
Who are we here for anyway?

Supporting older people to live valued
and meaningful lives



The Evidence

- Older people do better physically, mentally, emotionally and spiritually when they are immersed in relationships and continue to have meaningful things to do and roles to perform

What we know?

- There will be increasing numbers of older people
- Many people will be healthier longer
- There will be an emphasis on 'positive ageing'
- Some people will create new solutions for themselves
- Health decline and cognitive impairment will continue to be a reality
- Risk and loss will continue to be a part of older age
- Financing models will change some people will have resources and many won't – 'creaming' will become even more of an issue – emergence of two tiered systems
- Workforce models must change

Attitudes & Stereotypes

– will they still prevail?

- Burden
- Trivium
- Burden of Charity
- Child – once again
- Sick/ Diseased
- Better off Dead

'Values' Challenges?

- What services 'do' in the lives of people to assist them to maintain/ attain valued roles as citizens, community members, family members, friends, contributors.
- How services contribute to positive images about older people, especially those with impairments, and who are poor
- Whether the 'voice' and 'unique' identity of older people is routinely heard
- Whether people are encouraged and supported to have faith/hope in the present and the future?
- Whether people are supported to have as much autonomy as possible

Values Challenges?

- What benefits will there be for service recipients because of the efforts of service providers?
- Does the content of our services respond to the challenges of the future?
- Does the content relate to the needs that people have for relationships, meaningful involvements and contribution?

Some Key Considerations

- Resist defining people in terms of their vulnerabilities and risks, and support their strengths and positive capacities to play a greater role in shaping what goals are pursued
- Many of older people's fundamental needs may be more advantageously met by many sources in the broader community

Some Key Considerations

- Residential care needs to become a less dominant response to the care needs of older people
- The field will need to become more 'vision led', reinforcing the contribution and value of older people
- Relationships between staff and clients will need to be more egalitarian, natural, less defined by roles

Some Key Considerations

- The need to engage younger people in the 'passion' for older people, our field and our work
- The need to shelter older people from bureaucratic rigidity and invasiveness
- We will need to create the space and capacity to relate to people deeply and understand what is important to them

Some Key Considerations

- We need to get far more practice at ‘tailor making’ individual support - we need far more projects that push our thinking and development, that challenge the ‘state of the art’
- Must invest in people – in encouraging positive vision and life giving values

Thank you!

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