

# AGED AND COMMUNITY SERVICES IN AUSTRALIA

A FRAMEWORK FOR OUR FUTURE

Discussion Paper

June 2005

## FOREWORD

Consideration of the future development of the aged and community care sector in Australia has been a popular enterprise in recent years. Significant contributions to an emerging debate have been made by The Myer Foundation with their major *2020: A Vision for Aged Care in Australia* project; by the Australian Government with the *National Strategy for an Ageing Australia*; the Treasury *Intergenerational Report*; and, most recently, the Hogan *Review of Pricing Arrangements in Residential Aged Care* and *The Way Forward* paper on community care. Aged and Community Services Australia has previously issued a *Vision for Community Care* in partnership with a range of other non-Government stakeholders in the sector.

This list is by no means exhaustive but it is encouraging. It suggests that, as a nation, we are doing the right thing - preparing for the known growth in the numbers of older people in the years ahead by promoting debate about how we should respond to this challenge.

This document seeks to take this debate forward by presenting the issues from the perspective of the *providers* of aged and community care services. It canvasses the issues facing the care of older people and starts to indicate what might be done to address them – by governments and by the aged and community sector itself. The *Framework* will be used to engage with a range of other stakeholders (including older persons', carer and disability peak bodies) to build support for a vision for the future.

Your feedback and reaction to the *Framework* is welcome and will be valuable in guiding its future development.

## FEEDBACK

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# CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>1 INTRODUCTION</b>	<b>2</b>
<b>2 SCOPE</b>	<b>2</b>
<b>3 CONTEXT</b>	<b>2</b>
<b>4 IMPLICATIONS</b>	<b>5</b>
<b>5 SHORTCOMINGS IN THE CURRENT SYSTEM</b>	<b>6</b>
<b>6 PRINCIPLES</b>	<b>7</b>
<b>7 FEATURES OF A FUTURE SYSTEM OF CARE</b>	<b>9</b>
<b>8 IMPLICATIONS FOR PROVIDERS</b>	<b>12</b>
<b>9 NEXT STEPS</b>	<b>12</b>
<b>10 CONCLUSION</b>	<b>12</b>

## EXECUTIVE SUMMARY

It is now well understood that Australia's population is ageing. With the growth in numbers of older people will also come greater diversity in their care needs, preferences and aspirations. Our system of care will need to overcome current limitations and develop new approaches to care to effectively meet this larger and more diverse pattern of demand.

*Aged and Community Services in Australia: A Framework for Our Future* maps out some desirable directions for the future of aged and community care services, building on what we know about the present and what we can reasonably anticipate about future needs.

The *Framework* aims to advance the development of:

*A system of care which enables people who need support, and their carers, to live optimally in the home and community of their choice.*

Australia's aged care and broader health care systems are often claimed to be as good as any in the world. To the extent that this is true it is not a reason for complacency. There are issues in the current systems which need to be addressed such as underfunding, over regulation, workforce shortages and, not least, the capacity of services to work together in a coordinated way to meet the often complex and changing care needs of older people, people with a disability and their carers.

While the main focus of the *Framework* is on the aged and community care service system as we normally understand it, its scope is also broader, taking in a range of other relevant care services and considerations, not bound by the limitations of specific current programs.

The features of a system of care that is able to meet the challenges of the future include: improved, more accurate resource allocation; new service responses to people's care needs including a greater emphasis on short term care options; better linkages between different parts of the care system; making better use of available resources, both human and technological; developing a broader range of housing options and new ways of combining housing with care. The requirements of rural communities will need special attention if we are to avoid the, often well-intentioned, mistakes of the past of imposing uniform solutions on very different local contexts.

Our reliance on bigger and bigger residential care facilities, driven by the economics of care provision, is likely to come in for serious questioning from both practitioners and consumers and we are only on the threshold of exploring the potential of technology to expand the range of options in terms of providing better, more flexible care.

The *Framework* embodies a set of principles. These include the importance of providing choice and flexibility in meeting increasingly diverse care needs and preferences. It is important to value care recipients and not to see them simply as sources of costs. Building on people's strengths is as important as providing services that address their inability to manage some things for themselves. Developing a much stronger capacity to respond to people's needs across and beyond the boundaries set by discrete funding programs, jurisdictions and old habits must be a fundamental design principle for better care in the future.

ACSA sees that an important part of its leadership role in the aged and community care industry is to seek to secure the best possible future for our members and the people they serve. While the *Framework* is not a set prescription or a recipe for the industry, it poses the questions that we must consider as we prepare to meet the known challenges of the future. ACSA plans to further develop some of the specific themes in the *Framework* in a series of supporting papers and is keen to *discuss* the concepts and propositions contained in it with interested stakeholders.

## 1 INTRODUCTION

Australia has a system of aged and community care that has often been compared favourably with systems operating in other countries. To the extent that this is true, it is something to be proud of but it is not a reason to be smug. Our system of care would not have achieved what it has if we had been complacent in previous years. If we are to keep improving it and equipping it to face the challenges of the future, we need to be clear about our objectives, honest about the shortcomings of the current system and firm in our resolve to improve the system of care for older people in Australia.

This document aims to help the aged and community care sector do just that. It sets out to map out some desirable directions for the future, building on what we know about the present and what we can reasonably anticipate about future needs.

It sets out in pursuit of our objective which is to achieve:

***a system of care which enables people who need support, and their carers, to live optimally in the home and community of their choice.***

## 2 SCOPE

While much of the focus of this paper is on the aged and community care service system as we normally understand it, our consideration needs to be broader than this. The system we need to discuss includes the conventional scope of aged care comprising residential care, funded by the Australian Government's aged care program and community care funded by a variety of Commonwealth and State funding sources. It also needs to include other care services needed and used by older people but funded from other programs and other sources.

The system that provides care to older people encompasses the provision of accommodation of various kinds; and the provision of care ranging from 'basic' services such as meals-on-wheels to complex specialist medical services. These may be currently combined, for example in residential care or in hospitals, funded separately but delivered together, or provided separately as they are for the great majority of people living in the community.<sup>1</sup>

## 3 CONTEXT

Australia is growing older. The combination of increasing longevity, past higher fertility rates and currently declining ones means that older people will form an increasingly large proportion of our total population and will be an increasingly numerous group. In 2001 there were 2.4 million people aged over 65 (or 12.5% of the total population), by 2021 this will have increased to 4.2 million or 18%. Not only is the overall number of older people going to grow but, within this, the number (and proportion) of very old people, those over 85 years of age, is going to grow particularly rapidly. By 2021 there will be 1.7 million people over 75 and 480,000 aged over 85. This last demographic fact is of particular significance in terms of the future of care for older people since it is the very old who need most care.

The need for care services is going to increase as will older people's requirements and expectations of these services.

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<sup>1</sup> McCallum and Mundy *Australia's Aged Care Service System* The Myer Foundation 2002

## Current and Future Generations of Older People - Growing Diversity

As the numbers of older people grow larger, the internal diversity of this segment of the population is also likely to increase. The dimensions of this diversity will include the following:

### *Health Status*

While the need for care generally increases with age, not all older people have the same care needs. For example, while the prevalence of dementia is increasing, this certainly does not mean that all older people will suffer from it. The health status of older people is likely to become more diverse as their numbers increase and medical advances achieve results.

### *Care Needs*

It follows from the diversity in health status that older people's care needs will also diversify. Our heavy reliance on long term residential care is likely to be increasingly called into question. Already we can see from the data on length of stay in residential care that a variety of needs are being met in that system. Not all of these fall neatly into the category of 'long term care' and not all are appropriately handled under the current policy settings. The diversity of assistance provided by community care programs is even more striking. We also need to consider that older people's care needs are also met by general practitioners, hospitals and various allied health services and that new models servicing the gap between hospital and home are being developed all over Australia.

It is clear from this that the care of older people must involve more than just those services funded under the Commonwealth aged care program.

### *Wealth, Income and Assets*

The majority of the current recipients of aged care services, around 90%, are pensioners and thus tend to be relatively income poor. Many have accumulated assets, principally in the form of their own housing, during their life time and for some of these people, these assets have significantly increased in value as a result of the property boom. There is a much smaller but significant group of older people at either end of the wealth hierarchy, a reflection of the polarisation of wealth and income in society generally.

### *Carers*

The majority of older people are supported and assisted to live at home by family carers. In fact 83% of people receive help from informal carers while 59% receive help from formal providers.<sup>2</sup>

Recent research commissioned by *Carers Australia* indicates that the growth in the number of older people needing care is likely to outstrip the growth in the numbers of people providing unpaid, or informal, care.<sup>3</sup> This is principally due to population ageing and could well affect the mix of services needed to care for the population of older people. It may, for example, create proportionally more demand for forms of supported accommodation and residential care than would otherwise be the case.

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<sup>2</sup> Australian Institute of Health & Welfare *Older Australians at a Glance, 3<sup>rd</sup> Edition, 2002*

<sup>3</sup> National Centre for Social and Economic Modelling (NATSEM) *Who's Going to Care? 2004*

## *Indigenous Australians*

Providing aged and community care services to people of Aboriginal and Torres Strait Islander descent presents distinct issues and challenges. The particular health and socio-economic status of indigenous people, their distinctive cultural values and their often remote location combine to make this an area of special focus and concern.

## *Culture*

Another significant feature of Australia's post-war demographics has been the influx of migrants from many different parts of the world. As these people age, the proportion of older people from non English-speaking backgrounds will rise. This is most marked in the capital cities with the proportion of such people aged over 65 in Melbourne, for example, set to reach 40% by 2011 with 36% in Sydney and 34% in Perth<sup>4</sup>.

## *People with Disabilities who are Ageing*

The life expectancy of people with disabilities has been increasing with advances in general health and medical treatments. In addition, some people with disabilities (for example people with Downs Syndrome) experience the onset of age related conditions (such as dementia) at a much earlier age. This means that, for the first time, there is a cohort of people with disabilities who are now ageing and presenting new challenges to both the aged care and disability service systems that need to be considered and addressed into the future.

## *People with a Mental Illness*

20% of adults are affected by some form of mental disorder every year.<sup>5</sup> Older people are not immune and also experience mental illness. Recent studies have shown that depression, for example, often goes undiagnosed and untreated in older people. With greater community awareness of mental illness there is likely to be a greater demand and expectation for appropriate services and supports for older people.

## *Preferences*

Many commentators have noted that the generation born after the Second World War, the so-called 'baby boomers' have been a demanding cohort at every stage in their life cycle. In western industrialised countries they have, generally, lived through a period of prosperity and consumerism, in stark contrast to their parents and grandparents who experienced the Great Depression of the 1930's. The character of the baby boomers is unlikely to change as they become older. Not only therefore will the preferences of older people become increasingly diverse but they are also likely to be more forcefully expressed.

Beyond the 'baby boomers' the coming Generations X and Y will have different expectations and requirements, eventually as older people themselves, but also and sooner as the carers of older people.

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<sup>4</sup> The Myer Foundation 2020: *A Vision for Aged Care in Australia* 2002 p15

<sup>5</sup> SANE Australia, web-based Fact Sheet at [www.sane.org](http://www.sane.org)

## *Location*

People living in different parts of Australia may have a similar range of care needs but their access to services is likely to be different. Older people living in rural and remote Australia for example face particular challenges in obtaining services close to home.

## *Gender and Family Structure*

It is well known that women survive longer than men and that, as a result, they form the majority of older people receiving care. Less attention has been paid to the question of how similar or different their respective needs are particularly in terms of social care.

There has been significant growth in the numbers of single households. More people are living alone, neither marrying or having a family.

Family and household structure is an important variable not least because the presence or absence of a carer has profound implications for people's ability to remain living in the community supported by community care services<sup>6</sup>. There are also important links between these variables and the wealth and income of older people.

## **4 IMPLICATIONS**

The growth in numbers and in the diversity of older people needs to underpin our planning for the future. It is clear that flexibility and choice in service options will become more rather than less important. It is also clear that we will need to do better in ensuring the interconnectivity of services and to do this in ways that do not inhibit flexibility and choice.

Access to services and their affordability will continue to be challenging. There will be real limits to the scope for 'user-pays' options for some decades to come given what we know about the wealth and income of older people. The decreasing taxation base available to fund care services may exacerbate the effects of this.

Meeting the special needs of different groups within the older population, such as those deriving from different cultural backgrounds, will become increasingly important and challenging.

Australian society will need to debate and determine which dimensions of the care system that must be held as universal and those which we can afford to make dependent on people's variable capacity to pay.

In developing models or frameworks for the care of older people into the coming decades we will need to focus on three key considerations.

- Meeting older people's diverse care needs and preferences.
- Enhancing the overall efficiency of the care system
- Recognising that systems of care are local and particular and need to work not just 'in general' but in the specific contexts, and specific communities in which older people live.

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<sup>6</sup> NATSEM 2004 p36.

## 5 SHORTCOMINGS IN THE CURRENT SYSTEM

What's wrong with our current system for meeting the care needs of older people?

To start with, it is too infrequently looked at as a system and one whose purpose is to care for people. It is more commonly viewed first as a set of discrete administrative blocks. Funding sources, programs, institutions and service providers; it is often these, rather than people's needs which are taken as the starting point. In reality we have little choice but to do this, because this is how the world of care is currently constructed, but if we are to aspire to a more person-centred system of care we need to move beyond the administrative boxes. We need to 'free up' our thinking to enable new service models to be identified and trialled.

Specific problems in the aged and community care sector include:

### **Underfunding**

The aged and community care system has been bled of resources over a considerable period due to the failure of Government subsidies to keep pace with the costs of providing quality aged and community care services. The 2004 Federal Budget provided some relief in this regard with a range of funding measures arising from the recommendations of the Hogan *Review of Pricing Arrangements in Residential Aged Care*. These will certainly assist the residential care sector to remain viable in the short term though they fall short of a complete solution to the financial pressure facing the industry. There were no budget measures relating to the pricing of community care services.

### **Over Regulation**

There are two dimensions to this problem. There are too many different systems of regulation with broadly similar, but actually different, requirements and some of these, such as the regulation of residential aged care are simply far too detailed.

### **Lack of Coordination**

Lack of coordination is endemic in the care system at a number of levels. The allocation of resources is coordinated within the Commonwealth aged care program but not with related services outside of it. The formula for allocating aged care program resources does not include State managed programs (and vice versa).

Coordination of services to specific individuals is largely achieved despite the 'system' rather than because of it.

### **Institutionalisation**

There is a lot of rhetoric about residential aged care incorporating a 'home-like' environment and many providers go to considerable lengths to simulate one. The reality is however that the economics of service provision are encouraging larger and larger facilities and the realities of 'zoning' often create a congregation of aged care services on large single sites. This may be good for coordination and achieving economies of scale but less so for maximising older people's independence and social well-being or ensuring locally accessible services. Congregate care in a residential setting is a very important part of the care system for older people, the question is: are we overly reliant on it?

## **Under-researched**

Many commentators agree that a great deal remains to be found out about what constitutes effective aged and community care. A greater investment in research, development and the dissemination of good practice would potentially pay dividends in terms of the overall efficacy of the care system and the well-being of individuals served by it.

## **Fragmented**

Both residential and community care provision is characterised by a large number of relatively small provider organisations. Many commentators see this as a weakness in the care system. We should note however that there is a potential tension between industry consolidation and the maintenance of locally accessible services.

## **Workforce Availability**

Australia has an ageing workforce and a national shortage of Registered Nurses. Generally the wages and conditions able to be offered by service providers make it difficult to attract and retain staff. The availability of the workforce is already problematic and is likely to be more so into the future.

## **Planning and Infrastructure**

There are a number of planning and infrastructure issues faced by aged and community care providers:

- Delivery of aged care services is not generally planned for in new urban developments or redevelopments;
- Local council planning and approval processes can delay and impede the construction and operation of residential aged care services and independent living options;
- Community infrastructure is often not supportive of frail older people continuing to live at home; and
- Building standards for adaptable housing are not commonly adopted.

## **6 PRINCIPLES**

The scan above tells us something about the shape of the demands, expectations and requirements that need to be taken into account in designing a framework for the future. The framework will need to be based on the following principles:

### **Choice**

Older people and their carers will be at the centre of informed decision making about their care.

### **Valuing older people**

Older people are valued and respected for their life experience and knowledge.

## **Flexibility and diversity of needs**

Older people's care needs, and those of their carers, are diverse and our system of care needs to be flexible enough to accommodate this diversity.

## **A Wellness approach**

Services will maximise individuals' capacity, emphasising what people can do rather than what they can't.

## **Affordability / equity**

All people, no matter what their circumstances or location, should be able to access the care that they need.

## **Security and viability of the care system**

The care providing industry must be able to access sufficient resources to provide quality care with sufficient certainty to enable them to plan for the future.

## **Independence & self control - empowerment**

Older people need, as much as any other adults, to be masters of their own destiny. Care services need to be provided in ways which support, rather than inhibit older people's independence and self control.

## **Community**

The care of older people needs to be viewed from a whole-of-community perspective incorporating urban design, accessible services such as transport and supportive communities.

## **Continuity**

Older people's care needs do not fall neatly into the bureaucratic and funding 'boxes' that have shaped our system of care. People will move from hospital to residential care or home and sometimes back again. Our system of care needs to recognise that this is the norm and not the exception.

## **Care will be 'quality' care**

Aged care is necessarily a mix of clinical care and support for daily living. Assessing quality needs to take account of both of these dimensions; quality of care and quality of life are inextricably bound together in the aged care environment.

## **One system**

Providing genuinely person-centred aged and community care will always be more difficult if it is not thought about and managed holistically rather than in terms of specific program 'silos' and the responsibilities of different jurisdictions.

## 7 FEATURES OF A FUTURE SYSTEM OF CARE

The ideal system of care for older people, or indeed people of any age, is one which meets, and is planned around, their care needs, accords with their preferences and makes the best use of available resources. This requires services which are available, accessible, affordable, viable and able to respond flexibly to people's needs.

Features of such a system in Australia would include the following:

### **Better needs-based planning of service funding**

In planning the allocation of resources for the care of older people, and in fact for all the people in a defined geographical region, we should consider the whole range of resources required across all relevant programs. Doing this properly would require cooperation between the Commonwealth and the States/Territories as well as within each jurisdiction. Currently the allocation of Australian Government funded residential care and community places is done as a single process but related services cannot be formally included.

### **Planning and Infrastructure**

Planning for aged and community care service delivery and infrastructure to support older people remaining at home would be a routine and required aspect in all urban developments and redevelopments. Developers would be required to work in with aged and community care providers to ensure that this can be achieved for individual communities.

### **Service coordination**

Services should be able to be planned and provided in a co-ordinated manner. This would enable services to work together and meet people's needs more effectively. A result of service coordination would be improved 'pathways' for consumers.

### **Streamlined Assessment**

Assessment is the key activity which brings people into the service system. Any future care system requires agreement for services to assess in the same way in a timely manner and to accept other organisations' assessment as the basis of entry. Information could then be shared between service organisations as required. This would require increased assessment resources to be put into the aged and community care system.

### **Long-term and Short-term residential care options**

Currently residential care is funded as if all residents require long-term care. This is not the case now and is likely to be even less so in the future. People need to access residential care for periods of respite, for rehabilitation and for palliative care. All of these options require a relatively short stay. The system needs to be redesigned to enable this to occur and meet the changing demands of older people.

Long-term residential care must be able to offer a suitable balance between a home-like environment and a clinical care environment to meet the needs of older people with increasing chronic and complex conditions. The size and style of the home should meet the needs of older people in the community to ensure local accessibility, and individualised person-centred care.

## **Smaller Scale Aged Care Homes**

People long for a home-like environment wherever they live yet currently residential care homes are forced to become bigger to remain viable. The care system of the future must be able to offer smaller scale aged care homes to meet the market requirements while remaining financially viable.

## **Better Housing Options**

Older people choose a variety of housing options including residential care and remaining in their own home. As more people choose to age at home, aged care services will become more involved in housing issues, from continuing to provide accommodation through to providing advice and support for people on their housing choices – including adaptable and affordable housing. Aged care providers are already significant providers of certain forms of housing and this role could be expected to expand and diversify. Aged care providers and associations may also become advocates for complementary housing issues such as public housing and urban design and infrastructure.

## **New Service Models - New ways of combining accommodation and care**

The aged and community care system needs to be able to develop service models which will meet the expectations and demands of older people in an environment where there is a growing variety of housing options. People may well want to remain in their own home and purchase the level of care provided in nursing homes. Organisations may decide they want to specialise in either the accommodation or care aspect of service delivery. The current service models limit the ability for these types of scenarios to occur.

## **Stronger Community Care**

Community care is the service of choice for many older people and younger people with disabilities. When this choice is combined with Australia's ageing population it is clear that the current system will not be able to effectively meet the needs of all who require support. Community care needs to be made stronger through streamlining the current maze of programs, greater flexibility in the way services can respond to needs and significantly increased funding.

## **Support for Carers**

As an essential part of strengthening the community care system, support for carers needs to be maintained and enhanced. This includes access to community based respite options in small home-like environments, in-home respite, emergency overnight and weekend respite.

## **Better models of care - Making effective use of available resources**

Australia's aged and community care system is based on familiar service models but they are not always the best way to meet people's needs or the most effective use of the limited resources available.

The system of the future will continually strive to identify better models of care. Funding and management of the system will be flexible so that good evidence based models of care can be incorporated into the system without having to apply for pilot/trial funding and/or wait for program funding and guidelines to catch up to the reality of what works on the ground. In this way practice, experience and outcomes will drive the system rather than guidelines and rules.

## **Flexible Workforce**

Services are provided by appropriately trained and supported staff. Work design is based on what the older person requires to support them most effectively rather than arbitrary professional roles and boundaries.

## **Service models that fit the characteristics of rural and remote communities**

Rural and remote communities are very different in their nature and character to metropolitan areas. The current service models available are based on what works in metropolitan areas and often struggle to survive and effectively meet needs in country Australia. It is now an acknowledged fact that metropolitan models of service can not just be transplanted into a rural and remote community and work. Aged and community care needs to go back to the drawing board and develop models and approaches that truly reflect the needs of rural and remote communities and actually work effectively. This includes changing the current planning regions as they often cut across the natural boundaries and catchments of communities of interest.

## **Sufficient financial resources to provide quality care**

Financial resources must be tied to the actual costs of delivering the quality of care Australia wants to provide its older people. The resources will come from a variety of sources – including Government subsidies and consumer payments – but the net effect must be enough money to provide quality care.

## **Better Tools**

Technology to support aged and community care service delivery is a rapidly emerging field of interest both in Australia and overseas. Better approaches to information management and greater use of assistive technologies to support people are likely to feature prominently in the future of the care of older people.

## **Flexibility**

Without flexibility care systems can not operate and develop to meet people's needs. The care system of the future must be free of the constraints currently imposed on the system by program boundaries and guidelines. This is not to say there will not be accountability for public funds - there will be - but it must be based on a model of service and delivery that is ultimately flexible in its approach.

## **Sophisticated Approaches to Safety and Quality**

Aged and community care is an increasingly sophisticated industry yet the approaches to safety and quality remain as always. Accreditation should occur within the JAS-ANZ framework to ensure it meets world best practice.

## **Research and Development**

Aged and community care issues and services are currently not given sufficient priority in research and development initiatives.

The future system must have research and development capacity built in if the services are to truly meet needs and grow and change in line with demands, trends and evidence-based outcomes. Priority must be given to ageing research given Australia's demographics.

Investment in new approaches is needed if the system of care is to continue to improve.

Attention also needs to be paid to converting existing and future, research findings into practice in the planning, management and delivery of services. Existing channels for doing this do not appear to be adequate and need to be 'widened and deepened' to ensure evidence based practice becomes a reality.

### **Structural Reform**

Most commentators on Australia's health and aged care system note the complications and dysfunctions engendered by the complex division of responsibilities between different levels of government – principally the Commonwealth and the States. There is no doubt that this issue does create and compound difficulties for the delivery of flexible, client focussed services. This division of responsibilities has however proved to be very resistant to change and we cannot afford to treat it as pre requisite for other necessary reforms.

## **8 IMPLICATIONS FOR PROVIDERS**

This Framework for the care and support of older people has a number of implications for providers.

Generally it highlights an increasing emphasis on, and demand for, home and community care services, including a range of supported accommodation options. Housing will be a potential major area of involvement for more aged and community care organisations - either as providers, managers or advocates.

Residential care will continue to be a required service. Traditional demand for long term residential care is likely to decrease in relative terms but may be replaced by demand for rehabilitation and palliative care.

Future generations of older people – the baby boomers, Generation X and Generation Y – will require different types of services and modes of delivery.

Technology to support people will become much more common place and service providers will have to adapt to using what is available to continue to be competitive.

Strategic partnerships between aged care and other providers – eg housing and disability services - are likely to be more of a feature in this support framework.

These shifts will require aged and community care service providers to think about the services they provide currently, what they will provide in the future and actively make decisions about their long term directions and planning.

## 9 NEXT STEPS

This Framework is designed as a first step in identifying the future of the care of older people for all interested stakeholders. This will assist in the long term planning of services for older people generally.

Specifically for ACSA members the Framework will be used to determine what individual providers need to do to remain viable to continue delivering care and support to older people. Additional papers will be developed to explore individual aspects in further detail.

## 10 CONCLUSION

If we can put in place the sorts of feature of a better care system for older people outlined above, than we will be in a much better position in terms of our aspiration to have:

***a system of care which enables people who need support, and their carers, to live optimally in the home and community of their choice.***

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