Ageing-in-place

What does it mean and how can it be supported?

Executive Summary

The scope of this document is to provide readers with a brief overview of how they might receive care at home when they are aged. It recommends expert care management and suggests that cohousing may provide efficiency in care management and support.

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Why

Most older people who have lived in the same accommodation for some years, and have built a social network, express a wish to remain living there as they age. They would prefer not to have to move to another location as their support needs increase.

The 2021 final report of the Royal Commission into Aged Care Quality and Safety confirmed that:

> *People do not want to live or die in institutions. (Final Report Volume 1, p36)*

Risk

The royal commission found that:

> *The aged care system in Australia today has many flaws. There are, no doubt, some instances of wrongful or inappropriate behaviour, but the system as a whole is a product of different elements frequently acting as expected and intended, but not producing the best outcomes for those in need.* (p37)

Adequate aged care requires planning, and the best outcomes are achieved if the care is expertly managed.

How

Systems required to facilitate ageing-in-place may include:

- Reablement
- Modifications to the dwelling
- Providing support services to assist with daily living (delivered meals, assistance with mobility, personal care, housekeeping, etc.)
- Co-housing allowing voluntary or paid community support
- Shared housing whereby an older homeowner can receive support in exchange for accommodation
- End-of-life care

Reablement

The concept of reablement includes assisting older to people to regain capacity and independence rather than just accept disability and the provision of support. The services required to facilitate reablement include:

- Exercises at home or in groups – aerobic, resistance and balance
- Occupational therapy advice about required equipment and training
- Optimising physical and psychological health
- Short term intensive support after an illness or accident

Modifications to the dwelling

As mobility decreases with age stairs become an issue, first with the need for handrails and then eventually to be replaced with ramping. Wheelchair access requires circulation space around essential furniture like the bed, dining table and bathroom. These modifications are best done ahead of time to prevent falls or forced transfer to other accommodation. The best approach is to design in accessibility at time of original construction.

Providing Support Services

Volunteers

It is common for older people to receive increasing levels of help from family and/or friends as they age. The 2015 Australian census found that more than 11% of the Australian population were unpaid carers with nearly 4% being primary carers.

Commonwealth Funding for Older Australians.

In addition to the aged pension, the Commonwealth supports older Australians to live at home through several funding streams including:

- Carer payments
- Short-term care
- Commonwealth Home Support Program
- Home Care Packages

Carer Payments

Centrelink provides two main types of income support to Australians who are caring for disabled (including older) Australians; the carer supplement and the carer payment. Both are income tested. The carer supplement of $66/wk is for those Australians providing daily care and attention to someone in need. The carer and partner must have an adjusted taxable income less than $250,000 a year. The carer payment of approximately $484/wk is for those Australians who because of their constant caring are unable to be in full time employment. The carer payment is reduced 50cents in the dollar for assessable income above $89/wk.

CHSP (Commonwealth Home Support Program)

CHSP is the lowest level of the Commonwealth Government funding for support services for older people. Access to CHSP is via a RAS (Regional Assessment Service) organised through MyAgedCare and usually carried out in the home. Once approved by the RAS, there is little delay in providing the CHSP via one of the provider Non-Government Organisations (NGOs).

A CHSP can provide one or two services such as housework, shopping, meal preparation, gardening, showering or transport. The cost is means tested and can be as little as a few dollars to higher contributions from those who can afford to pay. A CHSP does not include care management and requires some monitoring by a competent person to ensure that the older person's needs are being met.

Home Care Packages (HCPs or Packages)

HCPs are higher level funding packages for older people living at home or in an Independent Living Unit within a retirement village. These packages are delivered under the principle of Consumer Directed Care(CDC). CDC means the older person receiving support (considered to be the the consumer/client) is empowered to choose which home care provider will administer their package, which services will be delivered in their planned home care and what service providers they will use. Services include personal support, nursing, allied health consultation, equipment, day centre attendance and in-home respite.

Upon application to MyAgedCare, access to a HCPs is via an ACAT (Aged Care Assessment Team). These assessments are carried out within the person's home and measure both the person's care needs and how urgently the funds are required.

The assessment results in a nomination of a package at one of four levels of need:

1. Level 1 - basic care needs - $9,026 per year.
2. Level 2 - low care needs - $15,877 per year.
3. Level 3 - intermediate care needs - $34,555 per year.
4. Level 4 - high care needs – $52,377 per year.

Once assessed the client/consumer is placed in the "national priority queue". At some later date (earlier for Levels 1 and 2 and later for Levels 3 and 4) MyAgedCare assigns the package and begins the funding. The client then has a limited time period to enter into an agreement with an accredited Home Care Provider who is required to administer the package (package management) and deliver the home care (care management) to defined standards. The accredited Home Care Provider extracts a percentage fee from the client's funding for package management and care management. The percentage varies between providers.

HCP clients are asked to contribute to the cost of their care. There are three components to these fees:

1. A basic daily fee of $9.88 (Level 1) to $11.20 (Level 4), expected from everyone.
2. A daily income-tested fee of $15.81 (if single income $28,472 to $54,990) up to $31.63 (single income above $54,990) assessed by Centrelink with an annual and life-time limit.
3. Fees for care and services outside of the budgeted expenditure of the HCP funds.

The Normal Mode of Delivery of a HCP

Typically, home care providers use their employees to provide the home care. In doing so the approximate levels of care that can be expected are;

Level 1. 1-3 hours care a week,
Level 2. 3-5 hours care per week,
Level 3. weekday services for up to 1-2 hours a day,
Level 4. daily services including weekends for up to 1-2 hours per day.

An Emerging Trend in the Delivery of HCPs

Some accredited home care providers offer "self managed" packages. In return for a reduced care management fee they expect the client/consumer (or their representative) to undertake the majority of their care management scope. The advantage is that it is a more efficient business model and

results in approximately double the amount of care that can be afforded. The disadvantage is that the client/consumer or their representative has to do most of the accredited home care provider's care management work.

Supporting volunteer carers using HCP funding

An even more cost-effective way of receiving home care is to provide targeted financial support to volunteer carers to ensure they can sustain their role. Centrelink income support is approximately half the poverty line and places carers under financial duress. There are significant ways to provide financial support for volunteer carers by providing "non-assessable" income items such as free lodging, reimbursements, respite, equipment, training etc. An independent care management business can invoice the HCP funds for the care being delivered and use these funds to provide the non-assessable income support to volunteers. The advantages of this are it:

1. Leverages the volunteer's non-monetary motivations.
2. Effectively sources a second stream of aged care funding to pay for the care.
3. Utilises an expert business to provide care management.

Privately organised services

A lot of people, especially those on higher incomes, find HCPs too expensive and prefer to organise their care privately. There are plenty of organisations prepared to provide this care. Some people prefer to use family, friends or people referred by others.

Another option that could be considered, particularly in a co-housing village, is some sort of barter arrangement whereby care is provided in exchange for some other service, such as baby-sitting, meal preparation, DIY activities, etc.

The advantage is that administration fees and higher government charges are avoided.

The disadvantages are that there is no external case management.

Shared housing schemes

Many older people wish to stay in their own homes but need care which cannot always be met through CHSPs or HCPs, particularly if the care is sometimes required at night. On the other hand, many people, especially mature women, single mothers, and students, suffer from housing insecurity. It would, therefore, seem possible to develop a program whereby these two groups are connected so that the older person can receive the necessary care to stay at home while the younger person can be provided with accommodation in exchange for providing care.

Organised Care in Co-Housing Communities

If privately managed services using Government funding via HCPs was to be organised for a community of older people, the governance arrangements could be put in place by the community management. There would be many efficiencies in the care management.

End-of-life care

The principles of end-of-life care are:

- Planning including Advance Care Directive, preparation of Wills, Enduring Power of Attorney and Enduring Guardianship.
- Provision of adequate community support services which can be quite intensive.
- Medical and nursing assessment to ensure that all physical and psychological care is optimal, and polypharmacy minimised.
- Provision of Palliative Care to control distressing symptoms such as pain, dyspnoea, constipation.
- Managed dying, including assisted dying if legal.

The professionals who can assist with these principles include experts in Elder Law, GPs, Nurse Practitioners, medical specialists such as geriatricians and Palliative Care physicians. It is theoretically possible to delineate a suitable team to provide advice and care for a community such as Co-Housing or an Older Person's development or village.

Conclusion

Expert care management greatly enhances the opportunity for older Australians to remain living at home. Furthermore, Co-Housing or Older Person's developments/villages have the opportunity to efficiently provide tailored advice and care teams for their community members.