcomes the opportunity to make a submission on this very important strategy. I apologise for the delay in our response.

In the research and preparation of this response we found a particularly pertinent and useful resource in a document prepared by the Council on the Ageing (Australia) that we wish to acknowledge. Two submissions prepared in response to the National Strategy for an Ageing Australia have been compiled into a single report, Looking up and looking out: Frameworks for positive ageing in the 21st century (2001).

It is the ANF's view that the four research themes identified by the National Health and Medical Research Council and the Australian Research Council Working Group are extremely well dealt with in this document and if the Working Group does not have this as a resource available to them, the ANF would urge that they obtain a copy and review it closely. We are not going to reproduce this very comprehensive piece of work prepared by a key stakeholder group representing older Australians. However, we do support the fundamentals of the policy framework that COTA have established for healthy ageing, such as:

At the broad economic, social and environmental level -

- A sound economy with full employment, sustainable growth and low levels of income equality;
- Employment and healthy ageing;
- Social security and healthy ageing;
- A stable and harmonious society characterised by intergenerational respect, racial tolerance, gender equality; and
- A physical environment that provides for a high level of amenity and public health.

At the community level -

- Community and urban planning that is sensitive to older people's needs for access to services, retail centres and recreational facilities;
- Affordable, accessible transport structured to the needs of older people;
- Housing that is accessible, affordable, and appropriate, gives security of tenure and is equitable;
- Residential care, retirement villages and support for ageing in place; and
- Social and cultural amenities to enable self-fulfillment and opportunities for active and stimulating lives.

At the program level -

- Health financing for equitable allocation of health resources for older people;
- Community care beginning when needs are at lower levels to preempt rapid escalation to high level care needs;
- Rehabilitation, convalescent or step-down facilities for people discharged from acute health care services;
- Allied health care - much of which is not funded under Medicare but can be of significant utility in the maintaining health of the older person;
- Public health, health promotion and prevention of ill-health;
- Dental care as a foundation for healthy aging, enabling good nutrition, freedom from pain and discomfort, social functioning and independence;
- Pharmaceuticals - balancing growth in outlays under PBS against therapeutic outcomes;
- Information and support, development of strong consumers rights and complaints mechanisms; and
- Culturally appropriate services for older Aboriginal people.

Every one of these policy goals for older Australians could be turned into a research question under the four themes identified by the Working Group.

Additional issues that the ANF believes are critical areas of research in order to maintain the health and wellness of older people under the Working Group's headings are briefly set out below:

1. Structural Issues that need to be addressed to maintain health and well being for older Australians.

Government working with employer organisations and older people need to research transitional arrangements for providing support and the means of scaling back (rather than cessation) of employment as people age:

Given the ageing of the population and the lower level of birth and immigration, it is not difficult to predict that the notion of a formal act of retirement from employment on a given day will become a thing of the past. This will mean that older people in the workforce will need a higher level of occupational health and safety support in their work places to maintain their health and wellbeing at an optimal level.

While staying in employment longer will be the norm for older people, the capacity to work flexibly and gradually scale back their work commitments to enjoy more leisure time engagement in broader social activities needs to be viewed constructively. Currently superannuation arrangements and the embedded discrimination on the basis of age that afflicts many workplaces precludes this. While many work places do not have the culture to respect the wisdom of older workers, they also do not provide the facilities and services to deal with the evolving and undeniable health impacts of ageing.

Nursing is a very good example of a workforce that is ageing (the average age of nurses working as nurses in Australia in 2001 was 42.2 years - 47 years in aged care). Government and employers working with the profession and organisations such as the ANF need to continue to look carefully at how nurses can continue to contribute to the nursing workforce while having flexibility and the conditions that take account of the physical challenges that increasingly confront people as they age.

Research around the structural and cultural barriers for older people contributing to the workforce as they age would be very beneficial. The potential mental health benefits, enhanced self esteem and sense of contribution to society, as well as the real benefits to society of having a wise and experienced workforce seem mutually beneficial. Even now, retirement for many is an isolating step and the commencement of a physical and mental decline.

2. Social Capital (Infrastructure to support an ageing society).

The ANF supports the views of the Working Group that there is a need for research to identify adaptive mechanisms, strategies and services that could ameliorate the consequences of age-related disability and dependence. We strongly agree that this research should embrace the aspirations and views of older people as well as the social and physical context in which they live their lives.

Hence it is critical that older people are intrinsically involved in this research and why the existing work of organisations such as COTA should be taken seriously. The COTA Report deals with this subject extensively. The challenge here is to recognise that older Australians are not a homogenous group with similar needs and expectations, so there will be no one piece of work that can deliver results that will satisfy all. That said, there are a common set of principals that can be applied around social participation, the caring capacity of the community, and age-friendly infrastructure, while considering individual and group variability in terms of gender, socioeconomic resources and life transition as already identified by the working group.

More emphasis on social capital issues rather than economic capital may reduce the potential financial costs of older people succumbing to acute health problems earlier.

3. Models of Care.

The ANF agrees that models of care should be based on high quality evidence on what is most effective in the Australian context. However, this is also an area where some clear innovative thinking has to be facilitated, breaking away from traditional cultural norms. Stakeholder groups must be part of the process.

There is certainly a need to identify remediable issues in care and how activity limitations and participation restrictions may be best minimised, especially among the frail aged. Currently, the use of the high level care end of the residential aged care sector is seen as a 'sentence' rather than as a natural place for care to be provided when a person's co-morbidities and health care needs become such that their capacity to look after themselves is reduced. The aged care packages that enable people to stay in their own homes or in more independent living circumstances have been well received by older people who have taken up this option. There is still much to be done to increase the availability of these packages and make sure that the services are well integrated. The following anecdote outlining a real situation highlights some of the challenges that remain and research questions that need to be explored (names have been changed):

Maud is an 83 year old woman who has increasing dementia. She lives in the same neighbourhood and home that she has lived in for 57 years. She lives with her husband Owen and has two sons who visit regularly and are actively involved in ensuring that their mother is well taken care of and their father has respite time. Maud's condition means that she is forgetting some of the most basic sequences of steps that make up routine processes such as: making a cup of tea; bathing routines; cutting up vegetables and other aspects of meal preparation. Maud has been assessed by the local ACAT team and is receiving some services through a 'package' that provides: some support for her personal hygiene; for her home to have basic cleaning attended to and; a carer takes Maud for excursions and shopping which her husband is finding increasingly difficult to do. Maud and Owen's younger son Heath is a mental health nurse working primarily in the community for a number of years. Heath particularly recognises the need to ensure that Maud and Owen are BOTH supported to enable their lives to be as comfortable as possible. Both his parents have expressed their alarm at the prospect of being separated and one of them having to move to a nursing home. Heath has been trying to organise a care coordinator for Maud because he is concerned that: the services being offered through the aged care package; the care being provided by Maud's general practitioner; the specialists she sees for her arthritis and her dermatitis; her dentist's regular review and treatment; the regime provided by her physiotherapist; the community nursing service that have been dressing her varicose ulcers; and respite care for her husband, are not being coordinated, reviewed and adjusted in a holistic way. More than once he has had to seek advice about her accumulating and confusing array of medicines, lotions and potions that she is supposed to be using, only to find that there was little or no communication between each of the providers. Heath incorrectly presumed that the provider of the aged care package services or the general practitioner would assume this role. He considers that his mother and father could remain at home with a reasonable quality of life if there was a professional with the necessary expertise who could coordinate Maud's care and broker the review and changes to services as his parents' needs change. Having discussed it with both of these providers, neither is in a position to provide this vital link to the chain. Heath is concerned that Maud will have to go to a nursing home which will distress both her and Owen simply because this service is not available.

The situation faced by this family is not at all unusual. Here is a family who are both willing and capable of ensuring that their parents' needs continue to be met in their own home with the addition of a key element to all the health and social services they are already receiving. The impact of the lack of real coordination of care and the jurisdictional divide between Australian governments that is particularly manifest in the health and social services requires significant research. Research around how to prevent or delay admission to high level residential care facilities is much needed.

Other models of care where carers and communities are provided with the infrastructure and support to provide care locally and appropriate to the needs of people as they age and their physical and mental health deteriorate, also need to be explored.

The ANF is of the view that the development of the role of nurse practitioners in aged care, the valuing and recognition of nurses, medical practitioners and allied health professionals who work with older people, and effective partnerships with other arms of social and welfare services offers much potential for innovation in developing more acceptable and appropriate models of care for people as they get older.

4. Determinants of Healthy Ageing

The ANF agrees that the complex interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventative, curative and rehabilitative modes of intervention need to be researched and better understood Also there is support for measuring and monitoring the basic aspects of physical and mental functioning and age and associated disabilities and the potential for preventing or reducing the impact of these.

Much of the work that is done in the other three thematic areas should provide rich information on some of these determinants. Rather than embarking on separate research in this area, it may be possible to tailor that in the other categories to identify such information.

The ANF welcomes the commitment to researching this vital subject area of ageing well, ageing productively and would be pleased to be involved. We will follow progress with interest.