

Review of services for older people Brotherhood of St Laurence

Discussion Paper 1

‘What should be the focus of Brotherhood services?’

February 1994

BROTHERHOOD
BROTHERHOOD OF ST LAURENCE

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INTRODUCTION

This first discussion paper in the review series attempts to identify the issues and questions which are fundamental to the future planning and direction of services for older people. Other discussion papers will tackle issues relevant to specific services or types of services, nursing homes and day centres for example. The purpose of this paper is to stand back and examine the issues which affect the Brotherhood's involvement in aged services as a whole.

It begins with some background observations about the external environment. These are very brief at this stage and will be expanded upon in other papers (particularly the Literature Review), including the Review's final report. At this stage the importance of nearly a decade of national aged care policy reform is acknowledged; and the implications of Australia's gradual shift from a young to an ageing society are raised as important issues for discussion. Appendix 1 is a summary of the characteristics of older Australians.

The major task of this paper however, is to ask what should be the future focus of Brotherhood services and what criteria could be used to determine this focus. The central issues discussed are:

- The contribution services for older people make to the Brotherhood's work for low-income and disadvantaged people. And specifically, what does disadvantage mean in context of services for older people? If the Brotherhood were to refocus its services on financially disadvantaged older people, how is this focus best put into practise?

Key other questions and issues raised include:

- What benchmark of service quality should the Brotherhood seek to achieve: minimum outcome standards set by the Commonwealth; average industry standards; best practise; innovation? What are the budgetary consequences of the chosen benchmark?
- Should the Brotherhood focus its service involvement in services strongly supported by governments or other organisations, or in services more vulnerable to cuts or which do not readily fit into existing government programs?
- What model of care should services practise?
- Should the replication of services in each region be continued?

If the Brotherhood was beginning to plan future aged services from a blank sheet it would ask a number of these questions. But many more are suggested by reviewing the current and possible future forms of existing services. They are as much a diagnosis of current dilemmas as criteria for future planning. In summary, one could say that the purpose and objectives of Brotherhood services for older people as a whole has got a little blurry and needs to be refocussed.

This paper does not end with a set of recommendations but rather a set of questions. Its purpose is to promote discussion out of which will hopefully emerge consensus about the best way forward.

People who are responsible for running services may find this paper somewhat frustrating — it does not consider how particular ideas could be implemented in practice. The strategy of the review is to work on implementation in the next stage. This first step is the stage of ideas, of setting directions and objectives when we need to discuss and decide where we are going and why.

It is also important to stress that planning for service delivery in aged services requires a long time horizon. We both need to look well ahead to predict future needs and be aware that any major change will have to be phased in over time. Five to ten years is the most often used timeframe in the review.

THE EXTERNAL CONTEXT

National policy reform

Australia is nearing the end of a decade of centrally planned and staged reform of national aged care policy. The impetus for reform has been:

- . *economic*: The need to control escalating public spending on aged care;
- . *demographic*: The need to plan and provide services for rapidly expanding numbers of older people, particularly the very old who are most likely to require care; and
- . widely recognised dissatisfaction with both residential and community care provisions articulated in numerous reports and studies since the mid-1970s.

The essence of the aged care reform strategy has been to reduce the supply and demand for nursing home care. This has been achieved by national planning mechanisms which set an upper limit on funded provision (40 beds per thousand people aged 70 and over); the establishment of Aged Care Assessment Teams to gate-keep access; the expansion of community based care services and specific recognition and support services for family caregivers.

This shift from institutional to community care is part of an international trend which began in the 1960s with the relocation of residents with psychiatric and then intellectual disabilities from large segregated state residential care facilities to smaller facilities, boarding houses and family care. In aged care the emergent pattern is for home-based tailored services with flexible client centred timetables and a focus on co-ordination of a diverse range of services previously operated separately (Ozanne 1992).

As a Commonwealth Government funded aged care provider, the Brotherhood of St Laurence has been profoundly affected by the Age Care Reform Strategy. Over the last decade

- . Residential care services have adapted to centrally set requirements such as: recurrent and new capital funding and accountability criteria; external assessment as key criteria for access/admission to services; standards of care which are externally set and monitored;
- . The Brotherhood has developed or auspiced community care services (and so extended its aged service involvement from almost solely residential care services);
- . The importance of recognising and supporting the role of carers has been an emphasis in Brotherhood community care services.

Later sections of this paper and subsequent discussion papers on particular services will more critically analyse and discuss the implications of these changes for the Brotherhood.

A narrow view of aged care

To describe these national policies and funding programs as aged care is in many respects a misnomer. Its focus is on the long-term care of those older people who through chronic ill health, frailty and/or disability, require assistance with the tasks of daily living.

Critics (e.g. Ozanne 1992) argue that Australia's aged care policy direction is too narrow and not based on a broader view of the shifts occurring in both the economy and social/cultural arrangements as a result of the demographic shift from a young to an ageing society.

While more and more people live longer than in the past and grow old in new ways, social structures have been slow to make room for them. These structures are still geared to the population of much younger people that characterised the nineteenth — certainly not the 21st century. Social institutions are generally failing to make room for many workers who as they age, continue to be capable and not yet ready for retirement. Similarly health care systems often fail to provide the supports necessary for the many older people who even when frail now want to function independently. Unlike roles for school children or for young entrants into the labour force, few roles have been developed to fit workers or students who have grown old. Nor does society accord esteem and prestige to the significant productivity of older people's unpaid roles and homemakers or caretakers of the disabled. (White Riley quoted in Ozanne 1992)

For those concerned with new expressions of inequality, one of the most profound trends has been the changing balance of work and retirement across the life course.

A comparative study of the United States and European countries with both centrally planned and market economies (Kohli et al 1991) found that the lowering of the age of exit from paid work (for males down to age 55) was a consistent and homogeneous trend. The period spent in retirement is also expanding, as people both end paid work earlier and live longer.

Thus, what has been recognised as the 'normal life course' is being massively reorganised, and the relations between age groups and generations are being redefined. (Kohli et al 1991 p. 1)

It is unclear if this trend will continue. On the one hand it appears paradoxical that at a time of increasing life expectancy and concern about the long-term viability of public spending on aged care, that older workers continue to be encouraged or forced to withdraw from the work force.

In the long-term, optimistic commentators (White Riley 1991) assert that the co-existence of capable older people and empty role structures is so dysfunctional that new roles will emerge and older people will be reclaimed by the economy and the community.

On the other hand, at least in the foreseeable future there is little evidence that Australia will significantly depart from the international experience of economic downturn and radical industry re-structuring which has re-distributed jobs in favour of the young, forcing older workers to withdraw from the work force at earlier and earlier ages (Ozanne, 1992).

Participation in the Australian labour force of people aged over 55, particularly males, has dramatically declined in the past 20 years. In 1992 the participation rate for males aged 55 to 59 years was 74.1 per cent, compared with 90.6 per cent in 1972: a decline of 15 per cent (Council on the Ageing 1992).

Older unemployed workers experience much longer periods of unemployment than other unemployed people. The average duration of unemployment for 55 to 59-year-olds in November 1993 was 96.1 weeks, and for 60 to 64-year-olds 109.6 weeks. For 25 to 34-year-olds, by contrast the average length of unemployment was 54.6 weeks and for 35 to 54-year-olds 68.4 weeks (ABS, 1993).

These observations and trends have great significance for the Brotherhood of St Laurence. The charge levelled at the Commonwealth Government that it adopts too narrow a focus on ageing could also be levelled at the Brotherhood. Current Brotherhood services are very much concerned with caring for and supporting older people as they reach advanced old age and/or become frail or disabled.

This Review offers the Brotherhood an opportunity to ask whether it should broaden its view of both the older people it works with and the type of service response, in particular to include older people being forced to endure long periods of unemployment or joblessness prior to formal retirement.

It is also an opportunity to ask whether the Brotherhood has a role (innovative projects and/or advocacy) in highlighting and changing the social structures which exclude older people and the development of new roles for later life.

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PARTICULAR ISSUES FOR THE BROTHERHOOD

What does disadvantage mean?

The Brotherhood of St Laurence, like many organisations in recent years, has been concerned to refine and restate its reason for being, in the management lexicon its vision and mission. This has been identified as 'identification and involvement with the poor and disadvantaged' and 'work for the well-being of the poorest members of the Australian community'.

One of the key questions for the review and the future planning of Brotherhood services is, 'with and for whom do we wish to work?' In other words, how do we practise this mission? In our present services for older people there is not one answer to this question, in different settings we work with quite different older people. Key points of difference centre on for whom the service is designed and who is eligible to use the service. Consultations with staff revealed that these differences often result from their own interpretation of what constitutes disadvantage.

These various current interpretations illustrate the range of possible future answers to the question, with and for whom do we wish to work?

Disadvantage as low income and assets

Some of the Brotherhood's oldest services define disadvantage and eligibility for their service as low-income and few assets. They are a response to the current and historical reality that people with limited means have fewer housing and care options available to them as they age. Studies of the incomes and housing costs of older Australians (e.g. Social Security Review 1988) have repeatedly found that the poorest older people are those who enter retirement fully dependent on the age pension and in rental accommodation.

In response to this, the Brotherhood uses a combined income and assets test to assess eligibility for most of its residential care services. (A combined income and assets test is easier to administer in residential services, when older people are able to realise the asset of their house. It is much more difficult in community care services which support older people in their own homes). For instance, three in four people accepted into hostels must meet the Commonwealth classification of financial disadvantage (be in receipt of full pension and not have owned their own home for two years prior to entering the hostel).

In the retirement villages and flats preference is given to people receiving the full age pension and who do not own a house, have few assets or family supports. One in four admissions can be people with modest means (single person maximum assets \$85,000; couple maximum assets \$95,000 and a capacity to make a donation up to \$12,000).

Two recent studies have highlighted the financial disadvantage of residents. A 1991 study of residents in hostels and independent accommodation in the Metropolitan Region found that the majority of residents had assets of \$2000 or less (Ryan and McHarg 1991).

Table One **Percentage of residents with \$0 — \$2000 assets**

Place of residence	%
Sumner House	80
Sambell Lodge	41
Millott House	100
Palmer Street Flats	80
Moore Street Flats	80
Keble Court	78

A study of Carrum Downs residents found that 65 per cent of residents had been life-long renters or home-owners who had lost their house (through unemployment or business failure) before moving to the Carrum Downs settlement. Of the further 35 per cent who had been home owners, for three-quarters of these residents the home they had owned was a mobile home or caravan. (Gardner 1993)

For some services' residents or participants (e.g. Millott House, Sumner House, Coolibah Day Centre) low income and few assets is accompanied by a cluster of other disadvantages: ill health because of a lifetime of hardship; long history of psychiatric illness; intellectual disability; and no family support.

It is likely that the prevalence and distribution of such older people with multiple disadvantages will increase in future. In large part this will be one of the long-term consequences of deinstitutionalisation, as people with intellectual and psychiatric disabilities age in the community.

Access and participation in services will therefore not only be a matter of affordability but also the capacity of a service to provide for the different needs of older people with disabilities.

Disadvantage as vulnerability

More recently developed community care services (Linkages, St Laurence House, Banksia Centre) take a much broader view of need and disadvantage. Financial need is one criterion for assistance, but an older person's (or their carer's) vulnerability because of increasing frailty, dementia or isolation are more important triggers to service access. This vulnerability is increased if the degree of frailty or dementia precludes access to other services or if there are no other services in the area.

The concept of vulnerability focuses attention on weak points in individual's total circumstances, including their needs, capacities and motives; the capacities of their informal support; and the capacities of locally available services. (Kendig et al 1992)

Disadvantage as medical need

The key criterion for access to a nursing home is now an assessed degree of frailty and/or dementia requiring full-time nursing care. In the words of one staff member 'it is hit and miss whether the residents assessed for nursing home care are traditional Brotherhood clients'.

The Brotherhood does however impose an income test, residents must be in receipt of a part or full aged pension. At Broughton residents must also meet an assets test (the same as applied to residents in settlement cottages).

The Eric Hart Day Therapy Centre provides a range of therapy services (hydrotherapy, physiotherapy and occupational therapy, for example) which aim to maintain or recover the level of independence a client requires to live in the community or a hostel. Referral to the service must be made by a medical or paramedical practitioner. Financial status is not taken into account.

Future directions

Maintain the status quo

It could be decided that these very different interpretations of disadvantage and service responses remain. The logic of maintaining the status quo would be:

- The very process of ageing — increasing frailty, dementia, social isolation — requires the Brotherhood to adopt a broader view of disadvantage in its services for older people. A more universal approach to service delivery also acknowledges that in some service (e.g. case management) and geographic areas there are no comparable public or private services.
- However, hostel and retirement villages are provided by many other non-profit and profit organisations. They do charge substantial fees or ingoing donations however. The targeting of Brotherhood services to people with limited means, ensures low-income older people access to such services and maintains the choices available to them.

There are significant consequences if this option is pursued. The logic articulated above is post-hoc policy development. The Brotherhood has rarely adopted a coherent and shared approach to aged service development. Rather we have taken up funding opportunities as they arose and followed both Commonwealth and state government policy and program development. To maintain the status quo would largely mean that this would continue.

It may also be an overly 'snap-shot' approach to planning: that is it assumes that current circumstances will continue into the future. The trends described in this paper suggest that this assumption is unwise.

Consequently, for example, the community care and dementia programs pioneered by the Brotherhood may be taken up by other organisations in future years so that paucity of services in an area may no longer be a key reason for Brotherhood involvement. However, a likely emerging issue will be whether other organisations' services will be priced to be affordable to low-income older people.

Focus on disability and frailty as disadvantage

Under this model, access to Brotherhood services and the development of new services would be based on an individual's degree of disability or frailty. Such an approach would be a response to three major trends. First, for older people vulnerability and degree of frailty govern access to residential and community care services funded by governments. Second, for people with disabilities the move away from large-scale institutional care offers opportunities to provide housing, employment and support programs in community settings. And third, disability and aged care services are in some cases being delivered by the same programs and providers, home and community care services, for example.

To adopt this as a service focus would be a major departure for the Brotherhood, but it is already a component of our aged service involvement.

In aged services this focus would mean that the Brotherhood was indistinguishable from other specialised aged care providers. In services for people with disabilities, disability rather than low-income would become the trigger for a Brotherhood service response.

Focus on financial disadvantage

Alternatively, the Brotherhood could refocus its involvement in services for older people on low-income and asset older people.

There are some strong organisational reasons to support this:

- . The Brotherhood's history and current mission focuses on the financially disadvantaged and eradicating poverty.
- . There would be a more obvious rationale and link between each of the service areas, — that is disadvantage because of low-income is often carried from childhood to old age. Brotherhood services respond to the individual's needs throughout the life course and often attempt to improve life chances and choices.

There are also government policy directions which support this refocus.

Australia has been through a period of almost universal public income support and services for older people (for example, around 77 per cent of Australians of eligible age receive pensions and for 66 per cent it is their main source of income (Social Security 1993). This has been in response to the modest means the majority of the older population brought into retirement. The oldest cohort in Brotherhood services were born at the turn of the century, lost many young men during World War 1, married and had children during The Depression. The second cohort, people born a decade or two later, had their career and family building upset for life by the Depression and World War 2.

The cohort born during the Depression will be reaching old age in the 1990s. They will bring with them many life-long advantages from the full employment and affluence of the 1950s and 1960s (Kendig and McCallum 1986).

Government policy has been responding both to increasing numbers of older people and to the improved assets and income many bring to retirement. Increasing the contribution users make to a service's cost, is a consequent trend.

The next cohort of older people will have a greater range of circumstances, from those with significant private means through to those who have been impoverished by long-term unemployment or joblessness over the last 10 years.

It is very likely that there will be a substantial gap in the future between the type and quality of service a growing number of people with superannuation, assets, perhaps even care insurance, can afford compared with older people totally reliant on public income support.

The Brotherhood's role as service provider and advocate for low-income older people will thus be even more important in the future.

How to operationalise this focus

If the Brotherhood were to refocus its services on financially disadvantaged people, the question would then be how best to operationalise this focus. Two distinctive and different possible courses are suggested: one would lead the Brotherhood to provide services predominantly to low-income older people; and the other to the Brotherhood running universal services which demonstrate how access and participation can be provided for low-income older people.

In practise the Brotherhood can and does combine these approaches in its service delivery. However, in aged services few services have had demonstration or social change objectives and the emphasis has become meeting the needs of older people in particular geographic areas. It is not clear that this has necessarily been a conscious planning and service policy decision. Therefore, although there are undoubtedly variations in between, for initial discussion purposes they are clearly delineated here.

a) Provide services to low-income older people

Using this approach, the Brotherhood would focus at least its core and on-going services for older people on financially disadvantaged older people. Thus services would give priority access and preference to low-income and asset older people, much as do hostels currently.

Not all services would have to have this exclusive focus. Services which pioneer new practices and forms of service delivery often, require a more universal approach (St Laurence House and the Banksia Centre, for example). The Brotherhood's involvement would be time-limited, however and alternative auspices would be sought during the projects.

The principal benefit of this approach would be to most obviously re-establish (both within and outside the organisation) that the Brotherhood's involvement in services for older people is part of its 'work for the well-being of the poorest members of the Australian community', rather than as a specialised aged care agency.

However, it would also strongly signal that one of the principal purposes of Brotherhood service provision is to meet the needs of disadvantaged older people in particular areas rather than to demonstrate service forms and practices with wider applicability or work for social change. (This alternative approach is discussed in the next section).

If Brotherhood services were to be provided predominantly to financially disadvantaged older people, low-income and assets may not over time offer a sufficient focus. There is a further scale of disadvantage within the group of older people with low-income and assets. The Brotherhood's services which currently focus on financially disadvantaged older people service people whose circumstances range from persons who reach later life reliant on the age pension, with modest assets and strong family ties, through those in a similar financial situation but who lack family support, to those at the multiple disadvantage end who combine total reliance on an age pension with few or no assets, no family support, mental illness, intellectual disability, a lifetime of hardship and/or former homelessness. (A few Brotherhood services contain this range of residents or participants; many more would cluster at the upper end of the continuum, i.e. few residents or participants with multiple disadvantages).

It has already been noted that the effect of deinstitutionalisation will be to increase the prevalence and distribution of older people with multiple disadvantages in future. It is likely therefore that many more Brotherhood services will have to confront the issue of how to ensure that older people with an intellectual or psychiatric disability have access to the service, and equally importantly are able to participate. There will be a need to ensure that staff employed in services, the content of programs and style of service delivery respond to the different needs and experiences of participants.

An important further question is the extent to which the Brotherhood purposefully provides access to its services to people with multiple disadvantages. This is a delicate issue.

On the one hand there is a danger that unless the Brotherhood positively discriminates in favour of older people with multiple disadvantages (and possibly different or difficult behaviours), 'creaming' will occur.

On the other hand the practice wisdom of programs and staff already integrating such people into services needs to be carefully heeded. For example, the Supervisor of Millott House knows how many alcoholics can be resident at any one time without jeopardising the viability of that small community.

Therefore over the course of the next ten years service access policies may need to further delineate the groups within the financially disadvantaged older population the Brotherhood aims to serve.

It could be argued that there is a fundamental flaw in this reasoning: that older people with multiple disadvantages be integrated into services for low-income people. Instead a case can be made to insist that all publicly funded services serve the full range of older people and their needs. This is the critique of the alternative means by which the Brotherhood could operationalise a focus on low-income older people.

b) Run universal services providing access and participation for low-income older people

A strong criticism of the provision of services principally to low-income older people is that while it might make sense within the confines of the Brotherhood of St Laurence, it does little to influence wider government policies or other organisations' practice. Put simply, the Brotherhood would be demonstrating that while more advantaged citizens gain access to other services, the old poor are cared for by a charitable welfare agency.

From a national or statewide perspective, the only way to guarantee low-income older people good services is to ensure that they share services with the rest of the older population. This was the rationale behind the Commonwealth Government's reform to residential care which removed financial barriers to nursing home care and required hostels to accept 20 per cent of residents who are financially disadvantaged.

Yet many aged care services exclude low-income older people (especially those with multiple disadvantages) by their charges, culture or practices. Thus, according to this approach, the best way for the Brotherhood to operationalise a focus on low-income people is to run mainstream or universal aged services, serving a cross-section of the older community and demonstrating to governments and other organisations how low-income older people can have access to and participate in such services.

A significant proportion of Brotherhood services already have a universal/mainstream approach (St Laurence House, Banksia Centre, Linkages, Eric Hart Day Therapy Centre, and in part, the three nursing homes) and 43 per cent Brotherhood net cash outflow on aged services in 1992/93 was spent in these services.

However, at the moment the Brotherhood is demonstrating through these services how to run services which respond to local need (and new models of service practice for people with dementia or high levels of frailty and their carers), rather than the policy and practice initiatives needed to promote the access and participation rights of low-income older people to mainstream services.

Under this approach, the Brotherhood would express its focus on low-income and asset older people by the conscious development and demonstration of measures to include low-income older people in services, such as practice models which respond to and integrate different patterns of need and affirm differences in social experience and cultural identity.

The purpose of running universal services would not only be to demonstrate inclusive practice, however. It could be argued that it is not in the best interests of low-income older people to isolate or marginalise them in their own service; rather the hallmark of a good service is one which serves a cross-section of the community and maintains a socio-cultural mix. This is one of the central tenets of universal service delivery.

For a number of decades the Brotherhood has argued that low-income people should have access to mainstream and universal services (most recently Harris, 1990). This approach would integrate the agency's public policy position and practices.

Discussion and decision about how the Brotherhood could best operationalise a focus on financially disadvantaged older people is crucial for future planning. Even if a mix of approaches is the preferred or pragmatic option, there is still a need to decide where the balance should lie. The following questions are suggested as key to this process:

- . Are the interests of low-income older people best served in specialist or universal services?
- . What is the primary purpose and public role of Brotherhood services for older people: to demonstrate practice and policy through its service delivery to other organisations and governments; or to service disadvantaged older people in particular areas?
- . What is the distinctive role of the Brotherhood in comparison to other aged care providers, both mainstream providers and agencies which work with the most marginalised older people?
- . How does the Brotherhood most effectively work for social change, by integrating or separating its policy and advocacy and service delivery approaches?
- . Is the public authority and legitimacy of the Brotherhood enhanced or reduced by either providing services predominantly for low-income people or running universal demonstration services?
- . What would be the costs or benefits to the organisation's fund-raising of either of the strategies?

- If there is a scale of disadvantage within the low-income older population served by the Brotherhood, could some older people be more readily integrated into mainstream services than others?
- Does the Brotherhood have the organisational discipline and practice skill to undertake the universal service approach without losing its focus on low-income older people and the integration of services for older people within the wider organisation?

The quality of service

Over the last three to five years the Brotherhood has placed renewed emphasis on the quality of its services for older people.

Like all aged care providers the external impetus has been the Commonwealth Government's development and monitoring of outcome standards and user rights for the services it funds. Internally there has been a strong desire to improve the quality of life of residents and service users by implementing better practice, and a concerted and structured program of staff training has been the strategy to achieve this.

However, at the same time, the Brotherhood as an organisation has been concerned to respond to the increased incidence of poverty amongst children, young people and families. Over the course of the last three years the focus of service development has shifted from aged care to family, community and employment services.

One of the means by which this change in emphasis has been achieved has been to cap and pare aged service budgets. The implications of this budget strategy for service quality are already evident. Many of the things which staff identified in consultations as their dreams for their service and which are beyond the reach of their current budgets, could well be seen as essential components in a good service: a bus with a hydraulic lift so staff do not have to physically lift residents to take them on an outing; seven-day hostel activities program; new, less institutional furniture; physiotherapists to help keep nursing home residents mobile. Other papers, particularly the residential care discussion paper, will present more evidence on service quality. The conclusion which emerges however, is that it is very likely that were the current budget strategy to continue in the medium to long-term, the quality of services, and most pressingly, residential care services would be in jeopardy.

In the Review's discussion paper series it is intended that the papers on each functional service area will define what are the components of a high quality service (e.g. facilities, staffing, programs). These will be used to develop recommendations on the future resource needs of services in the Review's final report.

One of the prior issues is, however, what benchmark of quality the Brotherhood seeks to achieve in its services for older people: is it the outcome standards set by the Commonwealth; average industry standards; best practice; innovation; standards determined by residents/consumers?

Under the current budget strategy and constraints the Brotherhood plans over the next three years (1993-96): 'To meet the quality of life and outcome standards as developed by the Department of Housing and Community Services and the Brotherhood of St Laurence and as reviewed on a regular basis by the Standards Monitoring Team'. Thus we are largely

planning to meet statutory obligations. (and the Department stipulates that its outcome standards are minima).

Further, externally monitored outcome standards only exist in hostels and nursing homes. The standards which the Brotherhood's independent accommodation, day centres and other community care programs should meet are less clear.

However, in the long-term it is important to ask should the Brotherhood be aiming to achieve more than this in all or some of its services?

One example of a positive way forward on service quality issues is provided by Linkages (Peninsula). It has adopted a process whereby its consumers set the standards (e.g. by selection of workers; determination of their work-style) of the services provided.

Issues of service quality are particularly important for the Brotherhood because:

- . it has a tradition of demonstration and innovation in service delivery; and
- . other providers are able to fund high quality service from charges or donations from their residents.

If the Brotherhood is not purposeful and clear about service quality it could be possible for the Brotherhood to drift into providing minimum to average care to low-income people from the available government funding. Some staff already say that we are 'providing a poor service to poor people'.

One of the key determinants of current service quality is a budget strategy which relies on governments to largely or fully fund services. If the Brotherhood decides to achieve higher service quality benchmarks there will be a consequent need for funding over and above government grants and subsidies.

Another consequence of budget strategy

Another important medium to long-term consequence of the current budget strategy could be the stifling of innovation. A reliance on government for funding inevitably means that services develop in accordance with government guidelines and programs rather than developing new responses to emerging need or trialing new models of care. It is now nearly a decade since the Brotherhood committed itself to piloting a new model of combined day and respite care for older people with dementia and their carers at St Laurence House (and subsequently at the Banksia Centre)

This was the last commitment of Brotherhood funding to a new venture in aged care, without guaranteed government funding.

Thus an equally important question related to service quality over the long term, is the extent to which the Brotherhood is prepared to dedicate funds beyond government grants to promote innovation and the development of best practice in its services for older people.

Type of service focus

A further criterion which could be used to decide on the future focus of Brotherhood services, would be to divine which services now enjoy strong government and community support and which have more uncertain futures.

It could be argued for instance that in the range of services the Brotherhood runs, nursing homes now enjoy solid government and community support. Commonwealth funding for nursing homes is very assured, not least because powerful medical and owner lobbies exert considerable influence. More decentralised community care services are more vulnerable to government cost-cutting, particularly because they are a shared Commonwealth-State responsibility.

For example increasingly States and Territories have little capacity to meet the agreed matching requirements of the Home and Community Care program and the Commonwealth is steadily reducing its rate of annual funding growth (COTA 1993).

The discussion paper on community care services will examine these funding trends in greater detail. The question for this paper is whether the Brotherhood should focus its service involvement in areas more vulnerable to spending cuts or which are developing new forms of service which do not readily fit into existing government programs. To put it colloquially, the Brotherhood could define its role as filling the gaps. This question links back to the suggestion that services be given demonstration or change objectives: to demonstrate to governments or other providers, the kinds of services low-income people need access to, or to demonstrate good practice.

This might mean that the Brotherhood's provision of a particular service might be time-limited. When government policy has changed or low-income older people have access to or able to participate in other services, the need for the Brotherhood to demonstrate by practical example may have diminished.

Capacity of other organisations

Following on from consideration of the services which governments will fund and support in future, a further criterion used in Brotherhood service planning could be the direction and capacity of other aged care providers.

A background paper will present information on low-income older people and their needs and map existing services in the four Brotherhood service regions.

At the broader level, Age Care Victoria reports that few of its members are maintaining a focus on services to low-income older people. Financial constraints mean more agencies are having difficulty meeting recurrent costs and are directing services to people with means to balance their budgets.

Aged care providers, which like the Brotherhood had their origins in residential care, are also broadening their service involvement to include community care. The advent of government policies which split purchaser from provider of services and compulsory competitive tendering may also mean that some non-government providers tender for

services previously the province of local government in Victoria. (This issue will be taken up in the discussion paper on community care).

Model of care

An issue closely related to service quality and innovation is the model of care used in Brotherhood services. In residential care services the Brotherhood, like most other aged care providers, has been trying to soften the inherited medical model of care. New practices emphasise independence, activity, resident participation and rights. But essentially an institutional and medical model of care prevails.

Some of the barriers to change are physical. Past and many present structures (e.g. hostels, nursing homes, day centres) tie particular sets of support and care services to specific types of accommodation or buildings. New and innovative projects now link services to different housing settings for instance Linkages or Community Aged Care Packages can provide hostel-like personal care services to an older person in their own home. If the Brotherhood was beginning afresh in 1993 to develop services for older people, based on their needs and preferences, services might well place a greater emphasis on concepts such as ageing in place; community care, combined hostel and nursing home facilities.

An important question for future planning is therefore the extent to which the Brotherhood's service planning will be bound by existing bricks and mortar and funding programs rather than based on the older person. Buildings and the infrastructure of a program often place such powerful constraints on organisational imagination that the Brotherhood may wish to consider giving buildings or programs which are only capable of very orthodox practice to another specialised aged care agency. The Brotherhood could then focus on the development of new forms of service for low-income older people.

Such change cannot be quickly implemented and must be carefully planned. The lesson from the closure of the Peninsula Settlement Hospital is that great dislocation and anguish is caused if residents feel that the care contract they have with the Brotherhood is changed seemingly overnight.

However the barriers to change and the development of a non-medical model of care are not only a matter of buildings and programs. The attitudes and training of staff are critical determinants of practice.

The discussion paper on residential care will outline and evaluate the progress of the Brotherhood's Quality of Life staff and volunteer training, canvas debates about the type and level of qualification required by staff in hostels and nursing homes, and discuss the potential of attendant care practice models.

In common with most other aged care providers, the Brotherhood experience is that staff in community care services tend to develop and maintain consumer-centred and at least to an extent, consumer-controlled models of practice more than staff in residential care. This is in part because new forms of service do not inherit the models of care and ethos of earlier eras. However, long-established research on institutions would also suggest that the very closed institutional nature of a hostel or nursing home leads to particular types of practice and disempowers residents.

Some European countries avoid such problems by integrating residential and community care services. (Regnier 1993). Staff have responsibility for the care of older people living at home in the community and in a 'service house', which provides personal and nursing care.

This is but one example of the potential to innovate in services for older people but it also raises questions about the very separate ways the Brotherhood currently runs its residential and community care services.

There could be great benefits from promoting closer working relationships between these services. Practically, this might involve staff rotation in different services, for example a staff member from Flinders Lodge nursing home working for a month at St Laurence House and vice versa; the management of aged services being structured to promote team building and co-operative initiatives; or the replication of good ideas or practices.

Underlying this discussion about the model of care practised in Brotherhood services is a concern about the ways in which our community erodes the self determination of older people. Aged care services often express most obviously the ways in which our desire to provide care and support can significantly diminish the choice, personal decision-making power and capacity to take risks of older people, particularly as their level of frailty increases. This is not only a service-specific issue. In fact Council on the Ageing Australia identified community attitudes towards ageing and the maintenance of self-determination into old age as one of the key social change objectives of the next thirty years.

What should be the Brotherhood's response to this challenge?

The Brotherhood has in the past engaged some of these issues. In the early 1980s the neighbourhood house SPAN project, aimed to affirm the skills and knowledge of older people and develop ways these could be valued and used by the Community.

This was one of a number of demonstration and social change projects which used consumer participation as one means of promoting the self-determination of participants. However, consumer participation has not, until recently, been a widespread practice in Brotherhood services for older people. The recent establishment of resident committees in residential care has in large part been promoted by changed government funding and program requirements.

In addition, the Quality of Life Standards (which each Brotherhood service for older people must meet) specify basic strategies and tasks to affirm older peoples choice and independence.

The question for future planning is the extent to which the Brotherhood commits itself to the development of new models of care and trials strategies and organisational forms which maximise and maintain the self-determination of older people.

A further question which this prompts is whether the potential for such innovation within a residential service is limited.

It could be that the scope for innovation is much greater in projects tackling the life-style and cultural issues associated with ageing (as did the SPAN project) and which work with people before they reach advanced old age.

Ageism?

Closely related to the question of how best to affirm and maintain the self-determination and capacities of older people, is the segregated, age-specific design of most services for older people. Some critics (e.g. Victor 1987) have argued that the dominant policy and program responses to later life are essentially ageist as they assume that older people are a distinct social group and have different needs from the rest of the community. Yet the need for services such as low-cost housing or recreation programs is shared with many younger people.

This is a very difficult cultural issue for any one organisation or service to tackle, particularly in the short term. By way of illustration, residents at both Lara and Carrum Downs settlements reacted very negatively to the proposition that the settlements could gradually become more mixed-age communities (although Lara residents felt that the infusion into their settlement of active older people over 55 could be positive — but no families or young people).

It may be worthwhile however to ensure that planning processes for new services or the redesign of services include the question, 'does this service need to be age specific?' and check the preferences of service users.

Regional specialisation or replication?

There is an on-going debate within the Brotherhood about the degrees to which service regions should have similar numbers and types of services; respond to local need or develop specialties in different services.

In aged services the current map of services is already very similar: each long-established region has a nursing home, hostel, independent living units and Barwon and the Peninsula each have a Linkages project.

The Review will be examining whether the new Central Highlands region should develop services for older people (its current focus is employment programs).

The issue for future planning is whether this replication should continue. To a degree, regions do already have some specialisation: Barwon has expertise in dementia programs and Metropolitan in services for multi-disadvantaged older people. This expertise should be encouraged and used in training programs and consultation on program development and problem solving within and outside the Brotherhood.

It could also be extended to encourage the development of best practice or innovation. Services in particular regions could, for example, be given best practise or innovation objectives, with the aim of improving their own service and then spreading the lessons into other regions and services.

SUMMARY OF QUESTIONS FOR DISCUSSION

1. What does disadvantage mean in the context of services for older people? Should the focus be low-income and asset older people or is a wider view of vulnerability (frailty, dementia, isolation) possible?
2. If the Brotherhood were to refocus its services on financially disadvantaged older people, how is this focus best put into practise? By providing services predominantly to low-income older people or by running universal services which provide access and participation for low-income older people?
3. What is the primary purpose and public role of Brotherhood services for older people: to demonstrate practice and policy through its service delivery or to service disadvantaged older people in particular areas?
4. Should the Brotherhood more consciously evaluate and set time limits and criteria for its involvement in particular services?
5. What benchmark of service quality should the Brotherhood aim to achieve: the minimum outcome standards set by the Commonwealth; average industry standards; best practice; innovation; standards determined by residents/consumers?
6. What budget strategy and resources are required to achieve the agreed benchmark? Is the Brotherhood prepared to dedicate funds to promote innovation and the development of best practice in its services for older people?
7. Should Brotherhood focus its service involvement in services which enjoy strong government support or in those with more uncertain futures?
8. What model of care does the Brotherhood wish to practise in each of its services? How can the needs and preferences of low-income older people become central to service planning and delivery?
9. Are there benefits to be gained from promoting a closer relationship between residential and community care services?
10. Should the replication of services in each region be continued? Are there opportunities for regional specialisation?
11. Should the Brotherhood broaden its view of and service response to older people, in particular to include older unemployed or jobless people?
12. Does the Brotherhood have a role in highlighting and changing the social structures which exclude older people and the development of new roles for later life?

APPENDIX 1

SUMMARY OF CHARACTERISTICS OF OLDER AUSTRALIANS

A large and growing group

In 1961 there were 1.3 million Australians aged 60 and over. In 1991 there were about 2.5 million, which represented 15 per cent of the population. By 2021 there are likely to be at least 5.3 million older Australians, comprising 24 per cent of the population. (Foster 1988)

Increasing longevity

More people are living to older ages. Only 18.7 per cent of the population aged 65 plus was aged 80 and over in 1986; this figure will reach 22 per cent in 1996 (Aged Care Reform Strategy 1991). This 'old old' group is expected to continue to grow and comprise a higher proportion of the total aged population.

Women predominate

Women's life expectancy is still longer than men's. Two thirds of people aged 75 and over are women. (Davison et al 1993)

Income: majority receive Age Pension

Around 77 per cent of Australians of eligible age receive pensions and for 66 per cent it is their main source of income. (Social Security 1993)

Reduced risk of poverty

There is much less chance of an older person living in poverty today than twenty years ago when the Henderson Poverty Inquiry was conducted. This is in large part due to the conjunction of high levels of home ownership amongst older people and the indexation of the Age Pension. (As a result incomes have kept pace with cost of living increases). (Foster, 1988)

High levels of home ownership

Nearly 80 per cent of older Australians live in a home they own or are purchasing. With their mortgages either paid off or requiring small payments, a modest income is generally enough to meet daily needs. (Davison et al, 1993)

Private rental an indicator of hardship

Two out of three older low-income private renters spend more than 25 per cent of their income on rent, leaving little money to meet other costs. (Aged Care Reform Strategy, 1993)

People who were never able to buy a home of their own are especially prone to have experienced lifelong economic disadvantages and not to have had a family on their own. (Davison et al, 1993)

Vast majority live in the Community

Only about nine per cent of older people live in non-private housing, such as nursing homes and hostels, hospitals or boarding houses. (Davison et al, 1993)

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