Looking across the ditch for inspiration

Given Australia’s aged care funding system is moving towards the New Zealand model, we should be looking at that country’s most successful built environments as inspiration for our own capital developments, writes David Cox.

A capital development project will be a major decision for any organisation, and getting it right will not only impact resident satisfaction and occupancy, but can influence short and long-term project feasibility. In the ever-shifting user/patient environment resulting from the Living Longer, Living Better reforms, residential care providers are increasingly looking to learn from foreign, better reforms, which may provide a full continuum of care to ensure that they are prepared to operate in a changing market. There is also a growing recognition of the need for a more holistic approach to aged care design that is based on evidence of what works and what doesn’t.

The Organisation for Economic Cooperation and Development (OECD) classifies aged care funding models into three types: single universal, mixed, and social insurance funding. Each model is characterised by its inherent risk and responsibility-sharing arrangements. A single universal system includes tax-financed and social insurance aged care schemes that are primarily funded by the state. Care is provided universally to citizens, regardless of wealth or assets. A social insurance funding system includes some measure of private risk sharing, with some families and individuals paying a portion of the cost. The mixed system is a hybrid of the single universal and social insurance systems, with a mixture of private and public funding.

CHANGES IN AUSTRALIA
Austrian and New Zealand, all who have a predominant focus on the delivery of care to small communities, resulting in homes that are smaller and integrated with the local community. As there is a stable funding pool, design tends to focus more on optimism community models and less on scale, efficiency or aesthetics designed to attract the consumer.

In contrast, aged care systems in other countries, like Germany and Japan, have homes typically managed under a medical model and are often large and institutional in design. The design of these homes generally focuses towards the provision of clinical care in the most efficient manner possible. There are often limited communal amenities and less effort made on aesthetics or consumer appeal.

At the other extreme, safety net systems, like the United States and the United Kingdom, only provide financial support for consumers with very low assets and/or income. Homes in these markets are aimed at attracting a paying consumer and contemporary care design focused on a lifestyle.