

House and Home: Pathway and alternatives to residential aged care for older Australian women

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Housing is a fundamental requirement for the quality of life and care of older Australians, and a key component of community based aged care. Policy directions, provider arrangements and consumer preferences all point towards increased desire for home-based community care and ageing-in-place. This is characterised by remaining living in the home, while supported by a range of aged care services, such as assistance with self-care, health, domestic activity, transport and meals. A continuum of care using these services is essential to support the needs of older people as they age. Over the course of their later lives older people will use different types and levels of care, from different parts of the aged care system. Changes in circumstances, as well as other factors might predispose them to needing care or accessing services.

Equitable delivery of sufficient, adequate and timely services to increasing number of older people requires detailed understanding of how the system works, for whom, and whether it is time in relation to their changing needs. It is also vital to understand how different parts of the aged care system intersect, and how an individual transitions from one source or level of community or aged care to another.

This study seeks to explore the timing and use of care in later life and the types of services used by older people living in the community. This research project examined whether and how the policy goal of ageing-in-place is achieved over a long period of time for a large cohort of women, who were born between 1921 and 1926.

Aims and objectives

To identify changes in housing arrangements among women aged 70-75 years as they aged into 85-90 years, and how these changes related to service use and other health and social factors.

Specific objectives are:

- To classify housing arrangements at different time points from 1996-2013 using both survey and administrative aged care data.
- To use Latent Class Analysis (LCA) to identify, characterise and quantify patterns of housing arrangements as women age.
- To use LCA with covariates to further characterise patterns of housing arrangements as women age.
- To describe and model the use of aged care over time, for women with different patterns of housing arrangements, according to: source of care (i.e. Aged Care Assessment Program -ACAP, Home and Community Care –HACC, and Residential Aged Care – RAC), assessed need, type of Community Care Services (CCS).

Data

This study capitalised on the data acquired over 20 years by the Australian Longitudinal Study of Women's Health (ALSWH). Data from survey 2 (in 1999) to survey 6 (in 2011) were used, with a total number of 9,575 respondents. We also used administrative aged care data.

Methods

We linked all data sources, identified what types of housing women were residing in at particular point in time, the timing of ACAP assessment, their use of Home and Community Care, and whether and when they transitioned into residential care.

We used generalised estimating equations to identify which types of housing were associated with ACAP and HACC use, and competing risks analyses to model entry into residential aged care over time, and the social and health care needs associated with these transitions.

Main findings

This study found that *most women are ageing in place*, staying in their own home or apartment. A significant minority of women living in retirement villages. Factors distinguishing women in each type of residence:

- Remain in their house – more like to being partnered or living alone.
- Living in apartment – more likely living in urban areas, more likely to receive an Aged Care Assessment (ACAT) and more likely to receive HACC services.
- Living in retirement village – more likely living in urban areas, more likely to have lower measure of physical function, more likely to receive ACAT but not more likely to receive HACC.

The most commonly identified needs were for assistance with self-care, health, transport, meals, home maintenance, and social & domestic activities.

Only one in five of women moved over an 11-year period, with the more common transition being into residential aged care. Women who transitioned early into residential aged care tended to have very low physical function. Over the entire study period, one in three (about 35%) of women entered aged care, with each one-year increase in age associated with a 17% increased risk of entry into residential aged care.

Women were more likely to move into aged care if they were living in a retirement village (43%) or an apartment (34%) compared to women living in a house (25%). The rate of entry into residential aged care was higher for women who had a stroke, arthritis, with vision problems, and had more than three other chronic conditions.

As well as needing care themselves, women in the ALSWH have played significant roles in providing care to others. At ages 70-75, women were twice as likely to care for someone else (17%) than needing care for themselves (9%). At ages 85-90, 13% were caring for another person and 34% needing care for themselves. We found that carers were less likely to have an assessment, but more likely to receive HACC services.

HACC services were also more likely to be used by women with difficulty in managing income, which indicates that these services are being used more by women with the greatest economic need. Other factors of using HACC services are: being not partnered, needing help with daily tasks, fall in the last 12 months, hospital admission, stroke and other comorbidity conditions.

Conclusion and discussion

This study has followed a large group of women as they aged from their 70s through their 80s, and looked at changes in housing over time, corresponding health and care needs, and the services and support the women received. The table below shows the residential choices over the period of 1999-2011.

Women who stayed in their types of housing		Women who changed the type of housing	
House	47.0%	Residential Aged Care (RAC) transition (moving from apartment/retirement village to RAC)	7.8%
House (early death)	13.7%	Downsize (from house to apartment or retirement village)	6.6%
Apartment	12.8%	House to RAC	6.4%
Retirement village	5.8%	Total moving	20.8%
Total staying	79.3%		

The research main findings point to a potential underuse of assessment for women living in a house and a potential underuse of HACC services by women living in retirement villages, with a possible opportunity to improve services for these women to allow them to age in place and delay entry into residential aged care.

The findings have potential for information policy and practice in a number of areas:

1. Planning and projections.

Our evidence suggests that most women will stay in a house. While the policy drive is for ageing in place, there may be a need to expand the housing options for older women, particularly for those in regional areas.

2. Use of HACC and Residential Aged Care.

The data show that women used these services over their later lives, with poor health and disability being a major driver of service use. There may be a need to encourage early low level service use for these women in order to maintain them in their homes.

3. Increase promotion to improve wellbeing and preventing functional decline for apartment dwellers and to support ageing in place.

4. Increase support for women living in retirement villages, which may reduce demands for residential aged care.

5. Areas for future research:

a. Studying the health and other outcomes of older people receiving aged care supports over time, as compared to receiving informal care only.

b. Given that living in apartments and retirement villages was shown to be associated with higher risk of admission to residential aged care, further research is needed to identify why this is so.

c. Improving outcomes for people living in retirement villages by identifying a range of features (for example: architectural or built environment, social activities, village services) that offer greater support for ageing-in-place. The study may also gauge consumer views about the types of features or services that village residents, or those considering a move to a retirement village, most want and need. This could inform ongoing developments and targeting towards the needs of particular types of consumers.

IRT Foundation supports research, education and advocacy activities, and partnering with the community to create age-friendly communities.

This project was funded through IRT Foundation's Research Grants program. Our research program is committed to building knowledge into ageing well in Australia.

IRT Foundation is continually engaging the community to create opportunities for people to age positively. We will assist people to participate, contribute and enjoy living as they move from their working life, transition into retirement and then into their later life.

We are a key part of IRT Group's commitment to giving back to the community.

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