



POSITIVE APPROACH TO AGEING: A POLICY LESSON FOR A COMMUNITY-BASED AGED CARE SYSTEM IN SRI LANKA

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ABSTRACT

Even though demographic trends of becoming an ageing society have been evident for some years now, ageing and the aged is yet to be a topic in serious social policy dialog in Sri Lanka. Having a hard look at the changes occurring in current informal care systems for the aged and the challenges it presents, and reviewing existing social policy in relation to aged care in the country is an important timely requirement. It will enable us to identify the gulfs within current systems, both formal and informal, and give new directions to deal with the challenges. It will also facilitate us lessons to be learnt from other successful systems around the world and will be an action of putting tomorrow's crucial issue on today's agenda. This paper prepares the background for a policy discussion drawing on some important implications from successful 'positive approach to ageing' policy in Australia. The author's opinion is that Australia demonstrates a remarkably spirited social consciousness that ageing is not a standalone issue needing Band-Aid policy responses, but rather is an achievement, and to make much out of it, it has to be looked at and responded to from within the entire social system. Therefore, policy and programme response to ageing has taken a broad, integrated, holistic and futuristic perspective and the country is moving fast from residential care to community care approach – a shift from dependency model to active model of response. There is much Sri Lanka can learn from it.

Key words: Aged Care, Social Policy, Positive Ageing, Australia, Active Model of Response

INTRODUCTION

The last two national censuses in Sri Lanka demonstrate a transformation in the

population structure of the country. The current proportion of elderly population in Sri Lanka is higher than the proportion in

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other South Asian countries. Therefore, predictions of future trends confront the prospect of a further steadily ageing population. In 2001, 9.2% of Sri Lanka's population was 60 years of age and older, which is a relatively large elderly population for a developing country. This was projected to be 12.5% by 2011, and will be 24.8% by 2041, almost a quarter of the total population of the country. During the period between 1981-2001, the growth rate of the older population in the country has well surpassed the total population growth rate, recording 3.3% versus 1.2% respectively (Siddhisena 2005). It is an increase of over 100%. Population experts say that this increase is due largely to two reasons: (1) Increasing longevity and (2) declining birth rate. According to some accounts, both direct and indirect effects of international migration have also been a significant reason.

Inevitably, this trend of population ageing in the country will create a situation of an increased demand for care and support services for the elderly, both in the community and in residential care settings. One will argue that Sri Lanka already has a strong community-based informal system of care for the elderly in the country, and therefore there is no need to 'panic'. Yet the fact is that, as it is emphasised even in the United Nations Madrid Plan of Action on Ageing, ageing and its' accompanying issues around care, recognition, respect and dignity should no longer only be a serious concern for developed countries.

The reasons can be summarised into two factors: (1) In an increasingly interconnected world, developing countries, especially many of the

economically fast growing countries like Sri Lanka, undergo a significant social transformations. As a result, the generations-old strong community sector seems to be weakening and some of its functions, for example informal systems to care for the elderly, are gradually weakening (2) Emigration of the young people and young adults from developing countries is reducing the population that could care for the aged in the community. For example, Sri Lanka is internationally well documented as one of the leading countries where almost all types of modern migration movements originate from. It has created a problematic situation of informal caring for the elderly within family. Hence it is evident that as a result of these developments, there is tension in Sri Lanka between what existed in the past and the new community context where family, extended family and community level informal care for the elderly are fast becoming no longer possible.

Sri Lanka has to act to diffuse such tension. Even though demographic trends of becoming an ageing society have been evident for some years now, ageing and the aged is yet to be a topic in serious social policy dialog in the country. Having a hard look at the changes occurring in current informal care systems and the challenges it presents, and reviewing existing social policy in relation to the aged care in the country is an important timely requirement. It will enable us to identify the gulfs within current systems, both formal and informal, and give new directions to deal with the challenges. It will also provide us with the opportunity to look at and learn from other successful systems around. It will be an action

of putting tomorrow's crucial issue on today's agenda.

This paper is not an effort of comprehensive policy analysis or formulation. Yet it prepares the background for a policy discussion by drawing on some important implications from successful 'positive approach to ageing' policy in Australia. The author's opinion is that Australia demonstrates a remarkably spirited social consciousness that ageing is not a standalone issue needing 'Band-Aid' policy responses; it is an achievement, and to make much out of it, it has to be looked at and responded to from within the entire social system. As such, their policy and programme response to ageing has taken a broad, integrated, holistic and futuristic perspective. Australia has fully committed to the United Nations Madrid Plan of Action on Ageing, and is moving fast from a predominantly residential care system to a community care system which is called a shift from dependency model to active model of response.

The paper is organised into two major sections. The first will descriptively present the key components of the Australian system, especially community-based components which make the macro policy in the country a community-based care system. The second section briefly presents the aspects believed to be worthwhile to be looked at and discussed in a policy development dialog in the community context in Sri Lanka. The paper does not discuss policy development.

UNITED NATION PLAN OF ACTION ON AGEING

United Nations Political Declaration and International Plan of Action on Ageing known as the 'Madrid Plan' is a turning point of the way how the world addresses the key challenge of "building a society for all age" (UN 2002). It provides an international policy framework for both developed and developing countries to be adopted. The plan highlights two important concerns:

- (1) Increasing proportion of older people in population today is no longer a fact seen only in more developed countries; and,
- (2) Unlike in the past, where once ageing was thought by some to be a standalone

issue or afterthought, today, population ageing has profound consequences for every aspect of all individual, community, national and international life (UN 2002).

Madrid Plan of Action calls for all governments to take responsibility in promoting, providing and ensuring access to basic social services bearing in mind the specific needs of older persons. It calls for a partnership of all public, private, NGO and community sectors in solidarity and take action to reorient the ways in which their societies perceive, interact with and care for their older citizens. In such an action, the plan emphasises, "each and every one of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older people, and in building a future of security, opportunity and dignity for people of all ages" (UN: 2002).

Madrid Plan provides a policy framework for all countries to be adopted outlining three priority areas in policy development and implementation on ageing. They are: (1) Older persons and development (2) Advancing health and wellbeing into old age and, (3) Ensuring enabling and supportive environments

POSITIVE AGEING APPROACH IN AUSTRALIA

The Australian Government has ratified and is fully committed to the Madrid Plan. The policies and support services described in the Australian government's action plan on ageing covers most of the Madrid Plan policy directions and provides evidence of the Australian Government's commitment to implementing it (DSS 2008).

The underlined vision of Australian policy is 'positive ageing'. The term 'positive ageing' is used to promote and facilitate everyone to keep a positive attitude towards ageing (DHA 2011). The key guiding principles that are earmarked as prominently central and important in positive ageing agenda in Australia are as follow:

1. Reduce the prevalence of age discrimination in communities so older people can continue to participate in the workforce if they choose
2. Promote lifelong learning and active ageing so people can be active and resilient, stay connected and increase their general wellbeing
3. Encourage recognition of the contribution by older people and eradicate the prevalence of age discrimination in communities

4. Advocate for government programmes and initiatives
5. Make older people aware of programme and how to access them
6. Lead promotional activities to ensure communities value and respect older people
7. Make effort to reduce life-style health risk factors and promote good health and healthy ageing as a high priority
8. Encourage planning for future including funeral security, legal matters and future care (DHA 2011).

Australia's strong commitment to these principles is clearly demonstrated by the establishment of a high level ministerial conference on ageing which reports directly to the Council of Australian Governments (COAG). It facilitates a partnership of three levels of governments (National, States and Territories, and Local Government), community and community aged care services in policy and service development, and delivery on ageing and aged care. As such, it distinctively promotes a more cohesive, holistic, efficient partnership approach to ageing and aged care across the country, and delivers this commitment through a universal pension scheme, residential aged services and community-based aged care programmes.

UNIVERSAL PENSION SCHEME:

Universal pension scheme, Australia's retirement income system, has been designed to ensure that all Australians have security and dignity in retirement (DSS 2008). The system comprises three components:

- Compulsory employer superannuation contributions (a pension fund), 9% cent of the employee's gross salary
- Self-funded retirement - private savings by individuals including voluntary private superannuation
- A means-tested, but otherwise universal, government age pension system providing a safety net to those who are not in the above two categories, so no one will be left out economically

RESIDENTIAL AGED CARE SERVICES:

Residential aged care service provides frail older people care from full time care staff in purpose-built aged care homes owned by the care provider. These are quite separate from hospitals. Most of these homes provide places funded by the Australian Government. The service includes two types of care: low level care and high level care. Low level care provides accommodation, and helps residents with the activities of daily living such as dressing, eating and bathing, and the support services such as cleaning, laundry and meals and some allied health services such as physiotherapy. Nursing care is provided when required. High level care provides accommodation for people who need almost complete assistance with most activities of daily living with twenty-four hour care, either by registered nurses, or under the supervision of registered nurses. Nursing care is combined with the support services, personal care services such as help with dressing, eating, and toileting, bathing and moving around and allied health services such as physiotherapy, occupational therapy, recreational

therapy and podiatry. Residential care can be on a permanent or respite basis. Residential respite provides short term care on a planned or emergency basis.

COMMUNITY-BASED AGED CARE PROGRAMMES

Community-based aged care programmes, of which this paper predominantly focuses on, are to provide care for the elderly in their own homes from visiting care providers. The majority of older Australians prefer to stay in their own homes. Whenever possible, community care programmes assist people to remain at home despite the effects of ageing. There are two programmes available to help out with daily living activities that may have become harder for older Australian to manage on their own. They are:

1. high care service which include Extended Aged Care at Home (EACH) and Extended Aged Care at Home – Dementia (EACH D) services, and
2. low care service which include Home and Community Care (HACC) and Community Aged Care Packages (CACP). Community Aged Care Packages provide a package of services whereas HACC provides one or more services.

EXTENDED AGED CARE AT HOME (EACH):

Extended Aged Care at Home (EACH) packages are individually planned and coordinated packages of care, tailored to help frail older Australians with high-level care needs to remain at home. They are funded by the Australian Government to provide for the complex care needs.

EXTENDED AGED CARE AT HOME - DEMENTIA (EACH D):

The EACH Dementia Programme (EACH D) packages are individually planned and coordinated packages of care, tailored to help frail older people with dementia and behaviours of concern associated with their dementia, who require management of behaviours and services, generally including nursing, because of their complex care needs. These people would otherwise be eligible for high-care residential care service.

COMMUNITY AGED CARE PACKAGES:

Community Aged Care Packages provide care at home for frail older people with care needs requiring care planning and case management. They are designed to meet the daily care needs of frail older people to enable them to remain in their own homes as an alternative to low-level residential care. A Community Aged Care Package may include personal care assistance, assistance with meals and domestic assistance, such as cleaning.

ACHA PROGRAMME:

The Assistance with Care and Housing for the Aged (ACHA) Programme helps eligible clients remain in the community. Eligible clients are financially disadvantaged older people who are homeless or have insecure accommodation and are at risk of becoming homeless. The programme helps clients obtain appropriate, sustainable and affordable housing. However, ACHA is a linkage programme, not a programme that provides ongoing care. ACHA providers are largely charitable or religious not-for-profit organisations, they work with

state government housing authorities to assist eligible clients to obtain better, more stable accommodation. Once this is organised, the clients are linked to other appropriate community aged care services.

HOME AND COMMUNITY CARE (HACC) PROGRAMME

HACC provides care to assist people in their own homes and is the largest community care programme. It aims to: (1) provide a comprehensive, coordinated range of basic support services to enable older Australians and those with a disability to live independently; and, (2) support people to be more independent at home and in the community to enhance their quality of life and/or prevent their inappropriate admission to long term residential care. Principally, HACC is client-centered, carer focused, partnership based; and, promotes client independence and incorporates individualised and goal oriented care planning and service delivery

HACC SERVICES:

HACC delivers a broad range of services, they vary with the needs of the older person, so that the client can access to the services based on their own choice. The services include:

- Home care – home carer comes to the house of the person and help with cleaning, gardening, washing clothes, shopping, and cooking etc.
- Personal care – personal carer comes to the house of the person and help with having a shower, getting dressed, eating etc.

- Delivered meals – a volunteer or staff member of the service agency deliver meals ready to eat or re-heat, to the home of the person or sometimes to a community venue where older persons have a social meal
 - Home maintenance – home maintenance worker from the service agency comes to the home of the person and help with small jobs around the home to improve the safety of the older person such as installing handrails, changing light globes, checking smoke alarms etc.
 - Nursing – a registered nurse visits the home of the older person and gives advice about managing health problems such as diabetes, incontinence, arthritis etc.
 - Counselling –counselling services are provided through twenty-four hour telephone counselling or national carer counselling programme, for bereavement, depression, drug or alcohol-related problems, or for carers to help deal with the stress of being a carer.
 - Home visitor - a trained community volunteer from the service agency visits the home of the older person and spend some time giving company
 - Telelink – the older person will be lined up with other people for regular chats over the phone
 - Community transport – a volunteer or staff member of the service agency will come to the home of the older person by a service providing agency vehicle and drive the person to the local doctor or community groups etc. when required
 - Day therapy centres –in day therapy centres, allied health professionals advice and treatment in relation to problems the older person may have with movement (occupational or physiotherapy), foot care or walking (Podiatry), diet (Dietetics), speaking and communicating (Speech Pathology)
 - Social support - Planned Activity Groups (PAGs) – Planned Activity Groups (PAGs) are designed to help the older persons keep well and active. Group activities include participating in physical activity exercises, for example strength training, walking groups, tai chi, aqua-aerobics etc., arts and crafts, dancing and relaxation programmes, talking with friends and receiving advice on nutrition health and wellbeing etc.
 - Community-based respite care (mostly day care). Respite care is substitute care that can be arranged for carers to have planned breaks, regular weekly breaks, and short holidays or for emergency situations such as family illness.
- HACC programme provides a range of carer support services as well. They help meet the needs of those people who are the primary carers for frail older people or young people with a disability. This support includes respite services, information, social support and carer counselling, practical and financial support, and some other services delivered through the general Home and Community Care Programme.

RECOGNITION OF CULTURAL DIVERSITY

Australia is one of the most culturally diverse nations in the world. One of the significant features of Australia's positive ageing policy and programmes in general and HACC programme in particular, is the recognition of the needs of Culturally and Linguistically Diverse (CALD) background communities and individuals. The fact that the needs of those communities vary considerably has been fully recognised and catered for in the aged care system to ensure that it has the capacity to respond to the individual person regardless of their cultural or linguistic background.

Older people from CALD backgrounds can access and benefit from the same services as other older people in the community. There are also some additional initiatives intended to address their special needs. The Government funds an organisation in each State and Territory to equip aged care providers to deliver culturally appropriate care to older people from CALD backgrounds. These organisations provide culturally appropriate training to staff of aged care services, disseminate information on high quality aged care practices and support aged care service providers to develop new culturally appropriate services including ethno-specific and multicultural aged care services. The following principles have been developed to provide a framework for CALD inclusion in all activities and in the provision of aged care services (DHA 2012)

- Inclusion - the needs of older people from CALD backgrounds, their families and carers are included

in the development of Australian Government ageing and aged care policies and programmes on an ongoing basis

- Empowerment - older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to maximise their use of the aged care system
- Access and Equity - all areas of ageing and aged care understand the importance of and deliver culturally and linguistically responsive care
- Quality - care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers and are assessed accordingly
- Capacity Building - individuals from CALD backgrounds and CALD communities have the capacity to both articulate their ageing and aged care needs and be involved in the development of services and the workforce to meet these needs

FUNDING AND SERVICE PROVIDERS:

The Home and Community Care Programme is jointly funded by the National and State and Territory governments. The National government contributes approximately 60 per cent of the funding and maintains a broad strategic policy role. The State and Territory governments are responsible for the rest of the funding and the day-to-day management of the programme. They fund services through block grants to the Local Government Authorities (LGAs) and other contracted non-government

and community organisations, and set recipients' fees policy. Fees are estimated by the states to cover around five per cent of the cost of Home and Community Care services. However, those who are unable to pay the fees, if their inability to pay is found to be reasonable in the service eligibility assessment, the service for them is not denied at all.

ELIGIBILITY ASSESSMENT:

People seeking HACC services can approach any HACC service provider and receive a service specific eligibility assessment for the HACC services they provide. Initial screening will determine if the older person is in the HACC target group, and identify the person's needs and priorities for the services that the HACC organisation provides. If other needs are identified, the organisation will refer the person to other service providers that can meet those identified need.

In addition to this, HACC assessment services provide assessments that are broader and more comprehensive. These are called "Living at Home Assessments" (LAHA). A Living at Home Assessment takes place, wherever possible in the older person's home and assists them to explore a range of ways to live independently and remain active members of their own community.

COMMUNITY CONSULTATION

The positive ageing policy in Australia highlights the fact that no policy is complete without further reforms responding to new challenges. Australia's Positive ageing policy is still evolving, especially in the direction of a much stronger community-based policy. For example, by 2015,

there will be new direction to HACC as it becomes a comprehensive 'Home Support' programme combining several elements of its current services. Such new directions are always the outcome of intensive community consultations, which aim at constant inclusion of the strong voice from the community and the service recipients themselves. This is well facilitated by Australia's rapidly changing bureaucratic institutional culture of the past. The older persons, the policy and service target group, increasingly expect to have more choice and more say in priorities. This has created many opportunities for them to manage their circumstances relatively independently and enjoy a good quality of life.

IMPLICATIONS FROM AUSTRALIAN EXPERIENCE

The following sections briefly present a few key implications from the Australian experience that might be worthwhile to be attentively looked at.

AGEING AS A POSITIVE ACHIEVEMENT

The key lesson from Australian policy is its underlined vision, looking at ageing as a 'positive achievement'. It emphasises that if people are to get the most out of their greater longevity, new urgency is needed for creating policies enabling positive ageing. The positive ageing approach is both responsive and preventive. It empowers the aged, and ensures their independency, dignity and ultimately contribution, both direct and indirect, back to the community.

HOLISTIC AND PARTNERSHIP APPROACH:

Australia's positive ageing policy highlights that care for the aged is a 'shared responsibility'. Everyone in the community, all layers of the governance, and all sectors of the socio-economic structure become key participatory stakeholders. The national government provides the leadership and sets the agenda. All public, private and community sectors work together and the national government will set key policy guidelines, national standards and accreditation and monitoring systems.

UNIVERSAL PENSION SYSTEM:

Australia successfully implements taxpayer-funded, more dignified ways of universal pension to support vulnerable older Australians. The country has made it seem more like an individual's right, instead of a stigmatic dependency experience. This is how older persons, who have not adequately been covered by employer or self-funded superannuation systems, and as a result, left without income security during their retirement stage of life, are guaranteed a reasonable income. Together with this, Australia has introduced a universal identification system for older people, known as seniors' cards, with many other concessionary entitlements attached to it, for example, concessionary facilities in essential and utility services, transport, access to recreational facilities and events etc. just to mention a few.

COMMUNITY-BASED CARE DIRECTION AND COMMUNITY CONSULTATION:

A strong community-based approach through consultation to aged care policy formulation is a significant character of the Australian policy. It is a continuous process and a major, carefully planned and handled change from residential care to community care, a policy shift from a dependency model to an active model. Its' core element is to enable inclusion and active participation of older people in community life as long as they wish and can. In this process, community consultation is of paramount importance. It is to ensure incorporation of community needs and aspirations in policy as well as programme planning and development. For example, by 2015, Australia will integrate some of the key community level support services into one system called the new home support programme. This is an important outcome of an intensive community consultation process.

However, it does not mean that the big-picture is ignored. There is a consistent and concerted effort to integrate family and community level participation, constituting a substantial turn in policy implementation. This is how, I believe, the policy maintains its successful balance between responsive and preventive nature. Even when the significant focus is on community and micro level responsive service provision, the simultaneous inclusion of the macro perspective has enabled preventive actions. The Australian positive ageing approach is a clear example of maintaining a proper balance between the effective responsive as well as preventive policy perspectives. It is solidly integrative in its' visionary foundation.

ATTENTION TO CULTURAL DIVERSITY:

Australian policy places genuine attention on social and cultural diversity. It fundamentally recognises that every human being is a unique cultural being. It is well incorporated in social policy to promote positive ageing and has given a status of mandatory requirement in service planning and delivery. It is based on empathy not sympathy and this is how it is also made aged care a right, not sympathetic help. There are special programmes to ensure the access and equity of the participation of people from Culturally and Linguistically Diverse (CALD) backgrounds in the entire aged care system. Ongoing research and consultations are encouraged to further identify their needs and choices and include them in service planning and delivery, for example, workers are trained to incorporate social and cultural diversity in service development and delivery so that it is socially and culturally sensitive. For example, it has been recognised for some time that it is important to avoid 'Captain Cook' behaviour of white administration service professionals towards older indigenous Australians (Harrison 1997). A similar policy is applied towards the older people from all other minority cultures. If required, in order to narrow the gap between cultures, positive discrimination measures are encouraged and justified.

ASSESSMENT CRITERIA BASED ON INDEPENDENCE AND CHOICE:

Australia applies nationally endorsed assessment criteria for service eligibility and needs assessment. It is based on the primary principle that the older person is

an equal partner in service provision, not just a passive recipient, and the person's independence and choice is fully respected. This procedure attacks the discrimination towards ageism and accepts that aging is not a disease. Older Australians do not want to be passive service recipients, and want to take care of themselves, and the need is a support mechanism to live as first class citizens. Instead of an illness-based service system they want to have a positive ageing based support service system combined intrinsically to themselves, their families and the community. Assessment takes into consideration the needs of the carer and support respite care. This develops a partnership between the service recipient and provider, supports the families and communities, and helps families to become the older persons' advocate based on the person's choice. What the consumer needs will be the key driver of the service so that the needs of older Australians are at the centre.

ADVOCACY FOR PEOPLE'S CHOICE:

There is constant advocacy from the community sector to raise their voice on behalf of the vulnerable older people who have a diminished political voice. Peak organisations like Council on the Age (COTA), Alzheimer Australia (AA), and Carer Australia (CA) play key roles while the Consumer Health Forum (CHF) too embraces the needs and priorities of older Australians. During the national and State elections, they promote and participate in an intensive debate on behalf of their constituents and lobby the political parties to engage and present their social policy on aged care to the voters. Through advocacy and social

action campaigns, they force politicians to engage and listen to the concerns of older people directly. As much of the current older generation are no fans of social media, social campaigns insist politicians to engage the forums and listen to them directly. The government supports this process. It says that “our plan is to create a flexible and seamless system that provides older Australians with more choice, more control and an easier access to a full range of services, where they want it and when they need it” (DHA 2012, p.29). Advocacy and representative bodies are constantly supported. Community organisations, people’s forum and civil society are encouraged to play a greater role. Some constructive policy outcomes of such relentless advocacy campaigns are the combining of aged care policy and disability care, combining aged care policy with health needs such as dementia and community health care policy, and paying attention to the primary carers developing respite care policy.

COMMUNITY LEVEL ACTIVITIES:

The positive ageing approach in Australia has ensured the delivery of a range of community level activities to enable older persons to be active community members so that they include activities that promote participation and inclusion. The key players to plan and implement them are local government councils, non-government and community sector agencies and collectives of the community themselves, for example community associations. This community level involvement in planning and implementation facilitates appropriate programmes and activities taking into

account all forms of diversity including geographical, for example, activities appropriate to rural and regional areas of this vast country. This wider consideration in community level programme planning and development from many different perspectives is an important lesson to learn. Some of these programmes and activities are:

- Organising and facilitating required social infrastructure for participation and engagement from the community, for example, senior citizen groups
- Supporting community level social activities (such as Planned Activity groups – PAGs) through direct and partnership programmes, for example, integration of provincial and local administration and private and community sector, including NGOs, into programme development, implementation, and monitoring and evaluation
- Supporting community transport programmes so that older persons’ access to basic services, for example, medical, shopping, recreational, social activities etc. are not hindered due to transport-disadvantages
- Support community visitor programmes encouraging and facilitating community volunteering so that loneliness and social isolation of older persons are addressed. The older persons themselves are encouraged and supported to be involved in active community volunteering if they wish, and this has already proven a significant socio-economic contribution to the national economy through the community sector.

- Local level personal care, home care and home maintenance support services through a local level public service structure and the supported community and NGO sector organisations
- Counselling (including financial and grief counselling) and other generic community / social casework type support services through the community health sector
- Support life-long learning activities, for example, supporting and encouraging activities of the organisations like U3A (University of third Age)
- Community information dissemination and awareness raising programmes to address the issues of elder abuse, age discrimination etc.

CONCLUSION

It is accepted that the Sri Lankan way of handling ageing will not be a carbon copy of the Australian policy. Yet, it is certain that Australian policy provides many important implications to be taken into consideration. Sri Lanka has, coming through generations, well established family and community level arrangements to care for the aged. It is based on values and reverence. It recognises and respects the guidance and contributions of older adults in individual and family development. However, as was briefly explained earlier, the social situation in the country has been changing very fast. Therefore there is an urgency to act by developing policies which would guide programmes to support the older persons and also, in changing circumstances, help families and communities to support and care for the elderly. Again,

as both the Madrid Plan of Action and the Australian positive ageing policy clearly show, good policy will enable a significant socio-economic contribution through both direct and indirect ways from the aged to the society. At the same time, they demonstrate to us that a good piece of policy recognises and respects their already made contribution and, as gratitude, facilitates them to live the rest of their lives independently and with dignity. The Australian policy and programme response to ageing has taken a broad, integrated, holistic and futuristic perspective. Australia has fully committed to the United Nations Madrid Plan of Action on Ageing, and is moving fast from a predominantly residential care system to community care system which is called a shift from the dependency model to active model of response. There is much Sri Lanka can learn from it.

REFERENCES

- DHA. (2012). *National Ageing and Aged Care Strategy for People from Culturally and Linguistically (CALD) Backgrounds* (DHS publication No. DO982). Canberra: Department of Health and Ageing, Commonwealth of Australia
- DHA. (2012). *Living Longer Living Better – Positive Ageing Agenda for Australia*. Canberra: Department of Health and Ageing (DHA), Commonwealth of Australia
- DSS. (2008). *Ageing and Aged Care Australia*. Retrieved from <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care>

Harrison, J. (1997). Social Policy and Aboriginal People. In Allan Borowski et.al (Eds.), *Ageing and Social Policy in Australia*, (pp.119-137). Cambridge: Cambridge University Press

Siddhisena, K.A.P. (2005). *Socio-Economic Implications of Ageing in Sri Lanka: An Overview* (Working Paper No. WP10). Retrieved from Oxford Institute of Ageing Working Papers website: http://www.ageing.ox.ac.uk/files/workingpaper_105.pdf

United Nations. (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. Retrieved from http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf