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## AGEING IN PLACE

12<sup>th</sup> IFA Global Conference - Health, Security & Community

Hyderabad, India, 10-13 June 2014



- COTA Australia is the peak older persons' organisation in Australia. Started as Council on the Ageing over 60 years ago.
- COTAs in each State/Territory with over 1,000 member organisations of seniors reaching over 500,000 people, plus 40,000 direct members.
- COTA covers a broad range of public policy – pensions, superannuation, health care, housing, consumer rights, discrimination, transport, financial services and many more, incl. aged care.



- In aged care COTA speaks for the consumer – the resident or home care client – and their nominated carer or family.
- This has been a major shift in the last decade, and five years in particular - consumer advocates speaking for consumer rights and interests.
- Some providers and their peaks have found this very challenging and have kicked back against us.



- “Ageing in Place” started life in Australia as preventing the need for a resident in residential aged care having to move facility, or wing of a facility, if their health and care needs increase from “low care” to “high care”.
- Common to have to move because of the capacities of the facility, staffing requirements re nursing, etc



- Today low care residential care almost a thing of the past:
  - Of 183,000 beds around 80% high care
  - 22% mixed use and only 1% low care
  - Of 2,750 facilities only 9 are exclusively low care
- This despite bed allocations being 40% low care in the past and strong financial incentive to admit as low care – can charge accommodation bond



- Yet “Aged Care” is still widely regarded by the public, politicians and media as “nursing homes” or “old folks homes”
- However approx 800,000 people provided care and support the community through home care packages or community care services – compared to 187,000 current active beds.
- World has changed but perceptions have still not caught up.



- The overwhelming preference of people is for care and support at home, and has been for a long time.
- People also want more choice, more control and services that are built around their circumstances and preferences as well as their needs.
- People needing some support, and their family carers, want to co-design their care not have an imposed menu.



- So for people in the community who develop a need for support and perhaps care, “ageing in place” means simply “can I have some support to stay as active as possible, at home, or in another “right sized” place in my community.





- Over five years ago COTA began a journey that went on to involve many others.
- We had been participating for over a decade in efforts to radically reform aged care.
- We knew that the cacophony of voices from different interests in the sector had politically torpedoed previous efforts. There are no votes in aged care reform so why do it if there's no consensus?
  - A united position was essential.



- We argued in the **National Aged Care Alliance (NACA)** for a new shared vision for aged care - embracing consumer, provider, union and professional interests.
- The Alliance brings together all the major peak consumer, provider, union and professional groups in aged care to inform, debate and seek common positions. Now over 40 organisations.

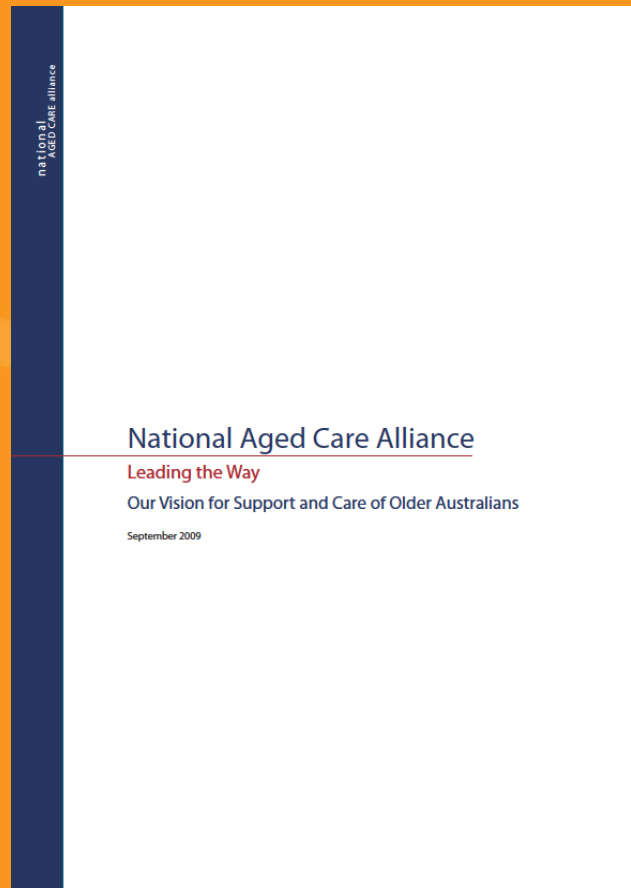


- The NACA document “Leading the Way: Our Vision for Support and Care of Older Australians” was released in September 2009.
- The ‘NACA Vision’ is that:

*“Every older Australian is able to live with dignity and independence, in a place of their choosing, with a choice of appropriate and affordable support and care services as and when they need them.”*



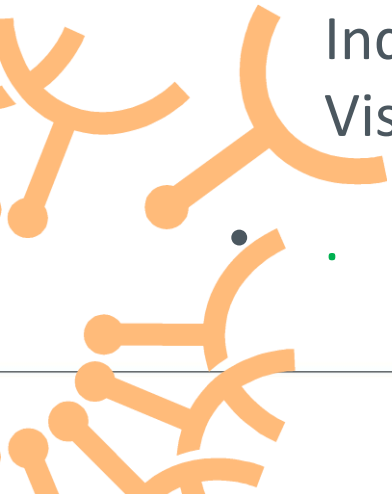
# NACA VISION – [www.naca.asn.au](http://www.naca.asn.au)



- The NACA Vision argued for the funding for care and support services to be **linked to each recipient**, so that the recipient and their family can determine how and where they receive their care and support, including the option to control how their funding entitlement is used.
  - Funding to be provided to **individuals as an entitlement based on assessed needs**, rather than being subject to rationing by quotas.



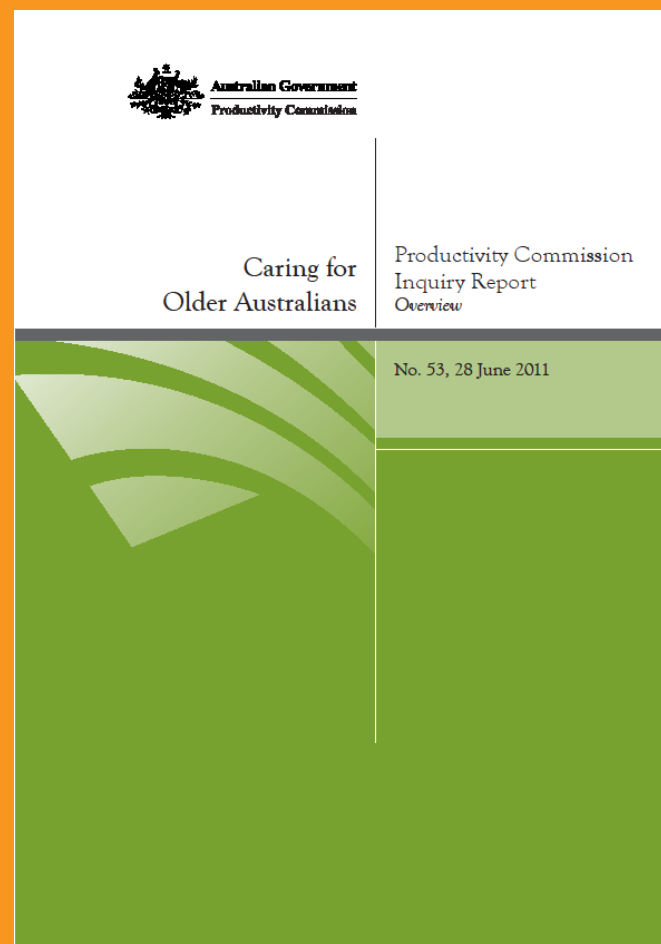
- The Vision contains a comprehensive and integrated set of proposals, many of which found their way into the PC Report and later into the government response
- We used the Vision to press the case for reform with the then Labor government which we convinced to hold a Productivity Commission (PC) Inquiry into reform of aged care, based on the Vision.



- The PC reported in June 2011 and presented an integrated package of recommendations for a system based on:
  - consumer entitlement and an end to rationing
  - **consumer fund holding**
    - greater consumer co-payments from those who can afford to pay
    - **greater transparency and choice**
      - new financial tools to access home equity
      - **a new way to access care and support**



# *Productivity Commission Report [www.pc.gov.au](http://www.pc.gov.au)*





- NACA ran a concerted campaign for implementation of the PC proposals by government.
- We developed the 'Australians deserve to agewell' campaign with strong levels of consumer involvement both through the web and face to face in Canberra



- Minister used COTA to conduct “Conversations on Ageing” for consumers – 32 around Australia.
- “Conversations” engaged many thousands of older Australians - overwhelmingly reinforced the message they want support and care at home rather than assumed they would go to a residential facility.
- Also spontaneously called in all 32 conversations for greater control over their end of life – the quality and location of palliative and end of life care, respect for their wishes and advanced directives.



- Minister also engaged NACA through range of subject working groups and Ageing Expert Reference Group.
- We developed the “NACA Blueprint”, a summarised form of the PC recommendations, endorsed by all the NACA membership - very powerful.

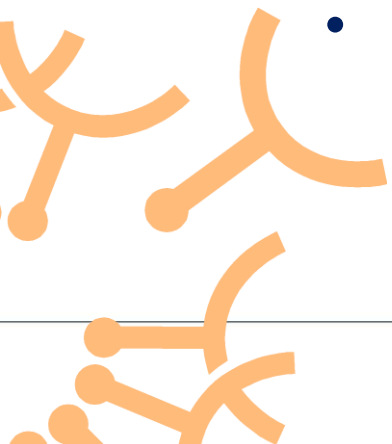


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### Members of the Alliance



- The political process was not easy as there were many competing initiatives in the mid-term Federal government Budget and *“there are no votes in aged care”*.
- Significant pressure was applied “behind the scenes” through using political credits accumulated over many years by COTA, as well as the public joint campaign.
- Building support across the political spectrum was a critical and essential part of the process.



## *Presenting the NACA Blueprint at Parliamentary Breakfast*



- We did not get the full NACA Vision, or all aspects of the later NACA Blueprint, out of government.
- However we did get major reform in an inhospitable political and financial environment. We would not have got it without consumer leadership, a sector-endorsed blueprint, and a good Minister.
- The “Living Longer Living Better” package was announced in April 2012



*LLLB reform package - [www.livinglongerlivingbetter.gov.au](http://www.livinglongerlivingbetter.gov.au)*





LLLB contains a number of measures designed to create a more consumer friendly aged care system. These include:

- An Aged Care “Gateway” with website and National Call Centre” to streamline access to support and care
- Nationally consistent, strength-based, timely assessment based in consumer direction
- More than doubling of in-home support and care from 60,000 home care packages to 140,000
- All home care packages based on “consumer directed care” by 1 July 2015 (all new ones from 1 July 2013)



**LLLB measures such as -**

- the Gateway,
- an independent and consistent assessment system
- huge increase in home care packages
- a reformed and integrated Home Support Program
- Consumer Directed Care

**- all strengthen the capacity of people to age in place**



Of all the LLLB changes the increased number and proportion of Home Care Packages and mainstreaming of **Consumer Directed Care (CDC) Home Care** are the most significant.

- Its not perfect but its a dramatic shift
- **Not a new set of rules or a different template**
- Its a profound cultural shift – a new paradigm for aged support and care



## **CDC based on six principles**

- 1. Consumer choice and control**
- 2. User Rights**
- 3. Respectful and balanced partnerships**
- 4. Participation in community**
- 5. Wellness and re-ablement**
- 6. Transparency**



- Our aged care system developed as a provider - anchored system - increasingly regulated.
- Providers get the beds, the packages, the dollars.
- Providers and government set the menu and the quality control measures.
- The consumer fits in as best they can in a supply constrained system.



- CDC does not turn that on its head, compared to an entitlement based system
- But it takes a big step forward
- Consumers get service and financial information, right to choice, greater control (within boundaries), the freedom to negotiate with legal backing ...



- CDC is about the fact that most people have managed their lives all their life and want to go on doing so, despite challenges they face
- And ... that actually most people can continue do that if the system allows and enables them.
- Consumers want to have as much control as possible, to make a contribution, to exercise freedom and choice and experience dignity



- Providers will need to find ways to talk with consumers separate from within the service relationship.
- Consumers need their own space; their own ground; their own language; their own hopes ...
  - THEN there can be the possibility of real dialogue - *“people who never complained start asking for things they and we never thought of before.”*





COTA has a national project on “Controlling my own life – making the most of CDC” aimed at consumers. Its objectives are:

- Enable and support older people to maintain control of their own life by making the most of CDC;
- Develop and deliver information and support for older people, including self and peer strategies, materials and a train the trainer module;



- CDC is a first and significant step toward a vastly different aged care system.
- And so there are new opportunities for both consumers and providers.



- But CDC does contain its own contradiction – the package still goes to the provider, who is accountable for it to government.
- This will limit the degree to which consumers can exercise full rights and control over their support and care.
- We need to move beyond this to full fund holding by consumers as soon as possible.



- We have a new government that's policy is to “implement, monitor and build upon” the LLLB reforms.
- They have a commitment to a new “statement of principles ” with the sector intended to move us closer to the PC proposals.



- The government has also moved Aged Care from the Health department where it has been for 30+ years, to a new Social Services department that includes income security and other transfers.
- This is consistent with a policy direction of entitlement and directing government support to the consumer.



- The Minister responsible for aged care has described CDC as something that will inevitably gather substantial momentum of its own
- We are on a new road and it will inexorably escalate .



Beyond aged care the NACA Vision foresaw that ageing in place requires the promotion of a society for all ages, with high priority, well resourced and comprehensive initiatives to:

- promote new and inspiring paradigms of the roles of ageing in our society
- stimulate positive and inspirational representations of ageing and combat all forms of ageism



- acknowledgement that optimum care and support can only be achieved with significant improvements to other key public infrastructure, including:
  - adequate public housing and support services
  - mandatory adaptable, accessible and sustainable design standards for all housing
  - an integrated public and community transport system





- urban design that ensures integrated public and living environments that are safe and accessible for all ages and promote active involvement in community life

So “ageing in place” meets  
“age friendly community” !!





## QUESTIONS AND DISCUSSION

