

Submission to the Royal Commission into Aged Care Quality and Safety, Anne Tennock

This submission focuses on three areas of critical importance **from the perspective of older people** for shifting the quality and safety across the spectrum of aged care services, and guiding solutions to improving aged care.

These areas are:

1. The idea of old – dispelling misperceptions of ageing and challenging ageism
2. Community connectedness – combating social isolation and improving social interaction through volunteering and other strategies
3. Raising the voice of older people

The idea of old

It seems nobody wants to celebrate old age. Negative views of ageing are almost universally shared by clinical professions, community, media, all age groups, families, staff and critically, older people themselves. Yet old age may be the first time in life when people have the freedom to truly be themselves and do what they want. Older people's lives can be full of rich enjoyment, happiness and satisfaction and often they can be largely self-sufficient with very little support.

Negative stereotypes of ageing need an active program to disrupt them and to be replaced with more realistic, positive and empowering images. The research by Levy and Pilver points to the effectiveness of implicit-age-stereotype interventions. The following list of words (gleaned from older people) would be valuable to link with the words 'old' and 'senior':

Vital, vibrant, full of vim, sage, wise, vivacious, revolutionary, free, experienced, elder, survivor, resilient, pioneer, learned, achiever, parents of the nation, dynamic, peaceful, happy, helpful, fun, keen, enthusiastic, sensible, bright, witty, treasure, energetic, inspiring, respected, lovely, fierce, loveable, responsible, reliable, honest, decent, proud, independent, brave, stoic, strong, tough, durable, lasting, happiest, made so many people laugh, outspoken, don't have to cut dags off sheep anymore, candid, aware, alert, discriminating, tranquil, victorious.

A program could be carried out through apps, advertising on visual media and rap music playing in public places and aged-care homes, or through a policy requiring sprinkling these word combinations through all text/reports/policy documents associated with ageing and aged care.

Community connectedness

There is a set of problems faced by many older people in the community that lead to social isolation, higher care needs and potentially hospital and institutionalisation:

- Falls
- Vision Loss
- Hearing Loss
- Incontinence

Addressing these problems early and appropriately would lead to reduced admission to hospital and higher care. Vision loss, hearing loss and incontinence all contribute to the likelihood of falls and in many cases are preventable and treatable. All four issues can also lead to social isolation which also has a negative impact on health.

Enabling older people to be more connected to their communities would increase a sense of belonging and contribution. When people feel as if they are no longer useful (a by-product of ageism), health outcomes suffer. If health policy and funding were directed to nothing more than helping people to become members of and volunteers in good groups, a huge step forward would be achieved. Investment is needed in infrastructure, equipment and training with a focus on the elderly and carers in our community.

Raising the voice of older people

Older people who do unravel the challenges of how to live well into old age, usually on very little income, have wonderful stories to tell. The lives of older Australians living well need to be clearly understood. How did they arrive at this place? What support or recognition did they receive that helped them have a good old age?

Older people are much more different from each other than younger people. The consequences of our choices play out in our lives for better or worse. The generation now arriving at the age of 70 is the Baby Boomer generation. This could be considered a revolutionary generation, likely to have very different expectations of old age and care.

Involving older people in decision-making roles, representative roles and providing mechanisms for giving people agency in care choices and services could generate amazing outcomes for this and future generations. Consideration should be given to model of wider engagement of older people in organisations and governance of the services that provide their care. The provision of training for aged care providers, including in-home care services, residential aged care, hospitals and primary health providers, on engaging older people effectively should be a priority.