

Caring for Older People in Australia: Policy Challenges and Opportunities

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Abstract

As the Australian population ages in line with other westernised countries, the health care needs of older people are becoming increasingly complex, with a growing emphasis on self-care management in diverse community settings. These changing needs have important implications for future care models and workforce planning. Policy attention is currently focused in Australia on exploring ways in which access to care and support can be improved for all older Australians, with ageing in place a clear policy goal where possible. While new solutions are sought to meet the needs of this growing older population, the current and potential contribution of nursing should be carefully considered. This paper explores some of the key challenges in community and aged care delivery in Australia, including the current issues experienced by the nursing profession in its contribution to aged care in this changing environment. While there are some examples of good practice and innovation, making this field of nursing more attractive is still a major challenge. The agenda for change is explored, along with the skills required for a new era in community and aged care nursing which prepares nurses for an enhanced scope of practice, greater collaborative working with clients and other care professionals, and improved career pathways.

Keywords: Ageing, Australia, policy

Introduction

While global trends in population ageing signal a success story in terms of disease prevention, cure and management, the economic consequences of a rapidly increasing ageing population are of concern to governments across the world. In Australia, the population aged 65 and over is projected to increase from 13% in 2010, to 23% by 2050. Over this period, the proportion of those aged 65 to 84 is expected to more than double and

the number aged 85 and over to quadruple, from 0.4 million to 1.8 million. At the same time, fewer people of working age will be available to support this increasing number of older Australians, resulting in a greater demand for aged care services and a well-trained aged care workforce. It is estimated that by 2050, the aged care workforce will increase to more than quadruple (Productivity Commission, 2011).

As the implications of population ageing become increasingly apparent, the discourse

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of ageing has changed - from a focus on illness and dependency - to one which embraces active and healthy ageing. The World Health Organization (WHO) has been particularly influential in shifting the policy discourse by establishing a global policy framework on active ageing in 2002. This identifies health, participation and security as the three pillars supporting active ageing (World Health Organization, 2002). The UN Madrid International Plan of Action on Ageing (MIPAA) further proposed that policy actions to facilitate adjustment to an ageing population have to be evident at the societal, organisational and individual levels (United Nations, 2002). From this backdrop, many countries have developed strategic, discussion and position papers since the early 2000s, with a particular focus on healthy and active ageing.

In Australia, *the National Strategy for an Ageing Australia*, developed in 2001, signalled a significant broadening of the ageing agenda. It set out a new policy framework based on principles of independence and self provision; attitude, lifestyle and community support; healthy ageing; and world class care (Commonwealth of Australia, 2001). The *National Strategy* affirms the rights of older Australians to access appropriate social and economic services and opportunities, as well as to make life-long contributions to society. While, this strategy did not set out an implementation plan, it provides a coherent national policy framework to inform and guide policy actions at different levels of government and across sectors of community.

Current challenges for the aged care system

Supporting older people to remain in their own homes for as long as possible is now a stated policy goal in Australia (Bartlett and Carroll, 2012), which means that admission to hospital or residential aged care is to be prevented where avoidable (Australian Health Ministers Advisory Council, 2004) and that services should be integrated and shaped

around the diverse needs of older people.

About 80% of care and support to enable older people to live independently in the community in Australia is provided by partners, family, friends and neighbours. Nevertheless, almost one quarter of people aged 65 and over (24.1% or 616,000) receive Commonwealth and State Government funded services from Home and Community Care (HACC) including: domestic assistance; personal care; allied health care; nursing services; social support; home modifications; and transport. While aged care packages are offered by the Commonwealth Government as an alternative to low or high level residential care, permanent residential aged care is received by more than 160,000 Australians, with the majority receiving high-level care (Productivity Commission, 2011).

The need for reform is highlighted by the recent review of aged care undertaken by the Productivity Commission (2011). The final report documents the complexities of navigating the current system, overlapping interfaces, service gaps, quality issues, workforce shortages and an unclear funding model. The review proposes that change to the aged care system should be guided by a range of principles including independence and wellness, person-centred and consumer-directed services. A new model is proposed to establish a simplified gateway to access all care services, flexible services focused in restorative care, more choice of where to receive care services, and co-contributions to the cost of care by recipients.

It is clear that new approaches to the provision of health and community care for older people will be required, not least because as baby boomers age, they will expect to have a choice about where they live and are likely to demand quality services, greater participation and control. As baby boomers are likely to resist segregated services or activities, more individualistic design and

delivery of resources will be called for (Quine, Bernard and Kendig, 2006). The need for a skilled, responsive and sufficient workforce is increasingly acknowledged, but there are important questions about who will deliver future care and support to older Australians and specifically, what the role of nursing will be.

Nursing and the future care of older people

A range of chronic health conditions are associated with ageing in Australia, as in most Western societies, and include cardiovascular diseases, hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary disease, musculoskeletal conditions (e.g. arthritis and osteoporosis), mental health conditions (mostly dementia and depression), blindness and visual impairment. The need for nursing skills to support older people with such chronic conditions is evident, with interventions that provide treatment, guidance for self-management, supportive care, and rehabilitation likely to be in demand. In addition to aged care and community nursing, other areas of nursing practice needed include diabetic education, rehabilitation, wound care, orthopaedic and mental health care.

There are increasing concerns, however, about where the necessary nursing expertise will come from in the future. The nursing workforce is ageing, with approximately half due to retire within the next 10 years (Graham & Duffield, 2010). Community-based and primary health care nursing is under-developed and lacks a national strategy (Commonwealth of Australia, 2009). There are increasing shortages of nurses, particularly in rural and outer metropolitan areas (Keleher et al., 2007). Furthermore, there are questions about the capacity of nursing schools to produce nurses competent in aged care and also enthusiastic about it. The availability of aged care/residential sites capable of providing quality clinical education to the next generation of nurses is also doubtful.

A fundamental challenge for aged care

is that it has a low status and students are not generally attracted to this field as a career choice. In a study conducted by John Stevens, the Australian Ageing Agenda (2011) reported that student nurses ranked aged care ninth out of 10 areas in terms of preferred practice including: paediatrics; intensive care; operating theatre; surgical; medical; community health; aged care; psychiatric; community mental health; and developmental disabilities. One of the explanations for this situation is that nursing education programs are primarily designed to meet acute care needs and the competencies and career pathways for gerontological nursing are given little attention in undergraduate programs. While recent attempts have been made to introduce a more coherent approach to aged care in the curriculum (Queensland University of Technology, 2004), Robinson, Abbey and Abbey (2010) argue that ‘The distinctive features of aged care nursing practice remain under-elaborated, making a collective inferiority complex widespread in the discipline’. Furthermore, they suggest that negative stereotypes of older people are reinforced by university nurse educators and in clinical practice. In the primary health care and community sectors too, little specific preparation or education is evident for nurses. Furthermore, retention and re-entry programs are not focused on careers in primary and community health care, despite workforce shortages.

Quality of care issues in the aged care sector have also attracted much negative press, and together with workplace stress and low pay have contributed to recruitment and retention issues. In its submission to the Productivity Commission, the Australian Nursing Federation (2011) points to the need to close the wages gap between nurses in the aged care and acute care sectors. All of these issues require urgent attention if nurses are to continue to contribute to the aged care workforce of the future.

Innovation and best practice

While the challenges outlined above are

considerable and longstanding ones, there are nevertheless some important developments that signal the potential for innovation and best practice in Australian community and aged care. Recent developments with Teaching Nursing Homes are offering a model for the future, and Australia’s approach to building dementia practice and research capacity is noteworthy.

The Teaching Nursing Home

The last decade has seen a number of developments in evidence-based care in Australia, including the recent commitment of the Federal Government to establishing the Teaching Nursing Home (TNH) model. This commitment was matched with a four-year funding program announced in the 2010-2011 budget (Australian Government, 2010). It is nevertheless argued that the level of funding committed will be “inadequate to address current and future workforce shortages in the sector” (Productivity Commission, 2011, 380).

A scoping study on the implementation of the TNH Initiative, commissioned by the Commonwealth Department of Health and Ageing (Barnett, Abbey and Eyre, 2011) notes that while the concept of the TNH is not always clear, current definitions involve linking practice, teaching and research. In addition to providing education and clinical experiences for students and health professionals and promoting quality patient care, the scoping study report identifies the following benefits of TNHs:

- an enhanced profile for teaching and research focused on the care of older people and for education providers involved in these activities through a TNH;
- an enhanced profile of the aged care sector as a location for clinical placement and ultimate employment;
- enhanced recruitment and retention associated with TNHs that have effectively linked research, education and clinical care and achieved positive outcomes in all three

domains;

- dissemination of TNH learnings to other RACFs thus extending their impact and providing leadership for the aged care sector as a whole. (Barnett et al., 2011, 15)

Experiences with TNHs in the USA are also relevant for Australia to consider and are outlined by Barnett et al., (2011). The TNH movement began in the USA veterans care sector in the 1960s and reached national attention in the 1980s, with the provision of dedicated funding from the National Institute for Ageing (NIA) and the Robert Wood Johnson Foundation (RWJF). While both funding programs promoted research and care improvements, the NIA model focused on connections with medical schools whereas the RWJF model targeted restructuring and enhancing clinical care and connected with nursing schools. Variations on the TNH model have also been established in Europe including Norway and the Netherlands (Barnett et al., 2011).

Collaborations between academic institutions and aged care facilities first started appearing around 2000 in Australia, some 17 such collaborations having been established by 2005 or later, as identified by Barnett et al. (2011). The majority of these affiliations have developed memoranda of understanding in order to formalise the arrangements between the university and the care provider. More recently, the Australian Government, in collaboration with Health Workforce Australia, has provided funding for the Teaching Aged Care Facilities Program which has been established as a collaboration between the University of Tasmania and two Tasmanian nursing homes, with funding from Health Workforce Australia and Department of Health and Ageing (DoHA). The project aims to review and redesign the organisation of the nursing home in which it is based (Masonic Peace Haven aged care facility) with a view to developing a model to be rolled out to other facilities (Aged Care INsite, 2011).

With the growing number of TNHs in Australia, the scoping study report called for the establishment of a Network of TNHs, following the 'Hub' and 'Spokes' model adopted in Norway and parts of the USA (Barnett et al., 2011). It is envisaged that TNHs could act as the hubs, with the spokes being established to connect them to other residential aged care facilities. This would see TNHs becoming centres of excellence influencing the wider aged care sector.

National Dementia Initiative

Another recent development in evidence-based care and research-practice collaboration in Australia is the National Dementia Initiative, which was established by the Australian Government. This development was brought about by the concerted effort of researchers, practitioners and stakeholders over the last two decades, led by Alzheimer's Australia. As part of their efforts, Alzheimer's Australia commissioned a report on the economic impacts of dementia (Access Economics, 2003) and strongly advocated to both sides of government during the 2004 federal election. This concerted effort saw dementia being made a national health priority in 2005, with funding of \$321 million over four years to the National Dementia Initiative and dementia being recognised as a National Health Priority (Bartlett & Carroll, 2010). The components of the initiative include:

- the establishment of five Dementia Training and Studies Centres
- the establishment of three Dementia Collaborative Research Centres
- a dedicated dementia research funding scheme coordinated by the National Medical and Health Research Council
- a National Framework for Action on Dementia to provide a cross-government structure to coordinate the dementia related activities
- further funding of \$225 million set aside for Extended Aged Care in the Home Dementia packages (EACH-D) to provide care for

dementia patients in the community (Brodaty and Cumming, 2010)

The five Training and Studies Centres aim to build the knowledge and skills base for health professionals working with dementia patients. The centres have supported numerous activities, with the 2011-2012 project list identifying over 60 projects targeting areas as diverse as: dementia nursing competencies mapping; curriculum penetration and career pathway development; clinical case studies educational resource; nursing studies placement program; improving understanding of dementia for overseas qualified nurses; dementia care Wiki for interactive learning; guest lecture series (Dementia Training Study Centres, 2011).

More recently, Alzheimer's Australia has established a National Quality Dementia Care Network and work is underway to establish a Consumer Dementia Research Network. The group continues to advocate to government for ongoing support for dementia-related activities, including commissioning further Access Economics reports on the future prevalence of dementia – predicted to quadruple in Australia to 1.13 million by 2050 (Access Economics, 2009) and increase to nearly 65 million people living with dementia across the Asia Pacific region (Access Economics, 2006).

Both the Teaching Nursing Homes initiative and the National Dementia Initiative are concerned with linking teaching, research and practice in areas of urgent need. They have the potential to increase the profile and status of aged care by building capability and capacity, however, much more remains to be done.

Agenda for change

Workforce issues are providing more impetus for change in recent years. To consider the workforce issues facing the sector, particularly those relating to residential care, the Federal Government's Department of Health and Ageing convened a National

Aged Care Nursing Roundtable in 2010. This engaged key players from the health and aged care sectors along with representatives from university nursing schools and professional organisations to produce an agenda for change for aged care nursing in Australia (DoHA, 2010), which is summarised as follows:

- Identify the roles and responsibilities of the specialist aged care registered nurse;
 - Review the aged care content of the undergraduate nursing curricula and develop postgraduate community nursing;
 - Develop a promotional strategy which effectively communicates the benefits of working in aged care, the specialist nursing role, and the career pathways to support recruitment processes;
 - Promote and offer incentives to encourage large providers to develop graduate programs that can be accessed by smaller and stand alone service providers;
 - Establish an agreed national standard for undergraduate clinical placements and graduate training, including establishing a recognised training regime for supervisors and mentors to promote recognition of the importance of these roles and the skills that they require;
 - Develop a governance framework which links clinical standards and the Teaching Nursing Homes model with academic institutions, including linking smaller providers to the Teaching Nursing Homes;
 - Create a clearing house to document and disseminate information on innovative practice. This could be web based and provide a mechanism to showcase, for example: models for clinical graduate programs; practice outcomes; and research into care outcomes.
- (extracted from DoHA, 2010, 18-19)

Some education and training incentives have recently been introduced to increase the attractiveness of aged care nursing. The Aged Care Education and Incentive Program is a national program funded by the federal government for four years to encourage aged care workers to undertake further study to enhance their career as personal care workers,

enrolled nurses or registered nurses. Payments of \$500-\$3,000 are made after commencement and upon completion of the relevant courses. Aged Care Nursing Scholarships are also available for undergraduate and postgraduate courses, including the Graduate Certificate in Aged Care and the Masters in Gerontology.

Skills for a new era in community and aged care nursing

A focus on education, training and recruitment is acknowledged to be critical to the future of aged care nursing (Robinson, Abbey & Abbey, 2007). There is an urgent need to attract nurses to aged care given the range of complex health needs requiring care and support. A range of actions to improve the current situation has been proposed by the Australia Nursing Federation (2010) including: traineeships in nursing for assistants in nursing; promotion to students of dynamic and exciting images of nursing in aged care; robust graduate registered and enrolled nurse programs in aged care settings; preceptor and mentorship programs for nurses at all stages of their career; and up-skilling of the existing aged care workforce. As part of this, greater efforts to select appropriate student nurse clinical placements and the provision of ongoing supervision will be essential to creating more positive attitudes to this area of practice. Nurses in community roles want role recognition too (Commonwealth of Australia, 2009) and community nurses and nurse practitioner roles will need further development and new educational pathways with entry and exit points for all levels to build careers.

Greater leadership and change management from within the nursing profession is, however, going to be necessary to have the desired impact on the status of community and aged care. Training for skills, leadership and teamwork for new and existing nurses in these settings setting is vital, as is a learning environment that values and nurtures

its nursing staff.

The need for nursing to engage in political lobbying and policy submissions is also crucial if the profession is to have a leadership role alongside other health and social care providers. Johnson and Kanisaki (2007) argue that nurses have a professional responsibility to advocate on behalf of the older population and engage in public policy debate on matters pertinent to the health and social care of older people. Professional nursing stakeholders and nurse academics need to be at the policy table when it comes to discussions on care delivery models and future professional roles.

Greater profile-raising of the profession in this field is necessary, involving media and expert commentary, and engagement at interprofessional conferences and key policy forums. Connecting students to professional networks such as the Australian Association of Gerontology and the Australian Emerging Researchers in Ageing initiative, are also important strategies for building connections, finding mentors in the field and opening up career opportunities.

Following through with these actions will require collective effort from government, universities and other training providers, aged and community care services, national bodies and individual care organisations.

摘要

為澳洲長者提供的照顧：政策挑戰及機會

澳洲跟其他西方國家同樣面對人口老化問題，長者的健康照顧需要變得愈來愈複雜，其中在多元社會環境下的個人護理管理更得到特別關注，這些改變需要對未來的護理模式及人手編排有很重要的影響。近來澳洲在政策制定上，注重如何令到長者的護理服務及支援得到改善，護理專業在這方面的幫助是不容忽視。這篇文章會探討澳洲在社區提供長者服務所面對的主

要挑戰，包括護理專業人員在這個轉變環境中所作出的貢獻。當有一些良好的做法及創新意念出現後，如何令護理界更具吸引力仍然一項主要挑戰。由於改變的議題已產生，所需的長者服務新技能亦要相應配合，護理界需要增強訓練範圍，提升與病人及其他護理專業的合作，和改善事業發展的機會。

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