

## Achieving transformational aged care reform

IF TRANSFORMING aged care was only as simple as implementing the royal commission recommendations. As I write we don't have the final report, but we know a lot from the final hearing; although not in some key policy areas.

With all due respect, just because recommendations come from a royal commission does not make them right.

Royal commissions are good vehicles for uncovering wrongdoing and poor practice, but not necessarily suited to the development of complex public policy in a very fraught and contested area, especially when the proposals are determined by the lawyers.

In this case the challenge is how to create an aged care system that is rebuilt around consumers' interests.

Writing the rights and principles for a new aged care act is the easiest part. Working

**“The elephant in the room is actually most providers, who have stood in the way of real reform for decades.”**

out how to literally turn a complex system on its head while its still operating, and do it fast, is a daunting task.

It's a task that must be achieved. And soon – time is fast running out.

The test that government must apply to any reform proposal is whether it will achieve better outcomes for older Australians – as defined by them, not lawyers, officials or experts telling them what they want – in an efficient,



Ian Yates, chief executive of COTA Australia

timely and sustainable way.

The elephant in the room is actually most providers, who have stood in the way of real reform for decades. This royal commission (unlike the one into financial services) seems to have let them off the hook, preferring to cast government as the ogre, apparently a default position for tax and litigation lawyers.

But government can't deliver the highest quality aged care system without good providers – and it has actually done so with the top tier of world class ones.

However at least 40 percent of current providers need to be exited from the industry and the rest put on notice.

Making that happen inevitably falls to governments on both sides of the political spectrum – who are at fault for not having done so when they had the recommendations before from the Productivity Commission and Tune Review.

This time consumers will not join forces with providers, unions and professionals unless they are on board with major structural change.

And we will not accede to Government kicking the can down the road yet again.

This is the line in the sand moment. ■

## Ageing well and health equity in the 21st Century

DURING THE past 50 years much has been achieved globally to instill the principles of healthy ageing as a way of promoting individual wellbeing in this era of longevity.

Since 1978, the principles of primary health care (PHC), as defined by the World Health Organisation, have advanced rights based approaches for all people in all communities and have supported a system approach to improving healthy ageing from an equity perspective.

Depending on the boundary of the health sector and health and social systems in each country, multi-sectoral and inter-sectoral approaches are essential when embedding models of ageing well that incorporate multilevel service pathways.

In Australia, a regional focus has been adopted to achieve multi-sectoral policy and action through establishment of primary health networks that address the broader determinants of health.

Finance arrangements



Associate Professor Marguerite Bramble, president of the AAG

through joint commissioning with individual organisations, some of which service aged care, has fostered improved integration and coordination of services across state and federal health service sectors.

However integrating services across primary health care and aged care has been slow, with impacts on empowering both service providers to adopt more holistic, person-centred models of care and individuals,

**“More investment is required to support older people through context-driven strategies to level up inequalities.”**

families and communities to take charge of their own health and wellbeing.

More recent research focused on ageing well and health equity provides evidence to support the physical-socio-economic-political context and health outcomes that are person-centred rather than disease specific.

In this context the relevance of Australia's ageing-in-place policy continues to be a major driver of aged care reform and supports ageing well through person-centred models of care

such as reablement, where individuals are supported not only to remain at home for as long as possible, but to enhance their independence and functioning.

We know that from both financial and wellbeing perspectives, there are major benefits for older people staying at home.

Providing community based services aligned with primary health principles, including achieving one's full health potential despite the experience of multiple morbidities, would support this.

It would also ease the burden on residential aged care facilities.

To address the current inequity in provision of services in aged care, more investment is required to support older people through context driven-strategies to level up inequalities and reduce health and social inequity. ■



## Combating loneliness during COVID-19

Residential aged care offers older Australians numerous social benefits, writes KERRY MANN.

While the global pandemic has turned the spotlight on aged care like never before, it has also provided the impetus for many in the sector to evolve and innovate, particularly in the area of mental wellness and social interaction, and identifying and combating loneliness.

The Australian Institute of Health and Welfare reports that most Australians will experience loneliness at some point in their lives, with one in 10 Australians aged 15-plus reporting lack of social support and about one in four reporting they are experiencing an episode of loneliness.

Social isolation already affects a disproportionate number of senior Australians, but with the current pandemic, loneliness has become much more than an unfortunate situation for many. It has become one of the most serious public health risks of our time.

The decline in socialisation for many people has illustrated the importance of face-to-face interaction and the impacts that loneliness can have on mental wellbeing and physical health.

While it is essential for our industry to be committed to continuous improvement and welcome ongoing reform, it is also important to pause and acknowledge the amazing work being undertaken by quality aged care providers and frontline aged care workers around the country who continue to ensure that their residents remain engaged and both physically and mentally well.

Aged care staff are at the forefront of our industry, with the vast majority making enormous contributions to the lives of the residents they care for. This commitment to physical and mental wellbeing gives families peace of mind that they are making the right choice for their loved ones.

While loneliness is not exclusively a problem for our ageing population, it can certainly be felt more by the elderly, many of whom feel a genuine sense of loss at the disintegration of their social lives and decreasing interaction with family and friends – whether caused by being widowed, dealing with dementia or an ill partner, personal poor health or immobility.

Anxieties may also be heightened due to the ever-changing restrictions and guidelines associated with COVID-19, especially during periods of lockdown for those who live alone or without opportunity for regular social interaction.

Technology such as Skype, Zoom and Facetime can play an



Kerry Mann

important role in maintaining contact with loved ones, and during the pandemic many residents in aged care facilities have utilised these platforms.

However, there is strong evidence to suggest that daily face-to-face contact, social interaction, and in-person friendships have significant medical benefits and can vastly improve quality of life of the ageing.

Beyond Blue reports that older people who remain connected with others and have strong relationships are likely to report better satisfaction with their life, and may have delayed progression of mental decline.

In quality aged care and retirement living, face-to-face contact and social interaction with other

residents, care staff and nurses happens every day.

The friendly environment and community spirit that prevails in such residences means they are the perfect place to make new and lasting friendships. It presents a worthwhile option for older Australians still living at home who have little or no social interaction, or who find it increasingly difficult to leave the house.

Our experience demonstrates that a healthy frame of mind, positive attitude and strong social connections are critical not just to our residents' enjoyment of their senior years, but to their physical wellbeing as well.

While making the move to aged care can be a difficult decision for many mature Australians and their families, the choice is often rewarded with a variety of positive benefits, many of which have been overlooked in recent times. Gaining access to a wealth of amazing on-site amenities and specialist care services are obviously important, but eliminating social isolation, participating in engaging activities, forming new friendships and improving physical and mental wellbeing should also be considered as top priorities.

While we as an industry need to address head-on the current challenges we are facing, we also need to remember why aged care is of real benefit to so many in our community, and the important role that it plays in our society.

For these reasons, aged care remains the right choice for many mature Australians and their families. ■ **Kerry Mann is chief executive officer of Cranbrook Care, a provider of aged care and retirement residences.**