HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON AGEING

Parliament House, Canberra, ACT, 2600

SUBMISSION TO THE INQUIRY INTO LONG TERM STRATEGIES TO ADDRESS THE AGEING OF THE AUSTRALIAN POPULATION OVER THE NEXT 40 YEARS.

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1 BACKGROUND

KLCK Woodhead International are acknowledged as a leading specialist firm in the aged care, health and disability services areas, and have been invited by various Government agencies to contribute to the development of research and guidelines in these areas.

We are members of various aged care peak bodies, and have presented papers at aged care conferences, palliative care conferences, hospital and health facility planning conferences etc. We are regularly invited to participate in various peak body seminars and conferences relating to health and aged care services, the built environment, building codes and standards.

We have consulted across Australia, and operate 16 offices with over 200 professional and technical staff throughout Australia and Asia.

All economic forecasters are unanimous that aged care is the one sector that will grow strongly over the coming decades. Aged care Certification standards are being raised in 2003 and again in 2008. The work in bringing existing facilities up to standard will generate between $8 billion and $10 billion in capital works between now and 2008. This program of works is for upgrading or replacing existing beds, and is exclusive of the additional beds that will be required to meet the needs of a rapidly growing aged population.

This massive program of works needs to be undertaken by professional design consultants who are familiar with not just the basic regulatory requirements of the Building Code of Australia, the new Classification 9C for Ageing In Place, the Certification Instrument, Australian Standards etc, but also having expertise in design for aged care including a thorough understanding of best practice, and of design philipophy derived from care standards that are an intrinsic part of Accreditation. The sheer volume of this body of work suggests that design consultants without such expertise will try to move into the field and learn as they go, which could lead to expensive errors being made. Perhaps a pre-qualified consultant panel could be assembled by the Department of Health and Ageing based on qualification based selection, and service providers encouraged to invite several from this panel to bid competitively for their commissions.

2 DESIGN IMPLICATIONS IN THE PROVISION OF AGED CARE

The philosophy underlying delivery of care cannot be separated from the design of the physical environment in which it operates.

The design of new facilities needs to cater for the varying levels of assistance required by residents for daily living tasks and personal care. Environmental supports will be required, but should be incorporated into the design in a manner that provides maximum dignity for residents. At the same time it is also important to focus on the residual abilities of residents, and to provide an environment which encourages residents to maximise use of these abilities.

While there are obviously clear relationships between the environment and physical capabilities, a number of studies have also demonstrated that the physical environment affects the behaviour and psychological state of ageing people. Further, there is evidence to suggest that some behaviours previously attributed to such causes as dementia may in fact be a consequence of so-called 'counter-therapeutic' design.

Our designs focus on providing residents with a homelike environment. A homelike environment forms a stark contrast to the larger scale of an institutional setting, which can be intimidating and unsettling for residents. In such a setting, residents tend to cease making decisions for themselves and consequently their independence fades and individuality recedes. Both residents and staff become institutionalised, and staff often needlessly engage in tasks that residents may still have been able to do for themselves.

A homelike environment cannot be categorised or prescribed, as it is not the same for all people and is governed by a person's previous experiences and expectations. It will therefore be particularly important to consult with residents and their families so that a setting appropriate to their past experience and memories can be designed.

3 DESIGN IMPLICATIONS FOR DEMENTIA CARE

Designing for people with dementia requires a particular understanding of the impact of the disorder on residents and their families. When designing for people with dementia it is essential to provide an environment that enables residents to use their remaining cognitive abilities and skills to the highest possible level. To achieve this, we believe key design principles, such as redundant cueing, design for wayfinding and orientation, familiarity, appropriate scale and security, need to be applied.

4 DESIGN FOR CARERS AND OTHER STAFF

The over-riding factor in the quality of a residential aged care service is the care-giving staff and their attitude. One can design and build the most wonderful residential setting but if the staff are unsympathetic to the residents it all amounts to nothing. The philosophy of care and the model of care are all important. A key factor in making buildings work for staff is operational efficiency – often the issue that makes or breaks the operational model is staffing efficiency at day-time and night-time levels. The design needs to promote this efficiency to its optimal level. Travel distances must be kept tight through use of efficient planning and functional relationships. User friendly engineering systems and controls, and design to ESD (Ecologically Sustainable Design) principles are very important.

5 DESIGN FOR FAMILIES AND FRIENDS

Provision of a welcoming, valuing environment that is familiar and pleasant to visit and to interact with your loved ones. Ability to socialise and partake in recreational activities both indoors and out in

comfortable and welcoming environments, appropriate to that particular activity. Feeling welcome, feeling at home.

6 DESIGN FOR SERVICE PROVIDERS

From the point of view of service providers one cannot over-emphasise the importance of briefing: the type of building; the range of functions and programs to be undertaken; who the users are (and how many); user needs; the philosophy of care; operational considerations, resources and constraints; budget.

Many care providers will argue that the most significant challenge to be addressed in environmental design is the more effective utilisation of capital and recurrent finances. It has perhaps not been fully realised that good design is already producing efficiencies, but often indirectly. There is some empirical evidence to suggest that considered design can reduce behaviours that cost money such as wandering, incontinence and agitation.

There are also reports in recently designed facilities of improved resident physical health, and signs that residents are less agitated, more satisfied and less likely to require physical or chemical restraint. This has actually worked against some of our clients where the Resident Classification Scale was re-assessed and payments were reduced due to the measured increase in the well-being and activity levels of the residents in an enabling setting.

Higher levels of staff retention and family satisfaction are also evident in well designed facilities, and these are capable of producing both direct and indirect financial benefits. Clearly, however, as resources become increasingly scarce, much more work will need to be done on this fundamental issue.

It is important not to simply opt for 'cheaper' buildings. It is important not to get fixated on low capital ($ per bed) costs. The life-cycle cost of a facility is dependent on its maintenance costs, staffing efficiency, energy efficiency and sometimes these can be optimised or minimised by paying a bit more at the outset, but with a short pay-back period beyond which you are achieving savings year after year of operation. Total investment evaluation over the life-cycle expectation of the facility must be considered – not just the initial building capital cost which in truth represents a fraction of the whole of life cost.

Similarly, it is important to use qualification based selection and not to be tempted into engaging the bargain basement designers who might be buying the work and who don't have a sound knowledge of best practice in aged care service provision. Design errors or omissions can be hugely costly both short and long term, and prohibitively expensive to remedy.

7. 2008 ACCREDITATION AND CERTIFICATION

A National Aged Care Alliance has been founded comprising peak bodies involved in provision and delivery of aged care services in Australia. It has identified that there has to be in excess of $10 billion in capital works expenditure between now and 2008 in order to bring current licensed high and low level care beds up to the standards that have to be met in 2008. This program will involve some refurbishment of existing facilities where this is feasible, or replacement with new ones where it is not.

This is exclusive of any new projects that could be anticipated as being built to meet the needs of the rapidly growing aged population. (By 2030 the Australian population as a whole will grow by 30% but the over 80 population will grow by 200%).

Assuming a $10 billion works program, an anticipated distribution of this capital expenditure might look like:

- NSW 26% = $2.6 billion
- Victoria 25% = $2.5 billion
- Queensland 17% = $1.7 billion
- South Australia 12% = $1.2 billion
- Western Australia 10% = $1.0 billion
- Tasmania 5% = $500 million
- Northern Territory 3% = $300 million
- ACT 2% = $200 million

8. SHORTFALL IN CURRENT RESIDENTIAL AGED CARE BEDS

On top of this, there is a recognised short-fall of beds across Australia at present. Each six months, bed licences are granted by the Commonwealth to redress this unmet need. The present Commonwealth Government estimates that an additional 35,000 operational aged care places are required by June 2006. This will translate into a works program of about $3.5 billion over that period.

Signed: ……

- Joseph Lewit