Ageing in Place Down Under

Ageing in place is now a major policy goal in Australia and many other westernized countries. It focuses on providing older people with the care support to enable them to age in a location that suits their needs, whether in their own homes or elsewhere. As the consequences of population ageing are increasingly understood, the need to promote ageing in place in the community has received greater policy attention. In a country as large and diverse as Australia, the opportunities for older people to make choices about ageing in place vary enormously. This paper explores the concept of Ageing in Place and how it is currently understood in Australia. It examines policy responses and community care approaches that facilitate ageing in place and identifies some of the challenges in responding to the needs of the diverse older population in Australia. The opportunities for future policy and program responses are considered, along with emerging examples of policy and practice innovation.

Population Ageing and the Need for New Policy and Practice

Like other westernized countries, Australia is undergoing population ageing as a result of decreased fertility rates, increased life expectancies, and migration patterns. These changes will impact where and how older Australians age into the future, and will require careful policy consideration. While these developments represent major societal advances, the impact of population ageing has largely been viewed by policymakers and the popular media as a looming crisis. In response to concerns about the impact of population ageing on health expenditure and workforce ratios, the Commonwealth Treasury began producing Intergenerational Reports to provide demographic projections and assess the fiscal and economic challenges of an ageing population. According to the third Intergenerational Report (IGR3) released in 2010, the number of people aged 65-84 years is expected to more than double in Australia by 2050 (rising from 2.6 million in 2010 to 6.3 million in 2050), with a trebling in those aged 85 years and over (rising from around 400,000 in 2010 to 1.8 million in 2050) (Commonwealth of Australia, 2010). These trends are illustrated in Figure 1. The IGR3 also projects a seven-fold increase in spending on ageing and health by 2050, and greater pressure on
the provision of aged care services. While population ageing will clearly have budgetary and societal impacts, the IGR3 asserts that population ageing should be regarded as an opportunity rather than a crisis.

**FIGURE 1.** Proportion of the Australian Population in Different Age Groups (1970-2050)

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The current review of “Aged Care in Australia” being undertaken by the Productivity Commission is driven by issues with the current aged care system and the need to establish a stable and sustainable system that can meet the projected increases in healthcare demand arising from population ageing. The Productivity Commission’s draft report notes that while the aged care system has provided assistance to over one million older Australians in the last decade, it is complex to navigate, has service gaps, and needs a clear funding model. The revised model proposed by the Commission involves a simplified gateway to access all aged care services focused at the regional level, flexible services focused where possible on restorative care, choice of where to receive care services including at home or in residential care, and a funding model in which care recipients co-contribute to the cost of their care. The Commission’s final report to the government is due in mid-2011 (for more information see http://www.pc.gov.au/projects/inquiry/aged-care).

**The Origins of Community Care in Australia**

The nature of ageing in place in Australia is inextricably linked to changing government policy regarding access to health services, particularly services provided in the community. This brief summary draws on the work of Healy (1990) who outlined the history of community services in Australia, starting with the 19th century when destitute or dependent older people no longer able to care for themselves were forced to enter asylums. The first revolution in community care in Australia occurred with the passing of the Commonwealth Invalid and Old Age Pensions Act in 1908, which provided basic funding support to enable older people to maintain themselves and remain in the community. There was little further development in community care until the mid 20th century when older people’s stakeholder groups began to form and services such as “Meals on Wheels” started to emerge.

Access to community services for older people became a major political issue during the 1969 Commonwealth election campaign with the incumbent government recognising the political mileage to be made from providing small funds to community groups to enable older people to help themselves. The government enacted legislation in the areas of health and social services, however, this legislation remained fractured and piecemeal. It was not until the mid-1980s that community services were given higher priority with the release of the 1984 Home and Community Care (HACC) Act. This resulted in the establishment of a jointly funded Commonwealth-State Government program for providing support services in home and community settings. HACC provided eleven eligible service types ranging from home help and personal care, to food, respite, home maintenance and modification. The HACC program signalled a shift from “age” to “needs” based services, with eligibility extended to younger disabled people as well as older people. Eligibility was defined as being at risk of entry into long-term residential care. The HACC program resulted in almost a doubling of Commonwealth funding by 1987-1988.
Recent Policy Perspectives on Ageing in Place

From an Australian perspective, the concept of Ageing in Place was formally recognised in government policy during the 1997 Aged Care Reforms. However, in this context which focused on formal care settings, the concept was more narrowly defined and referred to the integration of aged care hostels and nursing homes into residential aged care facilities, allowing residents to transition from low care to high care services within the same organisation and prevent unnecessary and disruptive moves between facilities. The reforms were indeed found by the Australian Institute of Health and Welfare (AIHW, 2002) to facilitate ageing in place by reducing the number of transfers between facilities. In a separate review of the impact of the reforms, Richardson and Bartlett (2009) reported that there was an increase in the dependency level of aged care residents following the 1997 reforms and that the proportion of facilities allowing transition from low to high care more than doubled with a commensurate decline in the number of separate low and high care specific facilities. It was also reported by the AIHW that the reforms resulted in more people dying within the facility, rather than being forced to transition to a higher care facility or hospital during their final stages. This highlights the issue raised by O’Connor and Pearson (2004) that ageing in place also involves dying in place and that this should be recognized fully within the aged care model.

Subsequently, in a 2008 review of aged care services in the state of Victoria, it was noted that the concept of Ageing in Place had advanced and now related to policy and programs which “empower older people to live in their own home, connected to their community” (Victorian Department of Human Services, 2008, p.3). So, from the Victorian policy view at least, place equates to home.

Current Services to Support Ageing in Place

Aged care services enabling older people to age well are concentrated in community settings or residential aged care. Funding of these services is either the full responsibility of the Commonwealth Government or a shared responsibility between the Commonwealth and the States/Territories. The following services are available to older people living in the community:

- **Home and Community Care services (HACC)** – provision of a range of basic support services to enable older people and younger disabled people to live independently in the community. Jointly funded by the Commonwealth and State Government, this represents the largest source of community-based support for older people.
- **Aged care packages provided by the Commonwealth Government** (based on individual needs assessments by Aged Care Assessment Teams)
  - Community Aged Care Packages (CACP) – provision of low care assistance as an alternative to entering low-level residential care.
  - Extended Aged Care at Home (EACH) – provision of high care services in the home as an alternative to entering high level residential care.
  - Extended Aged Care at Home-Dementia (EACH-D) – targeting the needs of older people with dementia exhibiting the behavioural manifestations and psychological symptoms of dementia.
- **Other smaller scale targeted programs include:**
  - Transition Care packages assisting older people recuperate fully before returning home from a hospital stay;
  - Multi-purpose Services providing integrated care in small rural communities;
  - National Aboriginal and Torres Strait Islander Flexible Aged Care Program providing support for indigenous Australians, and
  - Department of Veterans’ Affairs healthcare support provided to older veterans of the armed forces and their families.

As noted above, the Commonwealth Government is also responsible for funding residential aged care in Australia, which is provided by a mix of private for-profit, private not-for-profit and public providers. Table 1 provides a breakdown of the number and proportion of older Australians receiving key care types, highlighting the small proportion in residential care (7.3% of people 65+) compared with those receiving community care via HACC services (21.1%).
TABLE 1. Number and Proportion of Clients Receiving Care Services by Program, 2009-10

<table>
<thead>
<tr>
<th>Program</th>
<th>Clients</th>
<th>Proportion of total population</th>
<th>Proportion of population 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care</td>
<td>214,418</td>
<td>1.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Community Aged Care Packages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CACP</td>
<td>57,742</td>
<td>0.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>EACH</td>
<td>7,995</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>EACH-D</td>
<td>3,847</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Transition Care</td>
<td>14,976</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Residential Respite</td>
<td>44,160</td>
<td>0.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Home and Community Care</td>
<td>616,000</td>
<td>2.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Veterans’ Home Care</td>
<td>69,600</td>
<td>0.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>DVA Community Nursing</td>
<td>31,400</td>
<td>0.1%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

(ADAPTED FROM THE PRODUCTIVITY COMMISSION DRAFT REPORT, 2010)

Note: Population proportions based on the Australian population at June 2009 (ABS, 2009)

Migratory Patterns of Older Australians - a Changing Concept of Ageing in Place?

While it is important to understand population ageing and the provision of care services at the national level, it is also necessary to consider the implications for rural and regional areas of Australia which are ageing at a faster rate than metropolitan areas, primarily as a result of internal migration patterns. For example, according to population projections, coastal and regional areas of the state of New South Wales are expected to age more than the Sydney metropolitan area (Temple, 2006). Both coastal and regional areas are net losers of younger people as they migrate to the metropolitan area and coastal areas are net gainers of older people.

Older people relocating to regional and rural areas for the purposes of improved lifestyle have been colloquially labelled as tree or sea-changers. One popular sea-change area is the Southern Fleurieu Peninsula in South Australia, where the proportion of the population aged 65 years and over is expected to reach 35% by 2022, compared to 22% for Adelaide and 25% for the state as a whole (Sparrow, 2006). A survey of the movement intentions of older residents living in retirement villages found that the primary reason for staying was lifestyle and that, for those considering leaving the region, the primary reason was a major life event such as the loss of partner or declining health, prompting a return to their prior location to be closer to family (Sparrow, 2006).

Even with the increased in-migration of older people into the Southern Fleurieu Peninsula, Sparrow (2006) notes that the older population is much more dynamic, with higher levels of out-migration than seen in the metropolitan region, particularly in the 80+ age group which was six times more likely to move than their metro counterparts. This increased out-migration in the oldest groups is due in part to some of the older sea changers returning to the metropolitan area to be closer to services and family as their health begins to deteriorate. Sparrow notes that for some older people, this return home may not be possible as they may lack the resources to buy back in the metropolitan housing market and, with younger people also being more mobile, they may not have a family to move back to.

The tendency for post-retirees to move to tree and sea change locations was reflected in a study of older people in Western Australia (Boldy, Grenade, Lewin, Karol & Burton, 2010). Boldy et al. surveyed over 3000 older people aged 50 years and over recruited from the membership of the National Seniors Association and resident in Western Australia. The younger age groups in the study were more likely to move to rural and regional areas whereas those in the 75+ age group were more likely to move to the metropolitan location. The reasons for the older group moving from regional to metropolitan areas were related to issues such as the need for greater access to health and community services, mirroring the responses from Sparrow’s study above.

While the benefits of moving to rural and regional locations are being recognised by older Australians, the return migration noted by Sparrow and Boldy et al. indicates that these locations may not be as idyllic as first thought of. This is corroborated by the review of the literature on healthy ageing in rural Australia by Davis and Bartlett (2008) which highlights some of the additional challenges faced by older people in rural regions. This includes reduced access to facilities, including healthcare services, increased socioeconomic
disadvantages, and reliance on motor vehicles to travel the distances between locations.

A growing alternative to ageing in place is the emerging cohort of grey nomads. Onyx and Leonard (2005) define them as “people aged over 50 years, who adopt an extended period of travel (at least three months) independently within their own country” (p.61). The size of the grey nomad population has been estimated at 2 per cent of the total population (approximately 450,000 people according to Cridland (2008)). Grey nomads are typically found in the northern half of the country in order to take advantage of the warmer weather during winter (Hillman, 2009). However, according to Cridland, around 6 per cent of grey nomads sell their homes and live permanently in their mobile homes or caravans. This represents the ultimate abandonment of living in a particular “place”. There have been concerns raised, however, regarding the healthcare burden that grey nomads place on the communities they pass through, particularly smaller more remote locations (Tate, Mein, Freeman & Maguire, 2006; Queensland Government, 2010).

Factors Influencing Future Moving Decisions

Reporting on their survey of over 3,000 older Western Australians, Boldy et al. (2010) noted that it was clear that ageing in place was not the same as ‘staying put’, with older people “as likely as people of all ages to be involved in an ongoing assessment of the suitability of the place they are living in” (p.1). In developing a framework to understand the moving decisions of survey respondents, Boldy et al. utilised the push-pull framework developed by Stimson and McCrea (2004) to understand the reasons behind moving or staying put. Within this framework, a ‘push’ is something which encourages people to move from their current location (e.g. inability to maintain the house due to poor health), whereas a ‘pull’ is something which attracts people to a new location (e.g. access to health services, family, lifestyle factors etc). The study found that the mix of push and pull factors varied with age and that for most, pull factors predominated. The younger age groups, i.e. those aged 50-54 years, were more likely to cite lifestyle change, whereas older participants reported moving to be closer to services or community facilities. For those 75+, one of the key push factors was the difficulty maintaining the house and garden. The authors note that attachment to a particular ‘place’ appears to become more important with age.

Interestingly, Boldy et al. reported that while retirement complexes were identified by some participants as a potential future option, other participants across all age groups expressed a strong preference not to move to this type of housing. The authors recommended that policymakers take a more holistic view of place to enable older people, regardless of age group or ability, to have the support they need to live in places that they enjoy.

In a national survey of the future housing intentions of almost 7,000 National Seniors members, Olsberg and Winters (2005) found that older people are now accepting of changes in housing tenure, noting that attachment to place was more associated with a locality rather than with a family home. These findings confirm those already cited by Boldy et al. and Sparrow. Members of the Baby Boom cohort (born between 1946 and 1965) were most comfortable with moving house and being willing to draw down on the financial assets. Olsberg and Winters refer to some of the colloquial expressions used to describe this activity, including ‘SKI - Spending the Kid's Inheritance’ and ‘OWLS - Oldies Withdrawing Loot Sensibly’. They note that this activity will test the foundations of traditional family obligation. Several factors which play a critical role in future moving decisions were also identified by Olsberg and Winters:

- **Age**: They found an inverse relationship between age and intention to move, with almost three-quarters of the oldest participants (those aged 75+) having no intentions of moving in the future, compared to just over half of those aged 50 to 59 years.
- **Home tenure**: As the greatest financial asset for a majority of older people, home ownership enables greater choice for people to elect to move to new locations by drawing upon these resources. The authors noted that “One quarter of respondents expect to use up all their assets before they die. One third of Baby Boomers expect that to be the case” (p VIII).
- **Gender**: Gender was strongly associated with current and future housing intentions. Women were almost twice as likely to be living alone.
- **Health**: Declining health, coupled with the death of a spouse were cited as major reasons for future moves.
Ageing and the Needs of Diverse Groups

While we have so far considered ageing of the general population, along with some of the issues associated with ageing in rural and regional locations, it should also be recognised that there are specific groups of older people whose needs differ from the general population. This includes older people with intellectual difficulties and older migrants.

Older people with intellectual difficulties - Bigby (2008) argues that Ageing in Place policies targeting the general community are problematic for disadvantaged minorities, such as older people with intellectual disabilities, who have poor or unstable housing conditions or high support needs. The care support and housing for these people is primarily the responsibility of their children. Commonly, a mid-life transition occurs as a result of parental death or incapacity, usually resulting in their move to a group home. As a result, few have the choice to decide where they may wish to age.

Older migrants - According to the 2006 Census of the Australian population, 22% of Australians were born overseas (ABS, 2006), however, they are over-represented in the older age groups accounting for 38% of people 65-84 and 47% of those 85+ (AIHW, 2007). This means that services provided to assist older migrants to age well, either in the community or in residential care, need to be culturally appropriate. This can be particularly important for older migrants from non-English speaking backgrounds with dementia, as they may revert to their first language as the dementia progresses, or may never have learnt English in the first place (Dixon, 2008). Dixon cites the example of an older Greek man who was admitted to hospital after a bout of illness. During his period of hospitalisation, he began exhibiting problem behaviours and confusion and was subsequently diagnosed with dementia. Fortunately for him, he was admitted to a residential care facility targeting the Greek-Australian community, and so was able to communicate with Greek-speaking staff and eat familiar food. Within six months, his behavioural issues had eased and he was able to return home.

Dixon’s report provides examples of culture-specific care provided in the community (including Italian specific Community Aged Care Packages) and in residential care. In addition to culture-specific facilities, Dixon highlights the Benetas Colton Close facility on the northern edge of Melbourne which has residents from 11 different cultural backgrounds and staff from even more diverse backgrounds. According to the AIHW (2007), new migrant cohorts from different countries are beginning to age, such as the post-war cohort from Viet Nam), suggesting that future policy and practice will need to be flexible enough to deal with these changing needs. In a review of the literature on older people from Culturally and Linguistically Diverse (CALD) backgrounds, Rao, Warburton and Bartlett (2006) found that there is a myriad of issues associated with being from CALD backgrounds, both positive and negative. The review found that older people from CALD backgrounds can have different care needs than people from English-speaking backgrounds, and particularly in the last year of life, have a higher rate of mental disorders, and may be more susceptible to social isolation. This greater need for support is coupled with increased difficulty accessing culturally appropriate care. The authors note, however, that the experience of CALD older people is not all negative, with many able to benefit from stronger familial and community arrangements.

Policy and Practice Developments
Supporting Ageing in Place

The development of healthy or active ageing strategies over recent years, at both the state and local government levels, has been an important response to population ageing in Australia (see for e.g. Kendig, Andrews, Browning, Quine & Parsons, 2000; Commonwealth Department of Health and Aged Care, 2002). The link between healthy, supportive and connected communities and ageing in place is increasingly recognised.

Positive ageing at the local level - In Victoria, a key policy goal of Ageing in Place and the need to enable older people to be able to choose where they age, inspired a state-wide project - The Positive Ageing in Local Communities project - to build the capacity of local government through locally-focused strategies for positive ageing (Project Partnerships, 2008). Jointly directed by the Municipal Association of Victoria (MAV) and Council on The Ageing (COTA) Victoria, the project provided support for a series of 31 demonstration projects involving 38 Victorian councils and involving over 11,000 older people across the state. These demonstration projects included support for development of positive ageing strategies, assistance...
with the community consultative process to ensure that the strategies were informed by local needs, and implementation of actions identified in the strategies.

By the end of the 5-year project, 92% of the local government areas in Victoria had enacted positive ageing strategies or were in the process of developing them. This is a significant achievement given that prior to the commencement of the project only 16.5% of councils had ageing strategies in place. This response from local councils was facilitated through the exchange of information from the MAV/COTA on evidence-based responses to population ageing, as well as considerable information sharing between the councils themselves. The strategies developed by councils ranged from focusing on the delivery of aged care services to a broader whole-of-government focus on making the community a better place to live for older people, including improved urban design, safety, access to services and information, and promoting healthy ageing activities. During the evaluation of the project, older participants reported an increased sense of feeling connected to their community, including feeling like they were listened to and that their experiences, knowledge and skills were valued by councils.

**The role of collaboration in building appropriate models of ageing well** - While collaborative approaches to working with communities are important in the development and implementation of appropriate ageing well strategies, recent research has demonstrated that this is not easy to achieve (Warburton, Everingham, Cuthill, Bartlett & Underwood, 2011). In a study aimed at developing a model for ageing well at the community level (Everingham, Liu, Bartlett, Warburton & Cuthill, 2010), the activities taking place in two contrasting communities in the state of Queensland were reviewed. One community selected was a large coastal city of almost half a million people and a popular retirement destination, with one quarter of the population aged 55 years and over. The other community was an inland regional town characterised by ageing in place where only 17 per cent of the population aged over 55 years. The project interviewed local stakeholders in both communities, including representatives from government departments, service providers, advocacy organisations and seniors’ organisations. The 31 participants were asked about their perceptions of how to achieve effective collaborations to help their communities age well and the strategies necessary to support them.

The findings highlighted the need for a multifaceted model of ageing well, involving the “three dimensions of social engagement, health, and facilities for safe, independent living” (Everingham et al., p.767). A variety of strategies to achieve ageing well were identified, which can be summarised as self-help initiatives, collective or community action, and government intervention. In particular, participants agreed that a “preventive focus and an enabling and supportive environment are essential to maintain the health and well-being of people as they age.” (Everingham et al., p.771). While there was consensus regarding the need for a multifaceted approach, the study found that there was a disjunction between the views of community and government stakeholders, with the former seeing the need for more direct government intervention, whereas the latter placed more focus on individual responsibility and the need to prevent dependence. The authors concluded that an increasing focus on government intervention is needed to more effectively address the issues arising from population ageing.

**Best practice models** - Recent practical examples of Ageing in Place innovations are emerging, although few are yet reported in the literature. The Benevolent Society (TBS), Australia’s oldest charity, has a long track record of providing community and residential care for older Australians in Sydney, New South Wales and has developed the Apartments for Life model, based on the Humanitas Organisation in Rotterdam (TBS 2010). A key feature of this model is that it offers older people the chance to purchase housing in their local community which will meet the support requirements needed to enable them to age in place and avoid the need to move again should their health decline. The TBS plan also includes provision for 40% of the apartments to be subsidised so that they are affordable for disadvantaged older people. After considerable consultation with the local community and local council, the plan is being finalised prior to construction commencing.

As part of their planning activities for the development of an AFL complex, TBS commissioned Galaxy Research to include a series of questions related to population ageing and aged care issues in its regular fortnightly Galaxy Omnibus national survey, which involves a representative sample of 1000+ Australians aged 18 years and over across the country. The survey was conducted in July 2010 and found that 92% of
respondents supported the Apartments for Life concept, with strong support for the inclusion of subsidised or low cost housing (Galaxy, 2010). The features of the model identified as important by respondents included the ability to maintain independence (22%), easy access to healthcare services (20%) and proximity to family and friends (17%). The survey also found that younger participants felt that access to healthcare was the principal benefit of the model, whereas older respondents valued the opportunity to remain in the neighbourhood and close to friends.

Final Caveat – Ageing in Place is Not Always Positive

In their review of the literature on Ageing in Place, Jeong and Stein (2003) point out that supporting ageing in place at home is not necessarily the best solution for older people or their families. They argue that in many cases, older people may seek to remain in their homes in order to avoid the stress, including financial stress, associated with moving to a residential care facility. Jeong and Stein also point to research showing that the increased focus on community care has led to older people being discharged earlier from hospital, increasing the burden on families. So, while it is generally accepted that enabling older people to age well in the places of their choosing is a positive policy, this needs to be tempered with a clear understanding of individual needs and available service options. The simplified gateway to aged care proposed in the current Productivity Commission review aims to provide such a flexible assessment of individual needs and options.

Conclusions

It is clear that Ageing in Place is no longer a simple choice between ageing at home or within a residential care setting. Older Australians, particularly members of the Baby Boom cohort, are more mobile and willing to seek out new places in which to age. This has implications for policymakers at the national and regional level, particularly in more isolated rural and coastal locations that may not have the facilities in place to meet the care needs of older residents. The diversity of the Australian population also means care services, whether in the community or in residential care, need to be sensitive to the specific needs of sub-groups. The need for a responsive and simple aged care system that meets population and individual level needs, now and into the future, is now being recognised by Commonwealth, state and local government, researchers, and care providers.

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