

**UniSA Health Sciences Graduation**

**1 April 2008**

**Mr Ian Hardy**

Deputy Chancellor

Vice Chancellor

Pro-Vice Chancellor

Graduands, Ladies and Gentlemen...

It is an honour to be with you, and I congratulate every one of you whose achievement we are celebrating this morning.

You may have read in the program that I've spent the last 18 years in the field of aged care, and I've also been closely involved in the development of national policy and practice in Australia for most of that time.

I've also spent a good deal of time overseas with policy-makers, researchers and providers of services.

In 20 or so years, a quarter of South Australians will be aged over 65, and it's very likely that a substantial part of your professional work will be with older people – here in Australia or in other parts of the world...

So I thought it would be appropriate to share with you some current thinking about how people will be supported in later life – to lead the lives they want.

For most people, the term aged care – if they think about it at all – conjures up a vision of nursing homes, or perhaps Meals-on-Wheels or a visiting district nurse.

Certainly, residential care is presently an important part of the picture; there are about 160,000 places in residential care facilities around the country, and it currently consumes about three-quarters of the \$8 billion spent annually on aged services. But they are, in fact, *only a part* of the picture. **Many** more older people are supported outside nursing homes than inside them – in the order of 700,000 nationally. Fewer than 25% of older Australians will use a nursing home in the later stages of life, although the great majority of people who reach the age of 80 will use some form of support service.

Unlike the health sector, policy and funding for aged services is primarily a federal responsibility, although with state government partnership for the Home and Community Care program.

We are presently going through an important evolution in thinking about how to best maintain the **health** and **activity** and **social engagement** of older people. Until recent years, aged care policy has been very much about compensating for the physical deficits which ageing can bring. Only in the last few years have we seriously begun to plan for preventative and restorative strategies for health and capacity, and to think about the right of people to exercise choice in their care.

So... Aged Care in the 21<sup>st</sup> Century will be *less and less* about institutional care.

It **will** be about:

- Health promotion and the management of chronic conditions – we will see much more involvement of the aged care sector in both health promotion and education and support of people with chronic conditions.

In South Australia, and in other states, aged care is engaged in areas like diabetes and obesity management, in exercise promotion, and in dietary programs.

The aged care sector is well-placed to sustain long-term, continuing relationships with people who have chronic conditions, and we can expect to see a coming-together of health and ageing support in this area.

- Aged Care will also be very much about goal-driven rehabilitation, not only restoring physical function in the more traditional sense, but working with the older person to tailor to help them achieve the functions which are most important to them in maintaining their

independence. Re-ablement is the jargon term coming out of the UK and the US at the moment....

- You might be surprised to hear that gardening and home maintenance services have a big part to play in the wellbeing of older people. We know that one of the key drivers behind people's decision to leave their home for a retirement village or nursing home can be their anxiety about the state of the garden, the gutters, and even getting the bin out each week. We also know that major life changes such as moving house, especially when it's in a sense *forced*, can have a strongly negative effect on health. So simple services like these will play their part in maintaining wellbeing – and therefore health...
- **Hospitals** are potentially dangerous places, and older people frequently leave hospital less well and more dependent than they went in. Apart from the risks of infection, or inappropriate medication, older people are very prone to loss of mobility and capacity after even a short stay in hospital.

Only about 28% of older people who go to hospital go for surgical purposes, so we need to get much better at keeping people out of hospital by intervening early. South Australia has pioneered services which respond to calls from GPs and hospital emergency departments, "steer" the older person away from admission, ensure their safety physically and medically at home, and arrange services into the home if necessary to reduce the likelihood of re-presentation at hospital.

Improving the management of older people's health in a context of their ageing-related needs is one of the biggest challenges and opportunities ahead of us.

- And when older people **have** been hospitalized we need to be better at supporting their discharge and rehabilitation (if it's necessary). There are good models of discharge support in all Australian states, but what has often been lacking is the prompt availability of funds to get the person back on their feet in their own home, by combining restorative treatment with support for activities of daily living. I'm please to say that at last we're seeing a recognition from federal and state governments that combining rehabilitation with daily support at home can produce better human outcomes *and* save the health system large amounts of money.

- Aged Care is **also** about helping people maintain friendships, hobbies, interests, social networks – and a sense of belonging to their local community. If those connections are broken (perhaps by a forced move to other housing) – or just fade away – isolation, anxiety and depression will often occur and, if untreated, those conditions will almost inevitably lead to premature decline in health.

So support for people's social needs will be an increasingly important part of pro-active health measures. When they don't occur, or they fail,

- ...we need to recognize the genuine need for age-appropriate **mental health** services. The mental health needs of the older cohort can be very much a hidden problem, often because they are related to isolation. Good support services which help to *maintain treatment regimes*, and support daily living skills and a return to social connectedness, will be very much a part of the service system in the future.
- Nursing Homes of the future will not only be a permanent home for people in the last stages of life.

Increasingly, they will *also* be **transition centres** which people will pass through for a few days or a few weeks to be *stabilised*, to *recuperate*, or to *rehabilitate*. My own organization runs a 10-bed unit in the northern metropolitan area which in its first four years' operation has provided about 9,000 bed nights for these purposes. They will certainly become a part of our capacity to help people manage adverse health events and regain and maintain independence.

- Consumers will approach **housing** decisions in their 60s and 70s wanting their chosen form of accommodation to be suitable for them to "age-in-place" and be supported there through until death. Retirement Villages are often thought to provide such an option, but generally they don't. Good design for flexible use – especially bathrooms, kitchens and the ability to alter internal layout cheaply – together with cabling for future technological support, will become standard design elements over the next decade.

- Technology is often cited as a potential solution when conversation turns to workforce shortages in health and aged care... The Japanese have already experimented with robots in aged care, but they haven't been a big hit...

We're more likely to work with technology which enhances people's security at home. Software linked to simple security-style motion sensors in the house – which can detect changes in their use of the kitchen (and how often the fridge door is opened) and the bathroom, how often they get up in the night, how often the back door is opened – can provide early warning on-line to a service provider about changes in mobility, or changed nutrition and hydration.

- I think it's a fair to say that much aged care **practice** – apart from the professional inputs involved – occurs intuitively. Much – or even most – **policy** emerges from a mix of historical precedent, occasional public or media pressure, good ideas which are sometimes intuitive, sometimes perceptual, in a context of competing political and financial considerations.

With some notable and generally more recent exceptions, an evidence base has often been lacking. So – we are now seeing an explosion of interest in **research** into areas like dementia management, the expectations of baby boomers, social isolation and many others.

I suggest we will also see a great deal of research into future staffing models, driven by the anticipated workforce shortages which are going to have enormous ramifications for how provide services in 20, 30 and 40 years' time.

- Australian Government policy has always operated on the basis that the funding for aged services is allocated to organizations like mine and, in essence, clients access a service when and if we have a vacancy. It's really a form of rationing. But there are other ways of managing the billions of dollars spent annually on aged services.

A number of other countries give that money – as cash, or an entitlement – to the individual, who can then go shopping for their support services. In Germany, a voucher is given which can then be used to fund care in a nursing home, care at home by family members (who are paid) or care at home by professional agencies. In the UK, some older people now receive a cash deposit each month to allow them to employ the services they choose... There are

some issues, such as the availability of good information to enable people to make wise choices about their assistance, how we ensure their safety, and how maximize quality.

But when you think about it, this is no different from what many of us do now at a younger age, if we can afford it – having someone mow our lawns, clean the house, deliver groceries – even walk the dog. But it will certainly introduce competition into the aged services marketplace!

You who are graduating today will be working professionally in an era which recognizes much more than ever before the potential for older people to remain healthier, more active and more in control of their lives than ever before. You are part of the social capital – the national resource – which will play a vital part in the wellbeing of people of all ages, but especially our older generations.

I wish each of you every success in your chosen vocation.