WHOLE OF GOVERNMENT AGEING STRATEGY

Ideas pack

September 2011
Overview

1. What are the opportunities associated with population ageing?

2. What is positive ageing?

3. What are older people’s views on positive ageing?

4. What types of strategies are effective in supporting positive ageing?

5. Who is responsible for strategies to support positive ageing? How do we engage as broadly as possible to support positive ageing?

6. What are the underpinning principles of the international frameworks on ageing?

7. What are the characteristics of the ageing strategies in place in other jurisdictions?

8. What other issues should be considered?
1 What are the opportunities associated with population ageing?

Declines in fertility and increases in longevity will increase the proportion of older people in the population. In NSW the proportion of the population over 65 is projected to increase from 13.8% in 2006 to 22% in 2031 and 26.3% in 2051.

At present, the vast majority of these individuals live independently in the community with no formal support services. Nearly three quarters (74%) of those over 65 will live in private dwellings, including those who are over 85 years.

Opportunities presented by the growing older population

Labour force participation

- The proportion of those of traditional working age will fall, with significant impacts on economic growth. The Australian Treasury’s Towards 2050 Intergenerational Report has identified that the annual average growth in real GDP of 3.3% p.a. over the last 40 years will slow to 2.7% p.a. over the next 40 years, with population ageing as the major driver of this change.

- Participation of the older population in the workforce will become more important. However at present, Australia’s ‘mature age’ participation in the labour market is below that of many other comparable jurisdictions, including the US, New Zealand, the UK and Canada.

- Older people are making a significant social and economic contribution to the community through the unpaid workforce. Participation in volunteer activities or caring roles can play a part in changing the impact on the government.

What are the challenges and opportunities associated with population ageing?

Health and support services

- People are now living longer, however they are living longer with the presence of disease. Demand for health services, as well as other support services and age-related payments, will in turn increase as people reach the latter stages of life.

- The costs of these services, particularly health services, is predicted to increase. This price rise will be driven by the demand for new technologies as well as growing expectations about receiving high quality care.
Geographic location

- The next generation of older people are predicted to live in different areas to the current generation of older people – most likely in the low density outer suburbs or outer regional areas. For example, the SLAs with the highest proportion of people aged 65 years and over are estimated to be Great Lakes (38.4%), Hastings and Eurobodalla (37%) and Bombala (37.3%).

- The next generation of older people are also expected to live a greater distance away from their children than previous generations. In turn, older people are potentially likely to be more relatively isolated from community and family supports as they age.

Transport

- Transport needs change as people age.
  
  For example, many people may stop driving, becoming increasingly dependent on public transport. This can be problematic when growing numbers of people are living in outer suburbs which do not traditionally have effective public transport connections. Older people often commute outside peak hours, thus requiring services at different times of the day to the majority of the population.

- Transport options however are very important for older people.
  
  Travel gives people
  - access to places and services
  - opportunity for physical activity
  - psychological benefits of social and community participation.

Urban planning

- Older people become more dependent on their community – thus local communities must become more ‘liveable’ to support the older person to live as independently as possible.
  
  This benefits the older person, who retains their autonomy, and benefits the community, through lessening the need to provide supportive services.

- There are a range of features of a community which promote its liveability. These include:
  - proximity to basic amenities (e.g. medical care, grocery stores)
  - transport links between housing and basic amenities
  - personal safety
  - appropriate housing
  - features which promote safe and easy access in public spaces (e.g. safe and well lit footpaths, the provision of ramps).
Diversity

- ‘Older people’ are a diverse group and must be recognised as such – they present the full breadth of diverse needs and preferences found in any population segment.

- Characteristics such as age (‘young’ old and ‘old’ old), gender, sexuality, ethnicity, social class, wealth, locality and health will all lead to differing needs and aspirations which should be considered when developing policy or delivering services.

- Flexibility will be a critical element in thinking about future strategies to support older people.

Discussion questions

Do you agree that the challenges presented in relation to population ageing are the key policy issues?

Are there other key policy / population challenges that need to be considered?
2 What is positive ageing?

Biomedical models
- Positive ageing is optimisation of life expectancy whilst minimising physical and mental deterioration
- Focuses on absence of disease, or risk factors for disease
- Limited as categorises people into ‘disease’ and ‘not diseased’ states, which does not allow for effective functioning of ‘diseased’ people

Psychosocial models
- Positive ageing is associated with life satisfaction, social participation and personal growth
- Considers how low disease states and high cognitive functioning can interplay with active engagement in life
- Resources for positive ageing are considered to include a positive outlook, sense of worth, sense of control over life, independence and effective coping strategies in the face of changing circumstances (e.g. ill health)

Rowe & Khan (1997) The new gerontology

Low probability of disease and disease-related disability ↔ High cognitive and physical and functional capacity = Active engagement in life
Positive ageing definitions – theoretical views

Considering both psychosocial and biomedical views, the main elements of positive ageing are:

- life expectancy
- good cognitive function and mental health
- life satisfaction and wellbeing
- personal growth and learning new things
- psychosocial resources – e.g. perceived autonomy, control, independence, adaptability, coping, self esteem, positive outlook, goals & sense of self
- social and community integration and participation
- strong social networks.
3 What are older people’s views on positive ageing?

Results from both surveys and focus groups involving older adults from Australia, the US, the UK and Hong Kong suggest a consistent set of attributes were perceived as important for successful ageing.

These included:

■ good physical and cognitive health
■ social participation
■ social and family networks and support
■ independence
■ adaptability
■ financial security
■ personal safety.

Differences between self-perceptions and assessment against theoretical principles

■ Several studies identified that there is a difference between older persons’ views about their degree of success in ageing and how their success would be rated if measured by pre-set criteria.

■ That is, respondents rated themselves as ageing successfully, when the assessment against the set criteria did not.

■ In one US study it was hypothesised one of the contributing factors to this discrepancy was the impact of chronic conditions – i.e. this would preclude a positive rating on some criteria based assessments, however older people may not have perceived the chronic disease to preclude them ageing successfully.

■ This may indicate that older people agree that health is important, but a decline in their health may not prevent successful ageing.

Discussion questions

Do you agree that the key attributes identified are those that most influence positive ageing?

Has your experience with older people identified other important attributes? If so what are they?
4 What types of strategies are effective in supporting positive ageing?

Specific interventions

Work

■ Working or volunteering beyond the current retirement age has positive benefits on mental health.

■ Positive outcomes noted in both US and Australian populations.

■ Benefits extend not only to the older person but also to the employer: older people have high levels of loyalty, motivation, ability to mentor, a positive attitude and a strong work ethic.

■ Mature aged workers have greater capacity than previous generations to work beyond retirement age as they are healthier and comparatively better educated. Finnish studies estimate that by 2016 over 80% of the labour market growth will come from people over the age of 45 (in Finland).

■ Challenges include:
  managing demand – demand for older workers depends on their productivity relative to labour cost
  changing industries and work practices requiring a changing skill base.

■ Interventions to support career counselling, skills development, and culture change (minimising ageism) are posed as potentially effective (but little evidence to empirically support them).
Specific interventions (2)

Social participation

- Identified as important by researchers and older people.
- Key elements supporting social participation include:
  - mobility (physical)
  - access to community group activities
  - access to transport networks (many older people stop driving).

Preparedness for retirement

- Retirement planning programs are becoming increasingly common.
- Intend to address issues of partial loss of identity, fear of entry into ‘old age’ and economic concerns which may facilitate depression and social withdrawal.
- No clear evidence of effectiveness noted.

Specific interventions (3)

Promoting mobility

- Physical mobility, good health and positive ageing are identified as important by positive ageing academics and older people.
- An academic review of the National Physical Activity Plans of six developed countries revealed that there is minimal or no specific focus on older adults.

Liveable communities

- Clear acknowledgement that in order to maintain good physical health and social participation factors such as adequate footpaths and crossings, good public transport coverage and integration, accessibility to supermarkets, pharmacies and healthcare facilities, high personal security and access to community support services are key.
- A review of local government and regional strategies across Australia identifies these areas are consistently included.
- No reports evaluating the effectiveness of these local strategies.
Specific interventions (4)

Income support

- Interventions aim to allow older people to maintain their independence, despite living on a limited (usually fixed) income
- Interventions are usually means tested, and include those which:
  - increase income, for example full / part pensions, rent assistance, home equity conversion loans
  - reduce the costs of living, for example concessions on utilities or public transport, or subsidies on pharmaceuticals and other health care costs.

Appropriate housing

- Health and well-being of older people can be negatively impacted by housing characteristics such as the ability to heat properly in winter, the ability to navigate due to stairs or poor layout, and the proximity to public amenities
- Interventions have demonstrated that older people living in accessible homes can have better well-being and lower rates of depression than those living in homes with accessibility problems.

Specific interventions (5)

Access to information

- Older people face challenges in accessing information – partly due to reductions in physical mobility, declines in visual and hearing function, and changes in the mediums through which information is available (e.g. the move from paper based information to the internet).
- Interventions to support older people have included:
  - provision of information through a range of means (e.g. availability of accessible formats, materials in languages other than English, or ensuring that there is face to face or telephone assistance)
  - targeted training – e.g. how to use the internet or other online information sources
  - provision of adaptive technologies – e.g. voice output or screen enlargement capabilities.
Integrated positive ageing programs

Very few evaluations of the effectiveness of positive ageing programs exist in Australia and internationally.

Supportive Community program – Israel

- Running for 20 years, reaching 20,000 people >65 years in 120 communities.
- Members pay a small monthly fee with low income members receiving a significant subsidy.
- Services provided include:
  - Medical services (including GP house calls and free ambulance)
  - Emergency call switchboard
  - Full time neighbourhood facilitator to check on the well being of members and assist with household repairs and maintenance
  - Social activities – e.g. lectures, courses, excursions.
- Evaluation revealed that:
  - 80% of participants are happy with the program
  - Benefits include feeling of increased personal security and independence, and enhanced confidence to remain at home.
5 Who is responsible for strategies to support positive ageing? How do we engage as broadly as possible to support positive ageing?

Responsibilities sit at multiple levels

- Rowe & Khan place responsibility at the individual level “older people who are prevented from helping themselves tend towards a state of learned helplessness”.

- However, inequalities (e.g. socio-economic factors, disabilities, and experiences of exclusion based on race, gender and class) will limit the individual’s ability to promote their own positive ageing.

- The Madrid International Plan of Action on Ageing (MIPAA) identifies that coordinated national and local policies in welfare, health and economic areas are essential in ensuring that the goal of having an active older population is met. Thus there are responsibilities for local communities and a state / national level.

Discussion questions

Are the interventions identified in the research the key areas of focus? If not, what else needs to be considered?

Do you agree that the responsibility for positive ageing sits at multiple levels?

Do you have any comments or suggestions in relation to the responsibility for managing interventions to support positive ageing?

Are there ways to enlist the general population to support positive ageing as a socially valued concept?
6 What are the underpinning principles of international frameworks?

**UN Principles for Older Persons (1991)**
- Outlines 18 principles which should be incorporated into national programs.
- Non-binding, but Australia is a member.
- Principles focus on promoting the outcomes of:
  - independence
  - participation
  - care
  - self-fulfilment
  - dignity.

**WHO Active Ageing Policy Framework (2002)**
- Provides a policy framework and concrete suggestions for policy proposals.
- Intended to be used to guide specific action at regional, national and local levels.
- Based on the UN Principles for Older persons.
- Requires actions on three basic pillars:
  - health
  - participation
  - security.

**Madrid International Plan of Action on Ageing & Political Declaration (2002)**
- Underpinned by UN Principles for Older Persons - Australia is a signatory.
- Intended to assist policy makers to focus on priorities for individual and population ageing:
  - older persons & development
  - advancing health and wellbeing
  - enabling & supportive environments.
- Recommends:
  - mainstreaming of older persons concerns into all policy–making
  - holistic inter-generational life-course approach focussing on equity and inclusiveness for all age groups.
7 What are the characteristics of ageing strategies in other jurisdictions?

Strategies reviewed

- Four international
  - UK
  - Canada
  - New Zealand
  - Sweden
- All Australian Jurisdictions

Definitions

What is positive ageing?

- A number of different terms were used – e.g. positive ageing, healthy ageing
- Concepts however, were consistent – to enhance quality of life by providing opportunities for improving and preserving physical and mental health, independence, participation and security

Who are older people?

- Differed between strategies – those above 50, those above 55, those above 60 and those above 65
- Some strategies emphasised that chronological age does not determine quality of life. The WHO Active Ageing Policy Framework states that

  *It is important to acknowledge that chronological age is not a precise marker for the changes that accompany ageing. There are dramatic variations in health status, participation and levels of independence among older people for the same age. Decision-makers need to take this into account when designing policy and programs for their ‘older’ populations. Enacting broad social policies based on chronological age alone can be discriminatory and counterproductive to well-being in older age.*

- This may be important in the Australian context where the average life expectancy for the Indigenous population is 10 years below that of the non-Indigenous population.
Strategy focus areas
There were a consistent set of focus areas identified in the strategies reviewed. These included:

<table>
<thead>
<tr>
<th>Issue*</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Inclusion</td>
<td>Older people play an active role in society. They have good social networks and opportunities to participate in the community.</td>
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<tr>
<td>Positive Attitude</td>
<td>Older people are to be treated with respect. Ageism is eliminated</td>
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<tr>
<td>Health</td>
<td>Promotion of good health through healthy lifestyles, access to equitable and timely health care</td>
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<tr>
<td>Transport &amp; Access</td>
<td>Affordable and accessible transport options and an accessible community</td>
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<tr>
<td>Housing</td>
<td>Affordable and appropriate housing options</td>
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<tr>
<td>Income</td>
<td>A stable and adequate income to assist ageing in a positive way. The choice to continue a career or choose a new option to better address their changing needs.</td>
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<td>Safety</td>
<td>Older people feeling safe and secure in their own home and community</td>
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<td>Diversity</td>
<td>Recognition of diversity and flexibility of services to respond to this diversity</td>
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<td>Independence</td>
<td>Focusing on supporting independence and empowering older people</td>
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<td>Support services</td>
<td>Particularly those services which enable older people to remain living independently</td>
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<tr>
<td>Information</td>
<td>To enable older people to make informed choices and be included in decision making</td>
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* Note some issues can be considered subsets of others
Strategy focus areas (2)

There is a reasonable level of consistency between issues identified as important for positive ageing as presented by older people, researchers, jurisdictions’ strategies and the UN principles.

<table>
<thead>
<tr>
<th>Issue*</th>
<th>UN principles</th>
<th>Older people’s views</th>
<th>Theorists</th>
<th>Jurisdictions’ strategies</th>
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<td>Independence</td>
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<tr>
<td>■ adaptability</td>
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<td>■ appropriate information</td>
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<td>Self fulfilment &amp; positive attitude</td>
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<td>Dignity/diversity</td>
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<td>Health</td>
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<td>■ cognitive</td>
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<td>Safety &amp; Security</td>
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<td>■ personal</td>
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<td>■ financial</td>
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<tr>
<td>Care &amp; Support</td>
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<tr>
<td>Social inclusion</td>
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<tr>
<td>■ community participation</td>
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<tr>
<td>■ strong social networks</td>
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<tr>
<td>Access &amp; Transportation*</td>
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<tr>
<td>Housing*</td>
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<tr>
<td>Employment (incl unpaid)*</td>
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* note that access / transportation, housing and employment could be considered mechanisms to achieve outcomes listed above but are highlighted as they form a significant focus of many jurisdictions’ strategies.
Discussion questions

Are there key focus areas used in ageing strategies which have not been considered?

If so, what are they?
8 What other issues should be considered?

Towards 2030 – Key issues
Launched 2008 following the Roundtable Ageing 2030: Creating the future. The strategy focussed on planning and adapting to the changing population.

What worked well:

■ some good projects have resulted – e.g. Planning for later life, work to promote liveable communities. Much of the strategy’s focus was in areas aligned with international frameworks (e.g. MIPAA)

■ the interdepartmental working group, with generally appropriate representation. DPC was the lead agency who had effective levels of authority, supported by subject matter expertise of the Office for Ageing.

■ engagement level of smaller agencies was generally the most successful, often taking a more collaborative approach

Challenges included:

■ there were no additional resources made available to implement the strategy’s 119 actions over 5 years. Some agencies only committed to work they had already intended to complete

■ the reporting framework / performance indicators were not developed until after the strategy’s launch

■ no specified agreement about how and when organisations outside government would be engaged
## Key federal emerging issues and reforms

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<tr>
<th>Area</th>
<th>Issue / Reform</th>
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<tbody>
<tr>
<td></td>
<td>■ A recommendation of the Productivity Commission, this scheme advises that people should have the option of migrating to the support system that best meets their needs, carrying with them their funding entitlement</td>
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<td><strong>The National Health Reforms (2011)</strong></td>
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<td>■ Under these reforms, new funding arrangements for public hospitals have been established, a new governance and management system is to be implemented in the form of medical locals and local hospital networks, and the Australian Government has taken responsibility for aged care services under the national aged care system, including the Home and Community Care program.</td>
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<tr>
<td>Housing</td>
<td><strong>Productivity Commission Report - Caring for Older Australians (2011)</strong></td>
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<td>■ This report recommends that the Australian, state and territory governments should develop a coordinated and integrated national policy approach to the provision of home maintenance and modification services, with a nominated lead agency in each jurisdiction. Further it recommends that to support this national approach, all governments should develop benchmarks for the levels of services to be provided, terms of eligibility and co-contributions, and the development of professional and technical expertise</td>
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<td>Workforce</td>
<td><strong>Federal 2011-12 Budget – Building Australia’s Future Workforce</strong></td>
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<td>■ This committed to assess and formally recognise the skills of 7500 workers aged 50 years and over with trade relevant skills but no formal qualifications.</td>
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<td>Pensions</td>
<td><strong>Secure and sustainable pension reform (2009)</strong></td>
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<td>■ This increased payment for pensions, increased the benchmarked rate to wages (thus increasing the incentive to participate in part-time work), as well as increase the aged pension age from 65 to 67</td>
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</table>
### Key federal emerging issues and reforms (2)

<table>
<thead>
<tr>
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<tr>
<td>Aged care</td>
<td><strong>Productivity Commission Report - Caring for Older Australians (2011)</strong>&lt;br&gt;■ The Productivity Commission recommends a series of initiatives aiming to promote independence, connectedness and choice. Recommendations include older people being able to:&lt;br&gt;– contact a simplified ‘gateway’ at a regional level which provides: easily understood information, assessments of care needs and financial capacity to make co-contributions, entitlements to approved services and care coordination&lt;br&gt;– receive a flexible range of care and support services that meet their individual needs and that emphasise, where possible, restorative care and rehabilitation&lt;br&gt;– choose where appropriate, to receive care at home or in a residential facility and choose their approved provider&lt;br&gt;– contribute in part to their cost of care (with a maximum lifetime limit) and meet their accommodation and living expenses (with safety nets for those with limited means)&lt;br&gt;– have access to a government sponsored equity release scheme to pay for their care and accommodation charges if they have assets but limited annual incomes.</td>
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</table>

### Discussion questions

Are there other key learnings we should take from the Towards 2030 strategy? If so, what are they?<br>Are there other key Australian Government reforms that need to be considered?