Contents of Oral Presentations

The valuing of knowledge and practice wisdom: legacy or scrapheap? ....................................................... 6
Author/s: Alison Herron1 ................................................................. 6
Privacy needs of couples in residential aged care ......................................................................................... 7
Author/s: Alison Rahn1 ................................................................. 7
Improving care of the hospitalised older person: Four small projects ....................................................... 8
Author/s: Andre Catrice1 ........................................................... 8
The Younger Onset Dementia Key Worker Program evaluation findings .................................................... 9
Author/s: Anita Westera2; David Fildes3 ........................................ 9
Re-imagining social research: A transformative approach to understanding informal care .................. 10
Author/s: Belinda Cash1 ................................................................. 10
Volunteering activities among older immigrants: A qualitative study ......................................................... 11
Author/s: Betty Haralambous1; Xiaoping Lin3 .................................................. 11
Reducing polypharmacy using quality indicators for residential aged care services ............................ 12
Author/s: Brett Morris1; Maree Cameron1; Michael J Dooley2,3; J. Simon Bell2 ........................................ 12
Transitioning to consumer directed care: A follow-up study ................................................................. 13
Author/s: Carmel Laragy1; Jacqueline Allen2 ............................................ 13
Cost-effectiveness of physiotherapy home exercise in three randomised controlled trials .................... 14
Author/s: Cathie Sherrington1; Kirsten Howard2 ................................................................. 14
Improving caregiver wellbeing: Community-based action research in remote Australia .................... 15
Author/s: Cathryn Josif1; Roslyn Malay1; Leon Flicker3; Kate Smith1; Dina Logiudice2; Melissa Lindeman3; David Atkinson5; Chris Etherton Beer1; Dawn Bessarab5 .................................................. 15
Eating for independence: Capacity building older people ........................................................................ 16
Author/s: Chadia Bastin1; Denise Leyden2; Shanayde Daly3; Carol Ho2; Tenealle Nicholson2 ....... 16
Oral health and nutritional status impacts quality of life ........................................................................... 17
Author/s: Cherie Hugo1, 2; Elisabeth Isenring1; Pauline Ford3; Nicole Cockburn3; Sandra March3 .... 17
Beyond the ‘Tip-sheet’: Supporting caregivers of people with dementia ..................................................... 18
Author/s: Christine Brown Wilson1; Janis Hinson1; Andrea Petriwsky1; Cheryl Tilse1; Jill Wilson1 .................................................. 18
Housing needs for those with Dementia ....................................................................................................... 19
Author/s: Christine Stirling1; Michelle Gabriel1; Debbie Faulkner3 ........................................................... 19
Hospital discharge for older people: trialling a carer support program ................................................. 20
Author/s: Christine Toye1,2; Samar M. Aoun1; Keith D. Hill1; Rachael Moorin1; Richard Parsons3; Susan Slatyer1,2; Sue Davis2; Matthew Skinner2; Dee Whitty2; Debbie Walsh2; Mary Bronson2; Sean Maher2 .................................................. 20
Enhancing happiness in elderly public housing residents in rural Thailand ................................................. 21
Author/s: Civilaiz Wanaratwichit1; Danny Hills2; Narongsuk Noosorn1 .................................................. 21
The clinical utility of the COPM in the sub-acute setting ........................................................................... 22
Author/s: Debbie Roe1; Ted Brown1; Laura Thyer1 .................................................................................. 22
Dancing to avoid falls and increase happiness in residential care ............................................................... 23
Author/s: Donna Preston1; Rafael Aragon2; Kylie Lange3; Renuka Visvanathan1; Anne Wilson2;
Emma Riggs4; Karla Graham3; Joylene Rowe4; Neha Mahajan4 ................................................................. 23
The busy-ness of retirement: Personal goals, diaries and to-do lists ....................................................... 24
Author/s: Dorothy Dudley1,4; Kate O’Loughlin1,4; Vanessa Loh2,4; Sophie Lewis3 ..................................... 24
Multi-prong strategies to address barriers to socialising in older persons ........................................... 25
Author/s: Eevon Chia1; Lisa Onley1; Maree Bernoth2; Oliver Burmeister1; Rylee Dionigi2; Greg
Dresser1; Md Zahidul Islam2; Mark Morrison2; Maxwell Nixon1 .............................................................. 25
Medication management of delirium in hospitalised older people .......................................................... 26
Author/s: Emily J Tomlinson1,2; Nicole M Phillips1,2; Alison M Hutchinson1,2,3 ........................................... 26
The St Hilarion Wellness and Re-ablement Model ................................................................................. 27
Author/s: Frank Naso1 ........................................................................................................................... 27
Needs of dementia carers: Differences between partner and offspring carers ........................................... 28
Author/s: Gemma Tatangelo1; Marita McCabe1; Ashley Macleod1; Emily You2 .......................................... 28
Age’n’dem Age and dementia friendly streetscapes ................................................................................. 29
Author/s: Guy Luscombe1; Carmel Boyce2 ............................................................................................ 29
Microgeographies of Dementia: An Australia Spatial Dashboard System ............................................. 30
Author/s: Hamish Robertson1; Nick Nicholas2; Joanne Travaglia3; Andrew Georgiou4; Andrew
Hayen3 ................................................................................................................................................ 30
Entering aged care for those living with dementia: Families’ experiences ........................................... 31
Author/s: Fran McInerney1; Andrew Robinson1; Chris Toye2; Helen Courtney-Pratt1; Brigit
Stratton1; Kathleen Doherty1 ............................................................................................................... 31
Identifying dementia friendly community strengths through authentic engagement .......................... 32
Author/s: Helen Courtney-Pratt1; Kathleen Doherty1; Karin Mathison1 .................................................... 32
Family evaluation of the Tri-focal Model of Care Education Program .................................................. 33
Author/s: Helen Rawson1,2; Helen Walker3; Cherene Ockerby1,2; Helen Forbes1; Bev O’Connell4;
Alison M. Hutchinson1,2 ......................................................................................................................... 33
RN and NP Led Memory Wellness Clinic and program evaluation ....................................................... 34
Author/s: Helga Merl1 ........................................................................................................................... 34
Primary health care and older Australians – Is it delivering? ............................................................... 35
Author/s: Ian Yates1; Sue McGrath1 ...................................................................................................... 35
Proactive approach to falls prevention – Best practice research .......................................................... 36
Author/s: James Faunt1 ........................................................................................................................... 36
<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimagining ‘old age’ and ‘dementia’ to combat ageism</td>
<td>Author/s: Jane Mears; Gaynor Macdonald</td>
</tr>
<tr>
<td>Nursing in aged care in Australia: Views from the inside</td>
<td>Author/s: Jenny Davis; Amee A. Morgans; Melanie M. Birks; Colette C. Browning</td>
</tr>
<tr>
<td>The ‘Catastrophe’ of older people’s care in England? The re-imaging of later life as a time of anxiety and outrage</td>
<td>Author/s: Jill Manthorpe</td>
</tr>
<tr>
<td>Reimagining remembering and personhood with the person with dementia</td>
<td>Author/s: Joanne Mihelcic</td>
</tr>
<tr>
<td>Dementia management in hospitals: Comparing current practice to guideline recommendations</td>
<td>Author/s: Joanne Tropea; Caroline Brand; Carol Roberts; Danny Liew; Dina LoGiudice</td>
</tr>
<tr>
<td>Lived experiences and support needs of refugee and migrant carers</td>
<td>Author/s: Joyce Jiang; Rosi Aryal</td>
</tr>
<tr>
<td>Rethinking ‘culture’ and ‘diversity’ in the aged care workforce</td>
<td>Author/s: Joyce Jiang; Regina Quiazon</td>
</tr>
<tr>
<td>Elder abuse - What’s so special? Existing legal protections</td>
<td>Author/s: Julia Duffy; Shayna Smith</td>
</tr>
<tr>
<td>Video-games, physical activity, cognition and well-being in older adults</td>
<td>Author/s: Karen Murphy; Milton T. Nyawata; Glenda Andrews</td>
</tr>
<tr>
<td>Embracing and supporting a diverse workforce: Southern Cross Care Victoria</td>
<td>Author/s: Kate Barnett; Joyce Jiang; Danielle Rose</td>
</tr>
<tr>
<td>Re-thinking psychological services in residential aged care settings</td>
<td>Author/s: Kate-Ellen Elliott; Dr Tracey Dean; Makrina Tsinoglou; Andrew Robinson; Jennifer Scott</td>
</tr>
<tr>
<td>Step Forward Together and re-imagine aged care</td>
<td>Author/s: Kelly Gray</td>
</tr>
<tr>
<td>Life course head injury and dementia in older Aboriginal Australians</td>
<td>Author/s: Kylie Radford; Kim Delbaere; Gail Daylight; Brian Draper; Tony G. A. Broe</td>
</tr>
<tr>
<td>Residents and family members’ perceptions of cultural diversity</td>
<td>Author/s: Lily Xiao; Eileen Willis; Ann Harrington; David Gillham; Anita De Bellis; Wendy Morey; Lesley Jeffers</td>
</tr>
<tr>
<td>Emergency paramedic attendance to older patients in Victoria</td>
<td>Author/s: Linda Ross; Brett Williams; Paul Jennings</td>
</tr>
<tr>
<td>Greening with meaning - Volunteering with dementia</td>
<td>Author/s: Lorraine Wadley</td>
</tr>
<tr>
<td>Contemporary role of Elders in the Indigenous communities in Australia</td>
<td>Author/s: Mirta 1; Milton T. Nyawata; Glenda Andrews; Joanne Tropea; Caroline Brand; Carol Roberts; Danny Liew; Dina LoGiudice</td>
</tr>
</tbody>
</table>
A pot of gold at the end of the rainbow ................................................................. 70
Author/s: Samantha Edmonds1 ........................................................................ 70
Facilitating peer-enabled relationship-focussed dementia care - A pilot study .......... 71
Author/s: Sanetta H.J Du Toit1; Judie J. Weaver2; Ling Y.L. Chan1 .......................... 71
Sharing the care: Siblings caring for ageing parents ............................................. 72
Author/s: Timothy Broady1; Tom Hinton1 ................................................................ 72
ICT use by older adults in rural Australia ............................................................... 73
Author/s: Turi Berg1; Rachel Winterton1; Maree Petersen2; Jeni Warburton1 ............... 73
Nurses’ attitudes towards exercise during haemodialysis among older adults ......... 74
Author/s: Wei Chun Wang1, 2, 4; Maryann Street1, 3, 4; Johnson Peter1; Paul N. Bennett5, 6, 7 ...... 74
‘Ageing Well’ as an autistic adult in Australia .......................................................... 75
Author/s: Ye In (Jane) Hwang1, 2; Kitty-Rose Foley1, 2; Julian N. Trollor1, 2 .................. 75
The valuing of knowledge and practice wisdom: legacy or scrapheap?

Author/s: Alison Herron

Practical and/or theoretical implications of this presentation: The study contributes a more nuanced understanding of generativity and legacy for theorising the life course. Practical implications include the relevance of valued knowledge for extending careers, the role of organisations in supporting knowledge transfer from older professionals, and awareness of the community’s loss when knowledge resources go to waste.

Abstract: This research was conducted against a backdrop of increasingly voluble demands for older workers to extend their working lives to ameliorate the perceived financial burden on younger generations of tax payers. That debate centres around money. In my qualitative study of 34 professional engineers in late career, however, opportunities for fulfilment assumed more importance than financial benefits. The engineers’ ages ranged from 55 to 77 and work arrangements included waged employment and self-employment. In-depth interviews opened up conversations about their experiences and perceptions of late working life in the current economic and social climate, with the core interview question addressing the meaning of work for them at this stage of life.

A key theme of participants’ meaning-making is the desire to pass on knowledge. As engineers in late career, many participants expressed a heightened sense of urgency to transfer their accumulated knowledge to the new generation of engineers or to embed their advanced knowledge in corporate policies and practices. In this sense, knowledge transfer would become a legacy of their careers. But a dilemma emerges for these engineers when the value they place on knowledge transfer is not reciprocated by their employers or clients. Their sense of knowledge as a legacy collides with the attitude of modern organisations to knowledge as a commodity that can be purchased in the marketplace. The disconcerting prospect looms for them that when they retire - or are retrenched – their knowledge will end up “on the scrapheap” as a wasted resource. They also fear the implications of lost knowledge for the future of service provision and public safety. The question of how stakeholders value the knowledge and wisdom held by older professionals impacts on the potential for mentoring and other generative roles in the workplace, as well as opportunities and motivation to continue working.
Privacy needs of couples in residential aged care

Author/s: Alison Rahn

1School of Behavioural, Cognitive & Social Sciences, University of New England, Armidale, New South Wales, Australia

Practical and/or theoretical implications of this presentation: Aged care residents have 6 types of privacy needs. These findings can be directly applied to both policy and practice. Training staff to respect and accommodate resident privacy has the potential to create more positive outcomes for partnered aged care residents and a more harmonious environment for staff.

Abstract: Despite legal protections, many couples in Australian residential aged care facilities experience institutional interference in their intimate relationships. A significant contributing factor is a lack of privacy. Many providers may be non-compliant with the ‘User Rights’ and ‘Quality of Care’ principles contained within the Aged Care Act. Some residents’ doors are kept open at all times. Couples may be separated or provided with single beds only, unable to push them together. Staff may enter uninvited, ignore ‘do not disturb signs’ and gossip about residents. A recurrent source of tension is the absence of a clear boundary between residents’ needs for private time and rostered staff duties within residents’ rooms. Using a thematic analysis methodology, this paper identifies the types of privacy needed by partnered aged care residents. A search of academic literature since 1970 for definitions of privacy was conducted in the disciplines of health, gerontology and law. Six types of privacy were identified - privacy of communications, informational, territorial, bodily, psychological, and social privacy, resulting in recommendations for staff training. Translation of these recommendations into aged care policy and practice has the potential to create more positive outcomes for partnered aged care residents and a more harmonious environment for staff.
Improving care of the hospitalised older person: Four small projects

Author/s: Andre Catrice

Practical and/or theoretical implications of this presentation: Recommendations from these projects are immediately applicable and, in conjunction with the department’s web-based resource Older people in hospital, supports clinicians and health service managers to implement practice changes to reduce avoidable harm and meet expectations of the National Safety and Quality Health Service Standards.

Abstract: Victoria has a strong focus on service reform and improvements to better meet the needs of older people. The Victorian Department of Health and Human Services engages regularly with the sector to identify systemic changes that will have a strong impact on improving outcomes for vulnerable older people at risk of harm in hospital.

The Clinical Leadership Group on the Care of Older People in Hospital (CLG) brings together clinicians who routinely provide care for older people, subacute hospital executives, consumers and academics working in research on ageing.

The CLG has undertaken a number of projects focusing on the development of older person specific clinical tools and resources that support health services to meet the National Safety and Quality Health Service Standards. Two of these projects review current practices in Victorian health services. This presentation outlines the results and recommendations from four of these projects:

1. Determine best practice recommendations to recognise and respond to clinical deterioration in older people in hospital through the use of appropriate clinical observation tools, screening tools, or assessments.
2. Develop standards to guide use of risk screens and assessment tools to prevent avoidable harm to older people in hospital
3. Minimise the risk of harm from malnutrition for older people in hospital
4. Recommendations for current practices in the delivery of discharge medication information

Recommendations from these projects provide evidence for health services to initiate practice changes and policies to reduce avoidable harm and functional decline in older people.
The Younger Onset Dementia Key Worker Program evaluation findings

Author/s: Anita Westera1; David Fildes3

1Australian Health Services Research Institute (AHSRI), University of Wollongong, Wollongong, New South Wales, Australia

Practical and/or theoretical implications of this presentation: This presentation identifies lessons for services interested in supporting people with younger onset dementia. It is of particular relevance given the impact of the disability and aged care policy reforms that means there is now little opportunity for sharing of expertise across sectors that could benefit this client group.

Abstract: The Alzheimer’s Australia Younger Onset Dementia Key Worker Program has been in operation for three years, and this presentation will report on the national evaluation findings. An innovative new model, the Program includes 40 staff nationally that seek to provide individualised and tailored support to people with YOD, their families and carers. It also has played an important role in building capacity at the local level, with individuals, families and communities; the program level, in terms of staff within related services that people with YOD might access; and the system level, in raising awareness of the different needs associated with this younger generation of people with dementia.

The challenges facing the Program in the short time it has been operating can be summarised in terms of defining, refining and aligning at both the client and organisational levels:

- Defining the particular different attributes and complexity of factors that impact on people with YOD, and the service model that is responsive to local priorities/contexts that is delivered on a national basis;
- Refining the expectations and practices of those involved in supporting people with YOD, and the organisational processes that support best practice service delivery and sector developments more broadly; and
- Aligning the attributes of best practice service delivery models that can be transferable across different locations, and organisational policies and processes to the changing landscape resulting from the ageing and disability sector reforms.

The impacts and outcomes of the Program at the client, provider and system levels will be discussed in more detail in this presentation.
Re-imagining social research: A transformative approach to understanding informal care

Author/s: Belinda Cash

1Charles Sturt University, Albury, New South Wales, Australia

Practical and/or theoretical implications of this presentation: This presentation demonstrates an innovative approach to using multiple critical methods to research the systemic impacts of policy and practice on older adults and their informal caregivers.

Abstract: Changing family demographics and population ageing are contributing to significant shifts in expectations of care for older Australians. These changes are reflected in the growing emphasis on individualised choice and consumer directed care in social policy and practice approaches. These individualist paradigms, however, contrast with long held familial expectations of informal care, with the vast majority of care for older adults continuing to be provided by unpaid spouses and other family members. This presents a complex context for research with older adults and their caregivers, with choices and decisions being shaped by sociocultural considerations and long established family patterns of reciprocity. While an individualist focus on the older person serves to increase consumer satisfaction, little research considers the impact of these changes on the spouse or family members providing care within this changing policy context.

It is important that research with older adults and their caregivers reflects the complex context of family based care, both in the sociocultural sense, but also with regard to the wider systemic influences of changing social policy and health care practices. This paper demonstrates a transformative approach to researching informal care, using the example of a critical and systemic multiple methods study of spousal care in rural Australia. This transformative approach enables research to capture issues of equity and social justice for caregivers across the multiple layers of social policy, healthcare practice and the individual experience of older adults providing informal care to a spouse. The design and integration of this project will be discussed, to highlight the potential for transformative and multiple methods research within changing social and political contexts.
Volunteering activities among older immigrants: A qualitative study

Author/s: Betty Haralambous1; Xiaoping Lin1

1National Ageing Research Institute, Parkville, Victoria, Australia

Practical and/or theoretical implications of this presentation: Findings from the study highlight the important contributions that older immigrant volunteers make to community organisations. Promotional materials, including case studies and help sheets, have been developed to acknowledge and promote these contributions.

Abstract: Older immigrants account for a significant proportion of the older Australian population and are vital contributors in our ageing and diverse society. However, the contributions of older immigrants are rarely acknowledged. They are generally viewed as clients to be served, or a burden. This qualitative study aims to address this issue through exploring contributions of older immigrants as volunteers to the community. Data were collected through: 1) interviews with community organisations (n = 5, including three ethnic and two mainstream organisations); 2) interviews and focus groups with older immigrant volunteers from these organisations (n = 18, including older people from five different cultural groups). Interviews with organisations revealed that older immigrant volunteers play an important role in these organisations, in particular, in running of group activities. They provide valuable advice on how to make activities more culturally relevant to older people. For mainstream organisations, volunteers help organisations build links with and expand their service into ethnic communities. Organisations also stipulated the need for resources to support these volunteers on a day to day basis. Consultations with volunteers found they obtain enjoyment and satisfaction from volunteering activities. Many also believe these activities help them be socially engaged and maintain cognitive functioning. Others identified the varied roles that volunteers engage in. The study identified challenges in involving older immigrant volunteers at the organisational and the individual levels. At the organisational level, community organisations might not have funding for a delegated volunteer coordinator. They often have difficulties in finding culturally appropriate training materials for older immigrant volunteers. At the individual level, lack of transportation and training materials in preferred languages are two main problems. Promotional materials, including case studies that illustrate the diverse roles older immigrant volunteers play in society and help sheets for organisations, are currently being developed based on these findings.
Reducing polypharmacy using quality indicators for residential aged care services

Author/s: Brett Morris; Maree Cameron; Michael J Dooley; J. Simon Bell

1Quality Improvement, Ageing and Aged Care, Department of Health and Human Services, Melbourne, Victoria, Australia
2Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Parkville, Victoria, Australia
3Pharmacy Department, Alfred Health, Melbourne, Victoria, Australia

Practical and/or theoretical implications of this presentation: This presentation will discuss the use of data for improvement by residential aged care services and the partnering of the Victorian Department of Health and Human Services with Monash University to undertake multifaceted transformational research that supports practice change with a focus on the safe and quality use of medicines.

Abstract: The use of quality indicators (QI) as part of a clinical governance framework, enables residential aged care services to monitor and improve care and identify potential harm from known clinical risks, whilst promoting a culture of care excellence and accountability. The Victorian Department of Health and Human services (DHHS) has operated a QI program since 2006, with 5 QIs collected by 182 Public Sector Residential Aged Care services. Quarterly data collection provides a unique insight into residential aged care over the last ten years and forms one of the sectors largest data repositories. Using data from over 13.6 million bed days, trends have been used to drive local and system wide improvements, underpinned by transformational research. The Victorian QI program has been recognised internationally by the OECD (2013) and has informed 3 of the national QIs rolled out to all residential aged care services. In response to a sustained increase in the number of residents reported as taking nine or more medicines (polypharmacy), Monash University was commissioned to (1) provide a better understanding of why the prevalence of polypharmacy is increasing, (2) assess which medicines contribute to polypharmacy and whether these medicines are clinically appropriate; and (3) provide recommendations in relation to possible intervention and ongoing monitoring. Monash University has undertaken a systematic literature review, conducted longitudinal epidemiological analyses of the indicator data, performed an audit of medicines use in 27 rural and regional aged care services, and facilitated a series of stakeholder consultations. Based on this research, Monash University has worked in partnership with the Victorian DHHS and key stakeholders to develop a multifaceted strategy to ensure the ongoing safe and quality use of medicines.

Reference:
Transitioning to consumer directed care: A follow-up study

Author/s: Carmel Laragy¹; Jacqueline Allen²

¹Centre for Applied Social Research (CASR), RMIT University, Melbourne, Victoria, Australia
²Deakin University, Melbourne, Victoria, Australia

Practical and/or theoretical implications of this presentation: The presentation reports on Australian research findings showing the challenges and opportunities that service providers face transitioning to consumer directed care (CDC). It will provide practical guidance to services transitioning to CDC.

Abstract: Consumer directed care (CDC), designed to provide older people with greater control over their care, will be the model of all home care packages from February 2017. However, the implementation of CDC initiatives in community aged care challenges service providers to adopt more participative approaches to care delivery. This presentation reports on a follow-up study of the implementation of CDC in two community aged care brokerage services in Australia. Findings from the initial study suggested that a change management strategy was necessary to maximise certainty and reduce anxiety among staff and clients. Ongoing education and support were vital to successful implementation of the new CDC model. The follow-up study was conducted a year later. In this study, 14 semi-structured telephone interviews were conducted with senior managers on the executive teams and with case managers. The follow-up study found that: i) despite a strong commitment to CDC, transitioning to the new CDC model was more difficult than expected; ii) senior managers needed to support case managers and other workers to understand the principles and values underpinning CDC; iii) some case managers and other workers required significant skill development to adjust to the more collaborative working style that CDC required; and iv) senior managers needed to provide consistent and clear information to staff and clients in accessible formats. This presentation will discuss the implications of these findings for service providers as they prepare for the 2017 changes.
Cost-effectiveness of physiotherapy home exercise in three randomised controlled trials

Author/s: Cathie Sherrington¹; Kirsten Howard²

¹George Institute for Global Health and Sydney Medical School, University of Sydney, Sydney, New South Wales, Australia
²University of Sydney, Sydney, New South Wales, Australia

Practical and/or theoretical implications of this presentation: These results provide directly-relevant information for Australian health service planning.

Abstract:

Background:
Home exercise has the potential to be a cost-effective way to enhance mobility and quality of life in older adults but few formal economic evaluations have been undertaken.

Aims:
To test the cost-effectiveness of home exercise interventions prescribed in physiotherapist home visits.

Methods:
Economic evaluations from the perspective of the health and community-care provider were conducted alongside three NHMRC-funded randomised controlled trials: in people leaving hospital (n=340); people with Parkinson’s disease (n=231); and people with frailty where exercise was a component of an interdisciplinary intervention (n=216). Cost data were collected with participant-completed calendars, hospital records and trial intervention records. Outcome data were collected by participant-completed calendars and interviews.

Results:
In the post-hospital study, the average cost of the intervention was $A751 per participant. The incremental cost-effectiveness of the program relative to usual care was $A22,958 per extra person showing an improvement in mobility (assessed with the Short Physical Performance Battery), $A19,020 per extra person with improved self-reported health and $A77,403 per QALY (assessed with EQ-5D). In the PD study the average cost of the intervention was $A1010 per participant. The incremental cost-effectiveness of the program relative to usual care was $A574 per fall prevented, $A9570 per extra person avoiding mobility deterioration, and $A338,800 per quality-adjusted life year gained. For the lower-disease-severity sub-group the program was less costly and more effective than usual care for all outcomes. In the frailty study the cost for 1 extra person to transition out of frailty was $A15,955. In the “very frail” subgroup (>3 Cardiovascular Health Study frailty criteria), the intervention was both more effective and less costly than the control.

Conclusion:
Taken together these results indicate strong cost-effectiveness of home exercise prescribed by a physiotherapist. These results can inform the design of health services for older Australians.
Improving caregiver wellbeing: Community-based action research in remote Australia

Author/s: Cathryn Josif; Roslyn Malay; Leon Flicker; Kate Smith; Dina Logiudice; Melissa Lindeman; David Atkinson; Chris Etherton Beer; Dawn Bessarab

1Western Australia Centre for Health and Ageing (WACHA), University of Western Australia, Crawley, Western Australia, Australia
2Royal Park Campus, Melbourne Health, Parkville, Victoria, Australia
3Centre for Remote Health, Flinders University, Alice Springs, Northern Territory, Australia
4Rural Clinical School, University of Western Australia, Crawley, Western Australia, Australia
5Centre for Aboriginal Medical and Dental Health, University of Western Australia, Crawley, Western Australia, Australia

Practical and/or theoretical implications of this presentation: The Strong Carers Strong Communities study project offers greater insight into the use of community-based participatory action research in a remote community setting and its impact on the health and wellbeing of caregivers and the people they care for.

Abstract:

Aim: The morbidity burden of older Aboriginal people is matched by substantial caregiver strain. The Strong Carers Strong Communities Study aimed to determine the optimal method to facilitate and empower caregivers to improve their health and wellbeing.

Material and methods: The Study has finished in two remotely located Aboriginal communities. One community participated in six health information sessions and received regular services. The other community engaged in a community-based participatory action research (CBPAR) process, to identify and address community caregiver concerns. CBPAR aims to create equal partnerships between researchers and participants to generate knowledge that culminates in action and positive social change. As one caregiver commented ‘it’s like going around in a circle [that CBPAR] until you get it right’

Results: As a result of this research community caregivers spoke about feeling pressure in their caregiver role with one caregiver stating ‘sometimes be too hard for me’. Strategies identified by caregivers included more respite opportunities, more information and training on health conditions, information about services and how to access them and regular caregiver get-togethers. Two caregivers were employed to work with caregivers and researchers on actions to address caregiver concerns. Actions included monthly caregiver get-togethers, a service provider’s directory and Seniors Expo Day, speaking at an Alzheimer’s Consumer’s summit at Parliament House and the use of DVD and Radio to showcase research activities and share information.

Conclusion: This study has provided greater insight into the use of CBPAR as a research methodology in the remote context and its impact on health and wellbeing of caregivers and the people they care for. CBPAR requires researchers to develop equal relationships and trust, work collaboratively, respect
and value local knowledge, facilitate learning and build capacity. This process may be transferable to other Aboriginal communities both in Australia and overseas.

Eating for independence: Capacity building older people

Author/s: Chadia Bastin¹; Denise Leyden²; Shanayde Daly³; Carol Ho¹; Tenealle Nicholson²

¹Gateway Health, Wodonga, Victoria, Australia
²Goulburn Valley Health, Shepparton, Victoria, Australia
³Albury Wodonga Health, Wodonga, Victoria, Australia

Practical and/or theoretical implications of this presentation: Up to 30% of people living in the community are malnourished; yet in the shadow of an obesity crisis malnutrition frequently goes undetected and untreated. This presentation demonstrates how community services can better support older people at nutritional risk through adequate screening practices and referral for capacity building interventions.

Abstract: Under-nutrition in older people living in Australia frequently goes undetected and untreated. When identified, it is commonly addressed through provision of nutritional supplements and meal support. These interventions do not always address the root causes of under-nutrition and can create dependency by providing services that substitute for a person’s own effort rather than building capacity to self-manage. This study aimed to develop and evaluate the use of a nutrition care pathway for community settings for improving identification of older people at nutritional risk and subsequent referral for capacity building interventions. The methodology included analysis of nutrition risk screening and assessment practices by community services via interviews and file audits along with a literature review of tools successfully used in community settings. A pathway for screening and investigating capacity to access nutrition was drafted, introduced at regional training and its impact evaluated using questionnaires and repeat file audits. Barriers to timely identification of nutritional risk and subsequent capacity building interventions included inadequate screening practices, frequent decline of referrals to Dietitians, poor understanding of the nutrition needs of older people and a Dietitians role and a lack of restorative modalities such as routine care planning and goal setting. Introduction of a nutrition care pathway into regional training with a focus on multidisciplinary, restorative approaches to interventions resulted in improved identification of people at nutritional risk but did not significantly increase use of capacity building interventions. The results of this study informed the redevelopment of the nutrition care pathway with more focus on the decision support function, to improve referrals for restorative care. The outcome has been the state-wide release of the Eating for Independence training package for Dietitians to educate community aged care service providers. Further evaluation is required to determine its effectiveness in promoting capacity building interventions.
Oral health and nutritional status impacts quality of life

Author/s: Cherie Hugo1, 2; Elisabeth Isenring1; Pauline Ford3; Nicole Cockburn3; Sandra March3

1Bond University, Robina, Queensland, Australia
2The Lantern Project, Robina, Queensland, Australia
3University of Queensland, Brisbane, Queensland, Australia

Practical and/or theoretical implications of this presentation: Malnutrition and poor oral health are common in aged care and this reduces oral-health-related Quality of Life. Training around dental health and its connection to nutrition and quality of life is essential in aged care along with prompt referral to both dental staff and dietitians when dental issues are identified.

Abstract: Evidence suggests that poor oral health has strong implications for general systemic health; however, the association between oral health and nutritional status is less clear. The objective of this prospective cross-sectional cohort study was to investigate the association of oral health status and oral health-related quality of life (OHRQoL) with nutritional status among 65 residents of aged care facilities (>65 years).

An aged care dietitian conducted nutritional assessments using the Subjective Global Assessment. An oral health therapist performed assessments using the Oral Health Assessment Tool (OHAT), the Geriatric Oral Health Assessment Index (GOHAI) and the Oral Health Related Quality of Life (OHRQoL).

Of the 65 older adults, almost two thirds were malnourished (55%, n=34 moderately malnourished; 7%, n=4 severely malnourished). Most participants had inadequate oral cleanliness (89%, n=46) and needed a dental referral (83%, n=43). Malnutrition was strongly associated with poor OHRQoL (p=0.007). Edentulous (no teeth) participants were more likely to limit social interaction due to problems with their dentures (p=0.025), negatively impacting OHRQoL. Significantly more people who had decayed or broken natural teeth (86%) had trouble eating firm foods than those who had healthy natural teeth (14%) (p <0.05). Diet texture was strongly associated with nutritional status (p<0.001).

Both malnutrition and poor oral health were common in this sample of aged care residents which negatively impacted OHRQoL. Further research needs to investigate if early and regular oral health assessments and treatments can minimise deterioration in nutritional status in aged care residents. Recommendations for future practice include an increase in training and education of RACFs around oral health care and its connection with nutritional status and OHRQoL, increased access to dental professionals in RACFs and the importance of concurrent referrals to dietitians when dental issues are identified.
Beyond the ‘Tip-sheet’: Supporting caregivers of people with dementia

Author/s: Christine Brown Wilson1; Janis Hinson1; Andrea Petriwskyj1; Cheryl Tilse1; Jill Wilson1

1School of Nursing, Midwifery and Social Work, University of Queensland, Brisbane, Queensland, Australia

Practical and/or theoretical implications of this presentation: Caregivers often operate as proxy case managers finding their way through information to make decisions about the services they need - there is limited support for these caregivers in making decisions in relation to the selection and financial management of services required for Consumer Directed Care.

Abstract: Many people with dementia experience difficulty in processing information, which may result in Behavioural and Psychological Symptoms of Dementia (BPSD) including depression, delusions, wandering, agitation, sexual disinhibition and / or aggression. Caregivers acting as substitute decision makers assume responsibility for addressing these behaviours and associated care needs. However, they are doing so in a changing aged care system, which places increasing emphasis on caregivers’ own roles and responsibilities in prioritising and managing care needs and services. Further investigation is needed regarding what may be required to support caregivers in this role. Therefore, this study undertook to investigate the strategies, resources, and services used by informal caregivers in addressing BPSD and identify caregivers’ experiences of using these resources in the home environment and the needs, issues and concerns that are met and not met. Interviews were undertaken with professional and family carers to place the services and resources available in the context of lived experience of their use in dementia care. Data were digitally recorded and transcribed, and organised using NVivo software. Preliminary data analysis suggests that family caregivers may act as proxy case managers, sourcing and organising services that provide meaningful activity for the person living with dementia and / or respite care. However, some caregivers had difficulty obtaining a clear diagnosis and did not know what type of services might be available to assist them with BPSD, where to find such services or the financial decision-making that might be needed with consumer directed care. Few caregivers involved the person with dementia in decisions, believing they were no longer capable. This raises implications for the support and education required to prepare caregivers who are managing BPSD for navigating consumer directed care.
Housing needs for those with Dementia

Author/s: Christine Stirling¹; Michelle Gabriel²; Debbie Faulkner³

¹School of Health Sciences, University of Tasmania, Hobart, Tasmania
²Housing and Community Research Unit, School of Social Sciences, University of Tasmania, Hobart Tasmania
³Centre for Housing, Urban and Regional Planning, School of Social Sciences, The University of Adelaide, Adelaide, South Australia

Practical and/or theoretical implications of this presentation: Housing security, continuity of environment, and the capacity of place to enable service provision are key housing issues for people with dementia. For those living in private rental or who are homeless all three issues are problematic and significantly impact on quality of life.

Abstract: Dementia prevalence is increasing, and earlier diagnosis is focusing attention on how to maintain quality of life for as long as possible. As those with an earlier dementia diagnosis can now expect to live at home for longer periods, it is important to understand how housing arrangements interact with care provision.

Stirling
This paper reports on a two phase mixed method research, which began with a review of literature and secondary analysis of ABS and AIHW data. Two case studies were then used compared relevant housing and community services in South Australia and Tasmania through interviews with 12 people with dementia and/or carers, and 18 service agencies.

Our results showed that housing security, continuity of environment, and the capacity of place to enable service provision were key issues in housing arrangements. For those who either own their own home or live in public housing these issues can be well managed. However, for those living in private rental or who are homeless all three issues are problematic and significantly impact on quality of life.

Policy recommendations specific to the housing sector include acknowledging the important role for advocacy and case management to support people with dementia living in marginal housing particularly with the introduction of Consumer Directed Care. Expanding knowledge about dementia for those working within the housing sector will help them to respond appropriately to the complex situations that can arise when a client has dementia. And finally this study found that Australia needs to expand the stock of affordable, service-integrated housing if we wish to help those with dementia who have insecure housing arrangements to remain living in the community setting for as long as possible.
Hospital discharge for older people: trialling a carer support program

Author/s: Christine Toye¹,²; Samar M. Aoun¹; Keith D. Hill¹; Rachael Moorin¹; Richard Parsons¹; Susan Slatyer¹,²; Sue Davis²; Matthew Skinner²; Dee Whitty²; Debbie Walsh²; Mary Bronson²; Sean Maher²

¹Curtin University, Perth, Western Australia, Australia
²Sir Charles Gairdner Hospital, Perth, Western Australia, Australia

Practical and/or theoretical implications of this presentation: A brief outreach support program that can benefit family caregivers of older people discharged from hospital by enhancing their preparedness to care has the potential to improve outcomes for caregivers, older people in receipt of care, and health care systems.

Abstract: Family caregiving support needs may be increased or highlighted when an older person is discharged from hospital. Failing to address these needs may result in challenges to the caregiver’s capacity to provide care, possibly contributing to poorer patient or carer outcomes. Such outcomes may include increases in carer strain, the older person’s hospital re-presentation, and/or a residential care placement. This study, funded primarily by the Department of Health of Western Australia as a SHRAC Research Translation Project, was a randomised controlled trial. The intervention tested was the Further Enabling Care at Home program, a nursing outreach initiative conducted by telephone. The program implements a caregiver-led support needs assessment plus, based upon prioritised needs, guidance to access existing services. One hundred and seventy-five caregivers of older patients discharged home from a Medical Assessment Unit in a Western Australian tertiary hospital were randomly assigned to receive either usual care or usual care plus the new program. This presentation addresses testing of the hypothesis that inclusion in the program better prepares families to sustain their caregiving roles. Findings showed a significant positive impact upon caregivers’ preparedness to care. Findings from analyses of secondary (carer) outcome variables will also be considered.
Enhancing happiness in elderly public housing residents in rural Thailand

Author/s: Civilaiz Wanaratwichit\(^1\); Danny Hills\(^2\); Narongsuk Noosorn\(^1\)

\(^1\)Faculty of Public Health, Naresuan University, Phitsanulok, Thailand
\(^2\)School of Nursing and Midwifery, Monash University

Practical and/or theoretical implications of this presentation: The research has demonstrated that elderly people can be enabled to do health promotion activities and feel happy in the context of their life circumstances.

Abstract:

Background and objective:
Population ageing has been increasing rapidly in Thailand. The mental health problems of elderly people living in rural areas are multiple and complex, especially for those living in public housing. The purpose of this study was to evaluate the effectiveness of a holistic health promotion program in increasing health promotion activities and happiness in elderly public housing residents.

Methods:
A quasi-experimental pretest-posttest controlled design was utilized to study the effectiveness of the holistic health promotion program in increasing happiness among elderly public housing residents. The intervention group comprised 33 elderly public housing residents who were invited to join an 8-week holistic health promotion program, while the control group comprised 32 elderly residents in other public housing who were not offered the holistic health promotion program. Data were collected using a self-report questionnaire before and after the intervention. Between-group differences over time were determined using a paired t-test.

Results:
The result of the study showed that, in the intervention group, there were significant increases in the health promotion activities of exercising, meditation and laughter, and overall happiness. Changes were not detected in the control group. Additionally, overall happiness in the intervention group was significantly greater than in the control group (p<0.05).

Conclusion:
A holistic health promotion program can increase engagement in health promotion activities and overall happiness in elderly public housing residents in rural Thailand. Further research could test the application of this program in other settings and other countries, and evaluate its longitudinal impact.
The clinical utility of the COPM in the sub-acute setting

Author/s: Debbie Roe1; Ted Brown1; Laura Thyer1

1Occupational Therapy Department, Casey Hospital, Monash Health, Melbourne, Victoria, Australia

Practical and/or theoretical implications of this presentation: Overall The COPM:
- Is predictive of behavioural and performance success in clients
- Can increase clients’ participation and satisfaction with performance
- Is valuable to clients, therapists and the OT profession.
- Clarifies and justified the role of OT in sub-acute rehab
- Demonstrates our effectiveness to clients and managers

Abstract: One outcome measure that is often used by occupational therapists in clinical practice is the Canadian Occupational Performance Measure (COPM). It is a client-centred measure that involves clients identifying their own priorities in daily activities (which includes in self-care, leisure, education, and work). By doing so, they are encouraged to develop their own meaningful individualised intervention goals for therapy in collaboration with occupational therapy staff. Currently, there is limited empirical evidence available about the clinical utility of utilising the COPM within clients in sub-acute rehabilitation settings. The aim of the study was to investigate the clinical utility of the COPM when used in an inpatient sub-acute rehabilitation setting for clients over 65. A mixed methods approach was used involving a sample of 50. Its scores were correlated with two other outcome scales, those being the Functional Independence Measure (FIM) and the Short-Form 36 Health Questionnaire (SF-36). In order to gain a holistic perspective of the COPM’s strengths and weaknesses from a qualitative perspective, a series of in-depth interviews were also completed with clients and rehabilitation occupational therapists to explore the COPM’s usefulness in the sub-acute rehabilitation setting. The presentation will discuss the findings.
Dancing to avoid falls and increase happiness in residential care

Author/s: Donna Preston\textsuperscript{1}; Rafael Aragon\textsuperscript{5}; Kylie Lange\textsuperscript{1}; Renuka Visvanathan\textsuperscript{1}; Anne Wilson\textsuperscript{2}; Emma Riggs\textsuperscript{3}; Karla Graham\textsuperscript{3}; Joylene Rowe\textsuperscript{4}; Neha Mahajan\textsuperscript{1}

\textsuperscript{1}Adelaide Geriatrics Training and Research with Aged Care Centre, School of Medicine, University of Adelaide, Adelaide, South Australia, Australia
\textsuperscript{2}School of Medicine, University of Adelaide, South Australia, Australia
\textsuperscript{3}Wellness and Lifestyle, Aged Care Services, Adelaide, South Australia, Australia
\textsuperscript{4}ACH Group Aged Care, Norwood, South Australia, Australia
\textsuperscript{5}Mathematician, Adelaide, South Australia, Australia

Practical and/or theoretical implications of this presentation: Dancing is a social activity that has potential to improve functional ability and arrest depressive mood in older people in residential care and should be systematically explored for, its therapeutic value.

Abstract:

Background:
Low mood and increasing frailty is prevalent among many older people living in residential age care. Depression and declining function are significant risk factors in falling. Injuries from falls can result in significant personal cost and financial cost to health care. Non-pharmacological approaches such as dance have the potential to improve strength, balance and mood.

The aim:
A feasibility study to elevate the implementation of dancing as an intervention in a care facility and to investigate the effects of dancing on mood and well-being.

Design:
Randomised control trial with forty-one permanent residents with varying physical and cognitive abilities of one residential care facility provided informed consent. All consented participants participated in the dance with the control group forming the waiting list. Intervention: Social dancing for 60 minutes once a week for 6 weeks. The waiting list joined the group at week seven.

Measurements:
Demographics, a cognitive screen, balance and gait measurements, and mood measurements were ascertained. A qualitative aspect was included in the study to give voice to the participants.

Results:
Older people were able to transfer their weight and danced within their abilities. Qualitatively, themes revealed with examples were happiness, “Dancing again makes me feel normal and that makes me feel happy” (Heather aged 85). Social engagement, “I’ll always be there unless mother nature stops me or I get visitors, maybe they will come to”, (Fred aged 93). To be fit, “I feel normal and I am getting stronger and I like to be strong” (Carol aged 85). There was improvement among the participants but no statistical significance. No participant fell during the dance.

Conclusion:
The study demonstrated improved positive psychosocial and physical wellbeing; a longitudinal study would assist in the exploration of this intervention for therapeutic value.
The busy-ness of retirement: Personal goals, diaries and to-do lists

Author/s: Dorothy Dudley¹, ⁴; Kate O'Loughlin¹, ⁴; Vanessa Loh², ⁴; Sophie Lewis³

¹Ageing, Work and Health Research Unit of the Faculty of Health Sciences, The University of Sydney, Sydney, New South Wales, Australia
²School of Psychology, The University of Sydney, Sydney, New South Wales, Australia
³Faculty of Health Sciences, The University of Sydney, Sydney, New South Wales, Australia
⁴ARC Centre of Excellence in Population Ageing Research (CEPAR), Sydney, New South Wales, Australia

Practical and/or theoretical implications of this presentation: After attending these sessions participants will have insight into how retirees use a range of mechanisms to structure their lives in the pursuit of meaningful activities and social engagement including goal-setting, diaries and to-do lists, and how age, time in retirement, gender, partnership and health status impact variations in behaviour.

Abstract: Although retirement transitions are changing as the distinction between working life and retirement becomes less clear, retirement remains a key milestone for individuals and retiree quality of life is of growing importance to researchers and policy makers. Theories around successful ageing, goal disengagement, flexible goal adjustment, and future-time perspective have motivated research into the nature of personal goals in retirement and their impact on quality of life. Prior studies have explored how such goals influence lifestyle choices. However, few studies have examined how retirees conceptualise personal goals and apply them to their retirement activities, or explored the varied role of personal goals and more modest and immediate mechanisms such as diaries and to-do lists, in directing behaviour in retirement.

Findings from a qualitative study incorporating a series of mini-groups, and paired and individual depth interviews with 60 semi- and fully-retired community-dwelling Australians aged between 55 and 90 years indicate that participants use a range of mechanisms to manage their future-directed behaviours. Findings revealed that future-orientation and responses to the term 'goal' varied by age and time in retirement with some differences by gender, partnership and health status. Personal goals were better understood and more useful to those aged 55 to 74 years as they had encountered them in their working lives and in financial planning for retirement. Some early retirees exhibited a phase of goal and activity experimentation in their search for structure, meaning and contentment in their post-working lives. Those 75 years and over indicated a desire for less structure and goal-setting was more problematic. They had a shorter planning horizon, focussing on lifestyle maintenance over expansion and achievement. Participants who rejected personal goals as being too inflexible, were not without structure, but favoured more manageable tools to organise their time such as diaries, calendars and to-do lists.
Multi-prong strategies to address barriers to socialising in older persons

Author/s: Eevon Chia; Lisa Onley; Maree Bernoth; Oliver Burmeister; Rylee Dionigi; Greg Dresser; Md Zahidul Islam; Mark Morrison; Maxwell Nixon

1CareWest, Bathurst, New South Wales, Australia
2Charles Sturt University, Bathurst, New South Wales, Australia

Practical and/or theoretical implications of this presentation: A Linker in regional Australia performs a pastoral care role. The effectiveness of each Linker is dependent on strong networks between the Linker and other community services and organisations. These networks allow the provision of holistic care and support for each older person.

Abstract: Social isolation can manifest as morbidity and mortality. Worldwide, the phenomenon of delayed discovery of deaths in older people has been reported in the United Kingdom, Japan, and Australia. Older people living in rural and regional areas may face increased isolation, with different challenges to participating socially compared with those in capital cities. This project aimed to identify the facilitators and barriers that older people face in beginning and maintaining social connections with their family, friends and local community. 150 participants aged above 50 years were recruited from Orange and Griffith, NSW. This project used an initial survey to seek demographic information, psychosocial behaviour, personal wellbeing and preferred social activities. Additionally, the survey identified the facilitators and barriers to accessing social activities. Using this information, the Linker (a personnel and researcher dedicated to promoting social inclusion in these participants) addressed these barriers systematically. Six months after the initial survey, a feedback survey was administered to assess personal wellbeing and elicit further facilitators and barriers to social participation. The relationship between the Linker and the participant is maintained for up to 18 months, with the feedback survey administered every six months. The barriers that older persons face in maintaining social connections are unique and complex. Thus a multi-prong approach was necessary to address social isolation, with strategies occurring over a broad spectrum and with varying degrees of success. In addition to the quantitative data derived from the survey, this presentation will discuss the strategies used for facilitating inclusion – from providing referrals to myagedcare to organising walking groups with support from the Heart Foundation, and from creating opportunities for seniors learning about technology to advocating for fair telecommunications services.
Medication management of delirium in hospitalised older people

Author/s: Emily J Tomlinson\textsuperscript{1,2}; Nicole M Phillips\textsuperscript{1,2}; Alison M Hutchinson\textsuperscript{1,2,3}

\textsuperscript{1}Deakin University, School of Nursing and Midwifery, Burwood, Victoria, Australia
\textsuperscript{2}Centre for Quality and Patient Safety Research, Faculty of Health, Deakin University
\textsuperscript{3}Centre for Nursing Research - Deakin University and Monash Health Partnership, Monash Health, Clayton, Australia

Practical and/or theoretical implications of this presentation: Pharmacological therapies are used frequently to manage patients with delirium. Antipsychotic and benzodiazepine medications were prescribed to alleviate and control behaviours often associated with delirium including aggression and agitation. This research highlights that there needs to be significant improvement in the use of non-pharmacological interventions for the management of delirium.

Abstract:

Background/Objectives:
Delirium is a common and often poorly managed condition in hospitalised older patients. Little is currently known about the medication management of delirium in acute hospitals in Melbourne, Australia. The aim of this study was to describe the medication management of older patients who develop delirium during an acute hospital admission, including the administration of antipsychotics and contraindicated medications such as benzodiazepines.

Design:
Retrospective case-control study with two controls per case. Using an audit tool, we retrospectively reviewed medical records of patients admitted to acute medical units for data regarding the administration of medications for the management of delirium.
Setting: Three acute medical sites in Melbourne, Australia
Participants: Cases were 161 patients admitted to an acute medical ward and diagnosed with incident delirium between 1 January 2012 and 31 December 2013. Controls were 321 individuals sampled from the acute medical population admitted within the same time range, stratified for admission location and who did not develop incident delirium during hospitalisation.

Results:
The mean age of cases was 84 years (SD = 7.3) and controls was 77 years (SD 11.8). 65.2\% of patients with delirium were prescribed an antipsychotic medication. Of these, 91.5\% were receiving the medication for the first time. The most frequently prescribed medication was haloperidol (n = 83, 51.6\%). Commencement doses of haloperidol ranged from 0.25 mg to 2.5 mg, with an average dose of 0.75 mg. Patients with delirium were also frequently administered a benzodiazepine during admission (n = 74, 46\%)

Conclusion:
This study has clinical relevance as it has revealed that the prescription of benzodiazepines is common in practice, despite being contraindicated for people experiencing delirium. The study has also indicated that the prescription of antipsychotics for the treatment and management of delirium is prevalent, despite recommendations to use pharmacological treatment as a secondary intervention.
The St Hilarion Wellness and Re-ablement Model

Author/s: Frank Naso

1St Hilarion, Seaton, South Australia, Australia

Practical and/or theoretical implications of this presentation: The inclusion and use of wellness centres in aged care facilities produces positive effects and has an impact in both residents and carers wellbeing and function. With such services now available at St Hilarion, people within a wide range of abilities can benefit from the concepts of active ageing.

Abstract:

Introduction:
The purpose of the St Hilarion Wellness Centre is to break down the barriers between the Community and the Aged Care Sector by enabling independence of the residents. The St Hilarion wellness program has a framework that focuses on: 1) the consumers’ capabilities, not deficits, 2) a shared understanding of the consumer’s day-to-day life, their current situation and the future they desire and 3) connecting the consumer with the community. This holistic model enables the consumers to continue to experience their chosen lifestyle regardless of their age, conditions and living arrangements.

Methods:
In 2013, consumers and family members recognized the need for a holistic wellness model which caters for a diverse range of individuals. A collaborative working party between the consumer representatives and senior management was established to create a novel model of wellness and re-ablement implementing the following:

- A Wellness team consisting of Allied Health professionals and Lifestyle assistants was established to create a wide range of leisure activities with a rehabilitative approach.
- The Helsinki University Research (HUR) gym equipment and program was installed to include physical activity and to monitor physical wellbeing.
- An organic market garden was established to provide organic meals to consumers.

Results:
The following outcomes were achieved:

- Consumer’s lifestyle satisfaction survey improved from 64 to 98 per cent.
- Consumer challenging behaviours decreased by 69 percent.
- An overall increase of 62 per cent of total body strength was noted

Conclusion:
By adopting a co-productive approach in the implementation of consumer wellness programs, the St Hilarion approach has demonstrated that it has the potential to be a blueprint for other aged care providers. By combining leisure activities into a rehabilitative context a significant impact on consumer’s Quality of Life can be achieved.
Needs of dementia carers: Differences between partner and offspring carers

Author/s: Gemma Tatangelo\(^1\); Marita McCabe\(^1\); Ashley Macleod\(^1\); Emily You\(^2\)

\(^1\)The Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia
\(^2\)The University of Melbourne, Parkville, Victoria, Australia

Practical and/or theoretical implications of this presentation: This research provides a better understanding of the ways that the needs of partner and offspring carers of people living with dementia may differ. As such, this research will assist in the development of interventions that are tailored to the needs of different family carers.

Abstract;

Introduction:
Previous literature examining the needs of family carers of people with dementia has generally not differentiated between the needs of partner and offspring carers. Yet these needs are likely to be different given the nature of the relationships and differences in characteristics such as age, social networks and economic status. The aim of this study was to examine the differences in the needs of partner and offspring carers who were caring for an older person with dementia.

Method:
Semi-structured interviews were conducted with 24 family carers of community-dwelling people with dementia. Of these, 12 were partner carers (4 men, 8 women) and 12 were offspring carers (2 men, 10 women). The interviews were transcribed and then they were analysed systematically.

Results:
The results demonstrated that there are several important differences between the needs of partner and offspring carers. Almost half of the offspring carers discussed a lack of professional assistance in their caregiving role. In contrast, none of the partner carers identified this as a concern for them. In addition, almost 60% of offspring carers indicated that they were struggling with having a lack of time to attend to their own health and other responsibilities outside of the caregiving role. None of the partner carers identified a lack of time as an issue for them. On the other hand, partner carers had a greater unmet need for time away from the care recipient than offspring carers. Both partner and offspring carers had similar unmet needs for their own exercise, healthy diet and emotional support.

Conclusion:
Gaining a more thorough understanding of the needs that are particularly relevant to either partner or offspring carers will assist in the development of interventions that are tailored to the unique needs of different carers.
Age’n´dem Age and dementia friendly streetscapes
Author/s: Guy Luscombe1; Carmel Boyce2

1Architects Johannsen + Associates, East Redfern, New South Wales, Australia
2City of Moonee Valley, Moonee Ponds, Victoria, Australia

Practical and/or theoretical implications of this presentation: This initiative aims to provide practical evidence based tools to help those with the responsibility of providing outdoor public urban places make local neighbourhoods more robust and user friendly for older people and people with dementia.

Abstract: With around 95% of older people opting to live at home as they age and some 70% of people with dementia staying in their home environments, more needs to be done to enable aged and dementia (what we might call ‘Age/n/dem’) friendly communities. The evidence supporting the benefits of walking for Age/n/dem people is widespread and seemingly incontrovertible but how do Government and policy makers use this information to practical benefit in the community?

The evidence base has resulted in few ‘end user’ practical tools being developed. As a local government with a high percentage of older people, Moonee Valley City Council sought and received funding to develop a ‘toolkit’ to help them (and others, ultimately) to implement more Age/n/dem friendly streetscapes and encourage more walking. Based on available evidence and working closely with Council and their reference focus group, the toolkit developed guidelines and techniques to assist those tasked with the responsibility of looking after the public realm for increasingly Age/n/dem communities. It was developed with four possible end goals in mind.

1. For use by Council staff and contractors
2. For infrastructure design and maintenance
3. As a planning tool
4. For use an audit tool for existing streetscapes to guide improvement programs.

The presentation will describe the process went through and the end result.
Microgeographies of Dementia: An Australia Spatial Dashboard System

Author/s: Hamish Robertson¹; Nick Nicholas²; Joanne Travaglia³; Andrew Georgiou⁴; Andrew Hayen³

¹University of NSW, Sydney, New South Wales, Australia
²The Demographer’s Workshop, Sydney, Australia
³University of Technology Sydney, Sydney, Australia
⁴Macquarie University, Sydney, Australia

Practical and/or theoretical implications of this presentation: This project connects ageing, dementia, service provision and geography in a novel and interesting way to create a visual dashboard approach to exploring these issues. This approach provides a novel geography of the complexity of aged care service provision.

Abstract:
Background:
It is well understood that ageing and the dementias are closely correlated. One of the problems with improving understanding of this connection is the lack of population-level research information on dementia prevalence and incidence. Information about variations in the dementias by geographic scale and population sub-groups are limited. This project develops a data visualisation approach to better understanding and exploring these problems.

Aim:
To facilitate improved population health analysis and interventions by connecting population data, epidemiological prevalence and locational information within the same visualisation environment.

Methods:
We took a combination of Australia census data, population projections and dementia prevalence estimations and incorporated the data with geographic information all in the same visualisation package. We used the software package Tableau for this purpose because it allows for multiple visualisations of the same data sets at the same time and dynamic inquiry on that data.

Results:
The result is a visual dashboard approach to Australian population ageing and. This provides a dynamic visual data environment that lets users explore population composition, dementia estimates and location factors within the same visual environment. Rather than just a table, a graph or a map, users can access all of these visualisations of their data concurrently and in the same data window. Finally, they can explore specific issues, questions and options by using Tableau’s data inquiry tools.

Relevance:
The utility of this approach goes beyond the usual information methods utilised in health and social care environments. It takes key population health issues such as dementia and places them in a dynamic visual environment that can be accessed by a variety of users. Advances in visualisation software and big data are progressing at speed and this dashboard system utilises a variety of those capabilities for age-related health problems through the lens of the dementias.
Entering aged care for those living with dementia: Families’ experiences

Author/s: Fran McInerney1; Andrew Robinson1; Chris Toye2; Helen Courtney-Pratt1; Brigit Stratton1; Kathleen Doherty1

1Wicking Dementia Research & Education Centre, Faculty of Health, University of Tasmania, Hobart, Tasmania
2Older Persons; Health Care, School of Nursing, Midwifery and Paramedicine, & Centre for Nursing Research at Sir Charles Gairdner Hospital, Curtin University, Perth, Western Australia

Practical and/or theoretical implications of this presentation: Transition to aged care facilities for families of people who move there permanently should be viewed as the foundation of ongoing collaboration and integration. Providing an opportunity for family members to express enablers and barriers to integration provides valuable insights to inform future work.

Abstract:

Introduction:
A permanent move into a residential aged care facility is a profound event for a person living with dementia that also impacts on their family. Arguably, collaboration with family, plus the opportunity for their ongoing involvement in care, facilitates a smooth transition from community to residential aged care that benefits all stakeholders. The need for such integrated transition is argued to be the foundation for a collaboration with and inclusion of family members that can continue throughout residency.

Methods:
Ten family carers participated in a 10-item satisfaction with care survey and subsequent semi-structured interview that explored processes designed to support both the individual transitioning to residential aged care and their family members. Surveys produced descriptive data and interviews were subjected to thematic analysis.

Results:
Three dominant themes were identified: 1) Family accessed information about dementia from numerous sources and on an ad hoc basis; 2) Family involvement in care provision was not negotiated but resulted from opportunistic interactions and unpredictable understandings; and 3) Communication about residents’ health status and anticipated events was often unplanned and sometimes provided from unexpected sources.

Discussion:
Findings indicate that transition into residential aged care for people living with dementia can extend well beyond the first days or weeks, and is subject to ongoing fluctuations. Interactions with family members are frequently unplanned; it is evident that, in an attempt to relieve family members from perceived burdens of care, facility staff may inadvertently marginalize them. Consequently, roles may be unclear, communication incidental, and collaboration in care cautiously navigated or non-existent. This scenario is ongoing and often invisible within the everyday activities of facilities, that focus on tasks and routine and can obscure family members’ needs and desires.
Identifying dementia friendly community strengths through authentic engagement

Author/s: Helen Courtney-Pratt1; Kathleen Doherty1; Karin Mathison1

1Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Tasmania, Australia

Practical and/or theoretical implications of this presentation: In order to determine pathways toward dementia friendly communities it is critical to consult with different members of those communities to understand their perspectives. This presentation uses a world café approach to distil directly from the community understandings of strengths and capacity to address issues relevant to their local context.

The importance of including people living with dementia when developing dementia friendly communities is well established. However, there are some concerns that inclusion remains superficial and requires greater, authentic engagement of people truly representative of those living with dementia (Swaffer 2014). Through delivery of community workshops in four discreet geographical areas we sought to identify the strengths and enablers specific to individual communities which underpin a dementia friendly future. People with dementia, their family members, representatives from aged care and the community attended the workshops. Following the world café structure (Fouche & Light 2010) attendees moved around tables whilst addressing core questions about the strengths in their community and how they might be utilised to support continued growth and movement toward becoming dementia friendly. The facilitated workshops were intended to assist in developing shared understandings and collaborative learning about the local opportunities and inform future research directions.

This collaborative project illustrated the different needs of diverse communities in regional and urban settings. In these action oriented communities, common themes also emerged including concern for the invisible, and a perceived need for permission to act. Both themes encapsulate a recognition within communities of the need to be proactive. In particular, community members wanted to reach out to people with dementia and their carers and foster reconnection to community.

To foster continued engagement and self-direction, participants identified the format and dissemination of findings in order that they could use them. Importantly, the outcomes provided a framework for action which aligned with community aspirations.
Family evaluation of the Tri-focal Model of Care Education Program

Author/s: Helen Rawson¹,²; Helen Walker³; Cherene Ockerby¹,²; Helen Forbes¹; Bev O’Connell⁴; Alison M. Hutchinson¹,²

¹School of Nursing and Midwifery, Deakin University, Geelong, Victoria, Australia
²Centre for Nursing Research – Deakin University and Monash Health Partnership, Clayton South, Victoria, Australia
³Centre for Research in Assessment and Digital Learning, Deakin University, Melbourne, Australia
⁴College of Nursing, Faculty of Health Sciences, University of Manitoba, Winnipeg, Canada

Practical and/or theoretical implications of this presentation: Strong partnerships between all stakeholders, including family members enhances the care of residents in aged care. The content of the TMC education program provided families with information and a platform to grow their roles as partners in care. Further work is necessary to ensure the program addresses diverse family needs.

Abstract:

Introduction:
The Tri-focal Model of Care (TMC) was developed to promote partnership-centred care, evidence-based practice and a positive environment in residential aged care (RAC). The TMC online education program is designed to be used by all levels of staff, students and family members. Three professional modules address the principles of the TMC, collegiality and teamwork, change management and leadership; and six modules address key clinical care areas. This research sought to understand family members’ perceptions of the TMC online education program and to identify its strengths and areas for improvement.

Method:
To elicit family members’ perceptions, they were invited to complete the three professional modules and the clinical module on complex resident behaviours; and provide feedback via a focus group/individual interview. Data were analysed using descriptive content and thematic analysis strategies.

Results:
Two key themes emerged from the data: i) importance of the TMC for family members; and ii) building partnership through communication.
Importance of the TMC lies in its relevance, information and interest. It created ‘awareness’ and enabled ‘self-reflection’, which reportedly lead to changes in behaviour resulting in improved engagement with residents and staff. The program fostered partnership through communication, because it enabled family members to: see the resident ‘as a person’; understand their role in the care partnership; and become better advocates. More informed understanding of the staff role resulted in better staff-family communication, enabling family to partner with staff in care delivery. Family members also reflected on the content and logistics of the program, and areas for improvement.

Conclusions:
The TMC online education program provided family members with information that fostered partnerships with staff in supporting residents’ well-being. This study has informed further work with family members to advance development of the TMC to ensure it meets the needs of families of older people accessing RAC.
RN and NP Led Memory Wellness Clinic and program evaluation

Author/s: Helga Merl

1Integratedliving Australia, Muswellbrook, New South Wales, Australia

Practical and/or theoretical implications of this presentation: RN and NP led Memory Wellness Clinics and Programs, demonstrate that fit for purpose technology enables access to high quality healthcare services with positive health, wellness and social outcomes for older consumers including the timely diagnosis of dementia and improved health literacy and self-management.

Abstract: In Australia the gap between discussing symptoms with the GP and diagnosis of Dementia is 3 years. The delay to diagnosis is longer in rural and remote communities with limited access to specialists. Currently 280 000 Australians, remain undiagnosed and unable to access vital treatments, information and support services with negative repercussions for all involved.

Integratedliving Australia seeks to address this issue through an innovative Memory Wellness clinic and program led by the Wellness RNs and Nurse Practitioner. This program was a finalist in the 2016 Asia Pacific Aged Care Awards for best new dementia program. The model is E Health enabled e.g. Apps installed to iPad, give the RN access to best practice dementia care including cognitive assessment in the Pop Up memory clinics. A video case conference with the Integratedliving RN and NP identifies those at risk of dementia and consumers are then set on the localised diagnosis and management pathway.

All clinic consumers have access to the memory wellness program. In remote communities these programs are based on a hub model with consumers linked via videoconference to the Wellness RN and guest speakers. IPads and Fitbits are available to build the capacity of consumers to self-manage e.g. Brain Training Apps.

A partnership with Chris Stirling from the University of Tasmania has enabled research of the dual aims of the Memory wellness clinic and program.
1. Clinic Aim: improve timely and early diagnosis of dementia
2. Course Aim: improve health literacy about lifestyle modifications that reduce risk, provide motivation and support for behaviour change amongst older persons.

Findings from the research will be highlighted. Challenges and consumer outcomes accompanying the 2016, general rollout will be discussed.
Primary health care and older Australians – Is it delivering?

Author/s: Ian Yates\textsuperscript{1}; Sue McGrath\textsuperscript{1}

\textsuperscript{1}COTA Australia, Canberra, Australian Capital Territory, Australia

Practical and/or theoretical implications of this presentation: This presentation extends the debate and search for answers on pressing, contemporary policy issues in primary health care for older Australians, by ranging across and connecting issues of delivery, health care needs, social outcomes, funding, consumer participation and control and more.

Abstract: Older Australians rely heavily on primary health care to support them to live healthy, active, independent and contributing lives, as well as to manage disease and illness. But our systems of primary care do not always deliver what is needed in later life in either of these aspects of health care.

In his presentation to the Conference, Ian Yates will share and test some key themes and principles around making primary health care more responsive and effective in supporting the wellbeing of older people. The presentation will look at the issue holistically, spanning across a number of policy concerns and asking questions such as:

- What is missing from the primary health care older Australians currently receive?
- What are the differing primary health care needs of diverse populations of older people in Australia, now and into the future?
- How will the growing pressure for consumer control in health care work for older people?
- How well are systems of social, aged and health care connected?
- Can the primary health system afford all these older people as the population grows and ages?
- What are the right models of primary care for older people?
Proactive approach to falls prevention – Best practice research

Author/s: James Faunt¹

¹Helping Hand Aged Care, Healthcare Services, Adelaide, South Australia, Australia

Practical and/or theoretical implications of this presentation: Aged care providers need to recognise and prioritise the importance of improving resident’s lower limb strength and balance in a proactive multifactorial approach to falls reduction. Targeted research in residential aged care on structured falls prevention programmes needs stronger promotion in order to positively influence future health policy.

Abstract: In residential aged care (RAC), we face the challenges of working with older Australians (over 75yrs) with increasingly complex health conditions and multi-morbidity. Many people move into RAC with reduced functional capacity, weakened muscles and impaired balance. Together, these factors lead to high potential for falls.
Reimagining ‘old age’ and ‘dementia’ to combat ageism

Author/s: Jane Mears\textsuperscript{1}; Gaynor Macdonald\textsuperscript{2}

\textsuperscript{1}Western Sydney University, Bankstown, New South Wales, Australia
\textsuperscript{2}University of Sydney, Sydney, New South Wales, Australia

**Practical and/or theoretical implications of this presentation:** Countering ageism must be paramount in reimagining a social world wherein everyone can grow old with dignity and adequate support, regardless of personal circumstances. Challenging entrenched prejudices requires courageous theoretical vision and practical pathways that can meet resistances from vested interests as well as work for positive social change.

**Abstract:** We all die; most of us will grow old before we do. It is becoming a bleaker prospect. Ageing looms as a time of illness, pain, poverty, ageism, dementia, isolation, loss of social value, a challenge for carers, and a cost for taxpayers.

This scenario has been exacerbated by neoliberal influences currently permeating policy and public discourse: the imagining of human value as economic bemoans the baby boomers stretching the public purse, values ageing persons only as consumers (the wealthy who travel and buy into residential homes), and speaks with dismay about the increasing costs of care. Older people are unproductive, useless and, desirably, invisible. Related is the increasing medicalisation of those will little value. The medicalisation of ageing contributes to images of ageing as physical and mental deficit.

The need to overturn representations of ageing as burden, cost and tragedy is urgent: essential to the valuing of ageing people and their carers, as well as for the overall connectedness of social life across the life span. This cannot happen without reimagining ‘the aged’ within the entirety of what it means to value the whole life cycle.

Dementia is a challenging starting point for this reimagining. Through a dementia lens, structures and processes of ageism become highly visible, harshly juxtaposed with ageing well and wellbeing. Commonly associated with a denial of life, wellness and personhood, dementia is deficit, loss, tragedy. Its increasing incidence adds to fears of ageing and caring as burdensome. The very mention of dementia exacerbates the bleakness for all concerned. This paper provides a critical analysis of the impact of dementia discourse on ageism, arguing that reimagining dementia enables a constructive reimagining of all the core concepts – ageing, caring, quality of life, personhood, the life cycle, mortality – that inform and guide research and public policy.
Nursing in aged care in Australia: Views from the inside

Author/s: Jenny Davis1; Amee A. Morgans1, 2; Melanie M. Birks3; Colette C. Browning1, 2

1Monash University, School of Primary Health Care, Notting Hill, Victoria, Australia
2RDNS Research Institute, Melbourne, Victoria, Australia
3Nursing, Midwifery & Nutrition, College of Healthcare Sciences, James Cook University, Townsville, Queensland, Australia

Practical and/or theoretical implications of this presentation: Expectations and perceptions of aged care nursing are unclear and conflicted. Nurses face significant challenges in meeting consumer, profession, organisational and policy expectations amidst workforce instability and resource constraints. Structural barriers and aged care policy environments represent significant threats to sustaining nursing in aged care.

Abstract: Aged care services and nursing roles are evolving in response to policy reform and increasing consumer expectations, however the aged care nursing workforce is declining in numbers. There are unclear and conflicting expectations of aged care that significantly impact on the nursing role in this setting, including long standing assumptions, largely based on historical expectations that aged care continues to function like a hospital with a focus on clinical care and tasks. This study reports the experiences of nurses working in aged care and highlights the key issues impacting their role amidst significant policy reform across the aged care sector more broadly.

This qualitative study reports the findings from individual interviews conducted in 2014 with fourteen experienced nurses working in aged care in Victoria, Australia. Participants were purposively sampled as part of a wider project that examined ways to improve access to health care for older people.

Thematic analysis of the data revealed five themes related to the nurses’ experience of working in aged care: professional role strain; managing relationships and communication; changing models of care; balancing rights and risk in decision making; and the impact of policy and regulation. A unifying factor impacting each theme was the need to manage changing and competing priorities and expectations while simultaneously maintaining their own ill-defined professional role.

The changing policy landscape of aged care together with greater consumer expectations represents both opportunities and threats for nursing roles in this setting. In order to support aged care structural reforms, including the development of new roles and new models of care, there is a need for clarity about the role, expectations and future sustainability of nursing in this setting. Future research focusing on such issues is necessary to realistically meet future aged care client and workforce needs.
The ‘Catastrophe’ of older people’s care in England? The re-imaging of later life as a time of anxiety and outrage

Author/s: Jill Manthorpe

1Social Care Workforce Research Unit, King’s College London, Strand, London, United Kingdom

Practical and/or theoretical implications of this presentation: Drawing on UK research into social care for older people this presentation questions the idea that this is reaching a crisis of care. Jill outlines why it is in the interest of some groups to convey the impression of crisis but explains that gerontologists have a key role in stressing that ageing populations are a cause for celebration and care work can be sustained and enhanced.

Abstract: Public policy documents described government ambitions for later life to be ‘A Happier Older Age’ (DHSS 1978) some forty years ago in England. Contemporary policies are more likely to focus on the crisis in old age regarding pensions, delaying retirement, problems in long-term care, Healthcare deficiencies, rising numbers of people with dementia, and elder abuse. This presentation discusses the relevance of ‘catastrophe theory’ to gerontology and its fit with these social trends. The presentation draws on research specifically related to ‘social care’ a category of support to older people (in the main) which has common currency in England. Social care is a lens through which attitudes to older people are revealed and helps in understanding major policy themes such as responsibilities between individuals, family, communities, care providers, and the state. The presentation draws on findings from studies of the social care workforce that reveal the need to be careful in talking about values in care; from a study of the creation of a criminal offence of the ill-treatment or neglect of vulnerable (lacking mental capacity) older people by care workers or family members; and a study of failings in care as described by the now statutory local inquiry system of Safeguarding Adult Reviews which have been comprehensively analysed by the Social Care Workforce Research Unit. Together these studies suggest the value of drawing from insights from catastrophe theory in gerontology and for older people’s services and advocacy.
Reimagining remembering and personhood with the person with dementia

Author/s: Joanne Mihelcic1

1Centre for Social and Organisational Informatics, Monash University, Caulfield East, Victoria, Australia

Practical and/or theoretical implications of this presentation: Hearing and knowing the voices of the person with dementia requires methods and techniques sensitive to understanding their words, inherent meaning and actions.

Abstract:

Introduction:
For the person with early stage dementia the diagnosis may initiate changes in the way the person is perceived by others and consequently the way they perceive themselves. This understanding of identity being co-constructed in relation to other people creates challenges in how researchers and carers work with people diagnosed with dementia. This paper presents innovative techniques implemented in working with people with early stage dementia to understand their perspectives and personal stories which support memory, identity and personhood.

Method:
A second generation grounded theory approach and in-depth interviews were employed in order to explore co-creating vignettes as representations of personal stories and memories. Over the course of eight weeks’ participants reviewed their own vignettes to explore what was important and why. The vignettes and data generated from the review process were analysed to develop a new understanding of how this type of storytelling and working with personal stories supports memory, identity and personhood.

Results:
Personal storytelling and recounting memories were important social activities and integral to the way participants constructed identity and a sense of self in relation to others. The processes implemented in creating vignettes helped make explicit personal narratives and afforded opportunities to discuss their tacit meaning. The findings of this grounded theory research highlighted how the participants were both affected by and able to affect their personal stories. The results of this research culminated in an integrated model which helps to explain how people experience the activities of sharing and reviewing meaningful stories of life.

Conclusions:
The processes implemented in co-creating vignettes of personal stories, memories and meanings revealed complex layers of affect and meaning: these outcomes have significant implications in terms of how we understand and support memory, identity and personhood.
Dementia management in hospitals: Comparing current practice to guideline recommendations

Author/s: Joanne Tropea\textsuperscript{1,2}; Caroline Brand\textsuperscript{1,2}; Carol Roberts\textsuperscript{1}; Danny Liew\textsuperscript{1,2}; Dina LoGiudice\textsuperscript{2,3}

\textsuperscript{1}Melbourne EpiCentre, The Royal Melbourne Hospital, Parkville, Victoria, Australia
\textsuperscript{2}Department of Medicine, University of Melbourne, Parkville, Victoria, Australia
\textsuperscript{3}Department of Aged Care, The Royal Melbourne Hospital, Parkville, Victoria, Australia

Practical and/or theoretical implications of this presentation: Guideline recommendations for the management of BPSD in hospital are not always being practiced. This study highlights the inappropriate use of antipsychotic medications for BPSD and delirium management in hospital, and the need for greater education and innovative interventions to change the prescribing practices of treating hospital staff.

Abstract: Approximately 25\% of medical ward patients have dementia, and behavioural and psychological symptoms of dementia (BPSD) are common among this vulnerable patient group [1]. Clinical guidelines for the management of BPSD and delirium recommend antipsychotics should only be used for severe symptoms such as aggression or psychosis [2]. Inappropriate use and overuse of pharmacological agents such as antipsychotics and sedatives for BPSD management has been suggested but little research conducted in hospitals. The aim of this study was to assess current hospital practice against dementia guideline recommendations for the management of BPSD.

A medical record review was conducted using a structured audit tool. A random sample of patients admitted to a medical unit at Royal Melbourne Hospital between 1 March 2015 and 31 October 2015 and coded with dementia were included. Data on the assessment, prevention and management of BPSD and delirium was compared to guideline recommendations.

A total of 52 admissions involving people with dementia underwent review. 69\% presented with or developed delirium during the admission, and 72\% of patients had behavioural symptoms documented during their admission. 48\% of patients were newly prescribed an antipsychotic, of which 47\% were not commenced on the recommended low start dose. 25\% of patients were prescribed multiple types of antipsychotics, and 13\% of patients were newly prescribed a benzodiazepine during their admission. Very few had documented rationale for the pharmacological management of behavioural symptoms. Guideline recommendations are not always being met. Antipsychotic and benzodiazepine medications are being used to manage BPSD in hospitals, with little documented rationale for their use.

Lived experiences and support needs of refugee and migrant carers

Author/s: Joyce Jiang\(^1\); Rosi Aryal\(^1\)

\(^1\)Multicultural Centre for Women’s Health (MCWH), Collingwood, Victoria, Australia

Practical and/or theoretical implications of this presentation: By presenting insights into the lived experiences of refugee and migrant family carers from Arabic, Chinese, former Yugoslavian, Indian and Karen backgrounds, we offer suggestions for developing culturally-tailored and meaningful service provision to support carers in managing multiple family and employment responsibilities.

Abstract: Elderly refugees and migrants and their family carers navigate a complex and often confusing Australian health and support system, where they encounter values, practices and paradigms about wellbeing, ageing and eldercare that can be very different from their country of origins. Combined with language difficulties, culturally inappropriate services can form significant barriers to accessing health and support services, for both newly-arrived and relatively well-established families.

In this paper we explore the stories of family carers from five ethno specific communities, focusing on carers’ perceptions of their own social connectedness, support needs, and employment and family responsibilities. These stories were collected as part of a unique health promotion and research project with working carers from Arabic, Chinese, former Yugoslavian, Indian and Karen backgrounds living in Victoria, conducted by the Multicultural Centre for Women’s Health (MCWH).

Carers’ stories reflect a range of migration and caring experiences, from those who have recently arrived and continue to care for their family members in Australia after several years of living and being a carer in refugee camps, to those who were born in Australia and are caring for elderly migrant or refugee parents. With economic pressures and increasing employment opportunities and workforce participation rates for women and older people, families are negotiating shifting intergenerational values and roles around eldercare, and carers have expressed hopes as well as fears about their own caring needs being met as they age.

As Australia’s refugee and migrant families re-imagine and re-configure practices and paradigms around eldercare and managing family and employment responsibilities, it is vital that service providers learn from carers’ stories and engage in their own re-imaginings of family and ageing. By presenting insights into the lived experiences of carers, we offer suggestions for culturally-tailored, appropriate and meaningful service delivery to support migrant families through the ageing process.
Rethinking ‘culture’ and ‘diversity’ in the aged care workforce

Author/s: Joyce Jiang¹; Regina Quiazon¹

¹Multicultural Centre for Women’s Health (MCWH), Collingwood, Victoria, Australia

Practical and/or theoretical implications of this presentation: The research highlights the need for aged care workers from migrant backgrounds to be supported in all aspects of their professional development so that their jobs aren’t seen as an opportunity requiring minimal qualifications and skills, but as a profession and an opportunity for advancement.

Abstract: Overseas born workers make up approximately 35% of Australia’s workforce. Overseas born workers—especially those who are newly arrived—see aged care as an employment opportunity for entry level jobs requiring minimal qualifications and skills. Although English language proficiency is often cited as a challenge for overseas born workers seeking employment and promotion in the sector, little else is known about the specific professional development needs of workers from migrant backgrounds.

This gap in knowledge about overseas born workers’ information, training and support needs was the impetus for research the Multicultural Centre for Women’s Health recently conducted in partnership with the University of Adelaide’s Workplace Innovation and Social Research Centre and Southern Cross Care Victoria (SCCV) into supporting the professional development needs of SCCV’s culturally diverse workforce. Through 42 one-on-one interviews with SCCV staff from migrant backgrounds, the research examined various aspects of workers’ experiences of aged care, including job pathways, understandings of the Australian aged care system and expectations of aged care work.

Drawing on the research findings, this paper examines how cultural assumptions about overseas born workers can obscure the role other factors such as gender, visa status, and socio-economic status can play on workers’ opportunities for employment and promotion. This paper argues for an intersectional approach in diversity management, which recognises that a range of factors can impact on personal circumstances and interactions in the workplace.

The research highlighted the importance of recognising ‘culture’ and ‘diversity’ as being applicable to all communities and individuals including Anglo-Australians, not just those from immigrant and ‘culturally and linguistically diverse’ backgrounds.
Elder abuse - What's so special? Existing legal protections

Author/s: Julia Duffy; Shayna Smith

1Office of the Public Guardian, Brisbane, Queensland, Australia

Practical and/or theoretical implications of this presentation: The presentation highlights awareness of elder abuse, the links between financial and physical abuse, and the legal protective mechanisms that already exist. It points out that not just disadvantaged Australians, but especially wealthy Australians, may find themselves victims of abuse from commercial operators as well as families and carers.

Abstract: As older people increasingly contribute to Australia’s economy, elder abuse has become of increasing concern. In 2015 two reports were released in Queensland – the Parliamentary Report of The Inquiry into the adequacy of existing financial protections for Queensland seniors and the Report of the taskforce led by the former Governor-General Quentin Bryce - “Not Now, Not Never: putting an end to domestic and family violence in Queensland.”

In February the Attorney-General George Brandis QC requested the Australian Law Reform Commission to conduct an inquiry into laws to safeguard older Australians from abuse. This paper examines existing legal frameworks which apply generally to the Australian community but focusing on how they can apply to the particular situation of older Australians.

The Office of the Public Guardian (which has equivalents in other states) investigates complaints of abuse, neglect or exploitation of adults with impaired decision making capacity. Other functions of the Public Guardian which will be discussed include its power to make decisions for adults with impaired decision making capacity and its obligations to educate the community on the use of enduring powers of attorney and advance health directives.

The paper further looks at consumer protection legislation to see how it offers protections to older Australians. It explores how the national Australian Consumer Law and National Consumer Credit Protection Law, as well as Queensland legislation such as the Retirement Villages Act and the Manufactured Homes Act balance the promotion of the economic contribution of our ageing society as consumers, with the prevention of elder abuse. Financial abuse, particularly by family members and carers, is not infrequently linked with physical abuse or neglect. The paper concludes by examining protections in the justice sphere including victims of crime legislation and domestic violence legislation and their potential application to elder abuse.
Video-games, physical activity, cognition and well-being in older adults

Author/s: Karen Murphy1; Milton T. Nyawata1; Glenda Andrews1

1Menzies Health Institute Queensland and the School of Applied Psychology, Gold Coast campus, Griffith University, Queensland, Australia

Practical and/or theoretical implications of this presentation: Both video game playing and physical activity have the potential to contribute to the cognitive, emotional well-being and quality of life components of healthy ageing.

Abstract: Healthy ageing refers to optimising cognitive, physical and emotional health, to enhance the quality of life in older adults. Research has shown a link between successful ageing in older adults and their participation in cognitively engaging activities and regular physical activity. The current study extended the research in this area by investigating the link between video game playing, physical activity and measures of cognitive function, emotional well-being and quality of life in older adults. Two hundred and six adults (129 females, 77 males) aged 60 years and older (M = 68.43, SD = 5.88) completed a survey measuring cognitive function, emotional wellbeing, quality of life, video game playing habits and physical activity levels. Participants were categorised into groups of video game players and non-gamers, and moderate and high physical activity levels. The combination of playing video games and moderate levels of physical activity were linked with benefits in subjective cognition for older adults. Participants who played video games and engaged in high levels of physical activity had reduced psychological well-being compared to non-gamers who also undertook high levels of physical activity. Video game players engaging in moderate levels of physical activity reported the most positive social relationships. Overall participants with higher levels of physical activity reported a better quality of life. The results of this study indicate that both video game playing and physical activity have the potential to contribute to the cognitive, emotional well-being and quality of life components of healthy ageing.
Embracing and supporting a diverse workforce: Southern Cross Care Victoria

Author/s: Kate Barnett1; Joyce Jiang2; Danielle Rose3

1Australian Industrial Transformation Institute (AITI), Flinders University, Adelaide, South Australia, Australia
2Multicultural Centre for Women’s Health (MCWH), Collingwood, Victoria, Australia
3Workforce and Culture, Southern Cross Care Victoria, Hughesdale, Victoria, Australia

Practical and/or theoretical implications of this presentation: The Australian aged care sector frequently acknowledges the need to determine how best to attract, support and retain a multicultural workforce. This research project provides baseline knowledge for a range of workforce development strategies, not only across SCCV, but applicable to other aged and community care organisations.

Abstract: Cross Care Victoria (SCCV) recognised the need to grow its aged care workforce in response to increasing demand for its services and to manage to greatest effect its multicultural workforce, particularly those who are recent migrants. A collaborative project with partners FECCA, the Multicultural Centre for Women’s Health (MCWH) and the University of Adelaide’s WiSeR Research Centre, was designed to identify the information, training and support needs of migrant care workers and their managers.

An interview tool was designed to address these project goals and was administered through structured individual interviews undertake by the MCWH (who had previously worked with SCCV on a number of workforce development initiatives designed to support a multicultural workforce). The sample was comprised of 42 immigrant and refugee employees, most of whom had migrated to Australia within the past 10 years, drawn from three SCCV residential sites with a high proportion of CALD background employees.

Almost all of the workers interviewed expressed a commitment to work long term in aged care and had been attracted by a genuine interest in caring for older people. However, the circumstances and reasons that led them to aged care varied. Findings reinforce the importance of providing tailored information, support and training for all workers, especially those who are relatively recent migrants. Of the three areas, training was rated most positively in terms of providing skills - with time and experience needed to develop them more fully. However, support and information needs were under-developed. Of particular importance are orientation and induction programs and formal mentoring, reinforced by a broader program to develop organisational capacity to manage cultural diversity in the aged care workplace.
Re-thinking psychological services in residential aged care settings

Author/s: Kate-Ellen Elliott1; Dr Tracey Dean2; Makrina Tsinoglou2; Andrew Robinson1; 3; Jennifer Scott2

1Wicking Dementia Centre for Research and Education, Faculty of Health, University of Tasmania, Hobart, Tasmania, Australia
2School of Medicine (Psychology), Faculty of Health, University of Tasmania, Hobart, Tasmania, Australia.
3School of Health Sciences, Faculty of Health, University of Tasmania, Hobart, Tasmania, Australia

Practical and/or theoretical implications of this presentation: Psychology student placements in aged care not only train the future workforce, but can also fill the gap in services available to meet the psychosocial needs of older adults. Bridging connections between the traditionally isolated disciplines of psychology and residential aged care will be paramount to overcoming significant implementation challenges.

Abstract: Current psychology training models in older adult mental health need invigoration. An established teaching aged care facility (ACF) operating an interdisciplinary (nursing, medicine and paramedicine) placement program piloted the inclusion of the psychology discipline. The new psychology placement was evaluated. Purposive sampling was applied to recruit key personnel involved in implementation of the new student placement. Semi-structured interviews were completed on the expectations of psychological services in the ACF, as well as barriers and facilitators of conducting the psychology placement. Thematic analysis was undertaken using Nvivo 11 software to enhance rigor and consistency. Twenty-two participants were recruited (6 aged care staff, 5 university staff, 3 students, 5 residents and 3 family members). Themes identified from the data indicated psychology was a foreign concept in the facility, which resulted in operational challenges (e.g., inappropriate referrals). Despite challenges, positive outcomes were reported by participants who observed a wide range of learning opportunities for students. These included assessments of mental health, adjustment to illness, individual and group psychoeducation for residents/family members and training for staff. Residents and family members were also satisfied with the service they received from trainee psychologists, but reported feeling misunderstood by aged care staff about their mental health needs, and desired more assistance to gain independence. Improving communication and feedback mechanisms between students, key personnel and clients were identified as crucial to successful and sustainable placements. Additionally, psychology supervision requirements created barriers for placements in the ACF, where an on-site psychologist is not routine. Implementation challenges could potentially hamper the efforts to create new opportunities for geropsychology training and manage sustainable psychosocial care for older adults. Finding innovative ways to bridge connections between traditionally isolated disciplines of psychology, higher education and ACFs to overcome operational barriers are essential for training and re-imagining psychological service delivery in residential aged care.
Step Forward Together and re-imagine aged care

Author/s: Kelly Gray

Practical and/or theoretical implications of this presentation: Co-production has not been widely tested working with older people. Step Forward - Together has put theory to the test and applied it in practice.

The project brings together perspectives of all stakeholders to share their experience of the process, and the impacts for individuals and service improvements.

Abstract: Co-production offers a different approach to designing and planning aged care services. It is an asset-based approach to working with consumers and other key stakeholders to design and deliver services at a strategic level. Consumers participate in decision making and play an active role in implementation. Collaborating with consumers opens the door to new ideas, possibilities and capabilities, and means everyone benefits from contributions older people make to our communities and the broader society.

CommunityWest partnered with COTA Australia on the Step Forward – Together™ project, to trial co-production in 10 pilot sites around Australia. These organisations trialled co-production tools and principles to enhance the Wellness focus of their work. The findings from each pilot project will inform the sector with a practical ‘how-to’ guide on working with consumers to co-produce aged care services, available for free download.

Delegates will hear about our exploration of co-production, including the pilot site journeys. They will have the opportunity to see how co-production can be applied in the aged care sector, whether they are a provider of primary health, hospital-based care, residential care, community and home support or wider health settings. Through audio and video, delegates will hear from people directly involved in the co-production projects including staff, consumers and carers. We will share learning on how co-production worked with a range of consumers including those with dementia, mobility and cognitive impairments, mental health issues, homelessness and culturally and linguistically diverse people.

In this interactive presentation we will help people understand what co-production is, why you do it, and how to get started. It will include interviews, video footage and images from staff and consumers in the Step Forward – Together™ project, sharing insights, challenges and successes. We will provide real-life examples of co-production, with practical tools and advice.
Life course head injury and dementia in older Aboriginal Australians

Author/s: Kylie Radford1; Kim Delbaere1; Gail Daylight1; Brian Draper1; Tony G. A. Broe1

1Aboriginal Health and Ageing group, NeuRA, Randwick, New South Wales, Australia

Practical Land/or theoretical implications of this presentation: Prevalence of traumatic brain injury (TBI) is high in older Aboriginal peoples and appears to be contributing to dementia risk. This presentation analyses the nature of previous TBI reported by older Aboriginal people in urban and regional areas, providing insights into the appropriate ways to prevent or modify this risk.

Abstract:

Introduction:
Traumatic brain injury (TBI) is gaining interest as a risk factor for dementia, including Alzheimer’s disease. This is particularly important in older Aboriginal populations where rates of dementia are high. TBI was common and a key predictor of incident dementia and cognitive decline in a remote Aboriginal population (LoGiudice et al., 2015). However, little is known about the links between TBI and dementia in urban/regional Aboriginal communities, where lifestyle and cultural practices differ from remote areas.

Method:
The current study examined the relationship between TBI and dementia in a cross-sectional population-based study of 336 Aboriginal people aged 60 years and older from urban and regional communities in NSW.

Results:
The prevalence of TBI was 29% overall, but significantly higher in men (42%) compared to women (20%). In those diagnosed with dementia, men and women had similarly high prevalence of TBI (50% and 44%, respectively). History of TBI was associated with dementia diagnosis (OR=2.56, 95%CI 1.32-4.95). Of those reporting a TBI, more severe injury predicted dementia, as indicated by need for medical attention, length of hospital stay and longer period of post-traumatic amnesia. Age at time of worst head injury was significantly higher in the dementia group. Men were more likely to report multiple head injuries compared to women (44% vs. 21%), but multiple TBI did not predict dementia. The most common cause of TBI for men was sports injury (30%) followed by assault (22%). Whereas, for women, common causes were falls (30%) and motor vehicle accident (27%). In men, a history of professional boxing was associated with dementia diagnosis (OR= 5.91, 1.65-21.19).

Conclusion:
TBI is emerging as a notable risk factor for dementia in Aboriginal Australians and potential target for dementia prevention. Different strategies may be required for men and women to modify this risk.
Residents and family members’ perceptions of cultural diversity

Author/s: Lily Xiao\(^1\); Eileen Willis\(^1\); Ann Harrington\(^1\); David Gillham\(^1\); Anita De Bellis\(^1\); Wendy Morey\(^2\); Lesley Jeffers\(^3\)

\(^1\)School of Nursing & Midwifery, Flinders University, Bedford Park, South Australia, Australia
\(^2\)Workforce Development and Governance, Resthaven Inc. Wayville, South Australia, Australia
\(^3\)Residential Care, Anglicare SA Inc. Hindmarsh, South Australia, Australia

Practical and/or theoretical implications of this presentation: The findings have implications for identifying strategies for supporting staff from all cultural backgrounds to create a caring environment to facilitate positive relationship building with residents and support residents to adjust to the care home.

Abstract:

Background:
In Australia residents come from 170 countries and the proportion of residents born overseas or born in a non–English speaking country is 31% and 20% respectively (AIHW, 2016). Not only is the residents’ profile multicultural, but so too is the workforce. The proportion of the aged care workforce born overseas, or from non-English speaking countries is 35% and 24% respectively with the majority coming from Asia (King et al., 2013). This cultural diversity adds more challenges for residents in adapting to the care home.

Methods:
The aim of this study was to understand residents’ perceptions of cultural diversity in care homes in order to inform practice. An interpretive study design employing a thematic analysis was used to address the aim.

Results:
Twenty-three residents and seven family members participated in interviews. The dual nature of diversity among the residents and staff in the four care homes in the project was evident. Up to 16% of residents were from CALD backgrounds. The workforce exhibited even greater diversity, with up to 50% of staff interviewed identifying as CALD. The median age of residents was 88 years and the median months in the home was 29.5. Findings revealed that many residents and their families perceived diversity as an attraction, rather than a problem, although cross-cultural communication difficulties were widely recognized. Some residents demonstrated proactive action that facilitated cross-cultural communication with staff. Meeting residents’ culturally appropriate dietary needs was also a challenge. Residents had high expectations that staff would see them as individuals and meet their psychosocial care needs.

Conclusions:
This study reveals that residents generally have a positive view of diversity and are capable of facilitating cross-cultural communication. The study also confirms previous studies that cultural diversity adds more complexity in meeting residents’ food preferences and psychosocial care needs.
Emergency paramedic attendance to older patients in Victoria

Author/s: Linda Ross¹; Brett Williams¹; Paul Jennings¹

¹Department of Community Emergency Health and Paramedic Practice, Monash University, Frankston, Victoria, Australia

Practical and/or theoretical implications of this presentation: This study highlights the need for better education and access to alternative, more suitable health services which are better equipped to address complex yet non-life threatening issues. It also highlights the need for paramedic to be better educated and equipped to address the complex biopsychosocial complaints facing older patients.

Abstract:

Background:
Demand on emergency ambulance services in Australia is increasing at a significant rate. The aging population is considered a substantial contributing factor. As people age they are more prone to the cumulative effects of multiple chronic diseases such as hypertension, heart disease, diabetes, arthritis, dementia and chronic obstructive pulmonary disease. Other non-medical challenges associated with aging include social isolation, financial constraints, transportation issues and impaired access to health care services. Loss of social networks and support, and significant life events, adversely affect mortality and morbidity. This study aimed to determine the prevalence and causes of emergency paramedic attendances to older adults in Victoria, Australia between 2011 and 2014.

Methods:
This retrospective cohort study analysed all emergency paramedic attendances to patients aged 65 or older between 1 July 2011 and 30 June 2014 in Victoria, Australia.

Results:
A total of 596,579 cases of emergency paramedic attendance to patients 65 years or older were identified. The mean (SD) age of patients was 79.8(8.2), with 327,070 (55%) female. Of the 89,952 (15%) patients located at nursing homes or supported accommodation facilities 53,175 (59%) were 84+ years old. Medical issues accounted for 348,482 (59%) cases. There were 32,900 (6%) cardiovascular problems, 20,822 (3%) respiratory problems, and 4,327 (1%) mental health/behavioural problems. Of the patients included in the study 493,788 (83%) were transported. A search of all ‘case descriptions’ for phrases indicating a patient lives alone or lives by themselves, resulted in 59,760 incidence.

Conclusion:
Emergency paramedics in Victoria attend approximately 200,000 older patients per year with a wide variety of conditions. The reported complaint or condition in conjunction with detailed case descriptions gives us a deeper understanding of the complexity of biopsychosocial factors at play when attending older patients.
Greening with meaning - Volunteering with dementia

Author/s: Lorraine Wadley

1Younger Onset Dementia Key Worker Program, Alzheimer’s Australia ACT, Kaleen, Australian Capital Territory, Australia

Practical and/or theoretical implications of this presentation: The presentation will outline the key learnings in the development and implementation of this innovative program that supports individuals diagnosed with dementia to remain active and engaged in their community.

It will highlight how strong community organisational partnerships are important to ensure the viability of long term capacity building projects.

Abstract: Alzheimer’s Australia ACT and Greening Australia Volunteering Partnership (An Initiative of the Younger Onset Dementia Key Worker Program)

This unique project builds on an important partnership between Alzheimer’s Australia ACT and Greening Australia that was initially developed to support people living with Younger Onset Dementia. Due to an identified need for services appropriate for physically fit and active men, this program has now expanded to provide volunteering opportunities to 10 men diagnosed with dementia regardless of age.

This project enables participants to increase their sense of fulfilment and re-engagement in society. It provides social and occupational opportunities while contributing to meaningful environmental work.

These dedicated men volunteer weekly at Greening Australia’s Canberra Community nursery and assist with seed cleaning and nursery tasks that support the growing of native seedlings for planting into endangered Grassy Box-Gum Woodland systems. As well as contributing to the nursery’s conservation efforts, the men enjoy spending time each week catching up and sharing stories. It provides the men with a great opportunity to connect and provide peer support to one another.

Future plans for the program includes partnering with Alzheimer’s Australia ACT’s social woodworking enterprise project to construct nesting boxes providing habitat for threatened species such as Superb Parrots. As interest has increased in the program from all types of people with dementia, a more diverse group of people with dementia volunteering for the program will commence. This expansion will also include individuals living across the ACT border and its surrounding regions which is currently lacking.

The nursery component of this project has been running for 18 months, exceeding expectations. Both Greening Australia and Alzheimer’s Australia ACT are well known non-government organisations and are committed to continuing and expanding this program as it presents a rewarding level of benefit - socially, therapeutically and ecologically.
Contemporary role of Elders in the Indigenous communities in Australia

Author/s: Lucy Busija1; Renata Cinelli2; Kristen Holdsworth1; Geoff Nicholson3; Caitlin Easton3; Maree Toombs3; Kerrie Sanders1; Marita McCabe1

1Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia
2Faculty of Education and Arts, Australian Catholic University, Melbourne, Victoria, Australia
3Rural Clinical School, School of Medicine, The University of Queensland, Toowoomba, Queensland, Australia

Practical and/or theoretical implications of this presentation: This qualitative study is the first systematic investigation of the contemporary role of Australian Indigenous Elders. The results highlight the many and varying roles of Elders and provide insights into how Community wellbeing can be improved through increasing the involvement of Elders with the youth to close the generation gap.

Abstract:

Introduction:
Traditional Elders are integral to the social structure of Australian Indigenous Communities. However, due to the progressive loss of a traditional way of life, the role of Elders has been eroding, with detrimental consequences to Communities. This study was designed to gain a better understanding of the contemporary role of Indigenous Elders, with the goal strengthening their role in the Communities.

Method:
The research was conducted in a regional Indigenous Community in Queensland and adopted community-based participatory approach. The design of the project was informed by a regional community forum (“yarning group”). One-on-one semi-structured interviews with community members were conducted by Indigenous researchers. The content of the interview was informed by the “yarning group”. Data were subjected to thematic analysis with open coding, using NVivo software.

Results:
To date, 50 interviews with community members have been completed and analysed. The participants’ median age was 45 years (range 18-76 years) and 31 (62%) were female. Important attributes that distinguished Elders from ‘older people’ were their ‘wealth’ of life experiences, authoritativeness, approachability, and being active and well known in the community. Thematic analysis identified that the main components of Eldership were: promoting mutual respect, support and moral guidance to community members, and holding and passing down knowledge of traditional culture and values. Elders were also seen to have an important role in addressing major issues facing Indigenous Communities, such as drug and alcohol abuse and unemployment, through increasing their involvement with the youth to close the intergenerational gap.

Conclusions:
The results show that Elders continue to fulfil many import roles in the contemporary Indigenous communities. In the spirit of community-based participatory research, these results will be
presented to the Indigenous Community for feedback. A program to improve Community wellbeing through strengthening the role of Elders will be co-designed with the Community.
Non-pharmaceutical management of BPSD in residential aged-care settings

Author/s: Marita P McCabe¹; Michael Bird²; Tanya E Davison³; David Mellor³; Sarah Macpherson⁴; David Hallford³; Melissa Seedy³

¹Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia
²Dementia Services Development Centre, Bangor University, Bangor, North Wales, United Kingdom
³School of Psychology, Deakin University, Melbourne, Victoria, Australia
⁴Aged Care Evaluation Unit, Southern LHD, Queanbeyan, New South Wales Australia

Practical and/or theoretical implications of this presentation: This study examined the effectiveness of a training program for staff to better manage BPSD in residential care. It also evaluated the role of organisational factors in the roll out of the intervention. The results of the study have important practical implications for the treatment of BPSD in residential care.

Abstract:

Introduction:
Behavioural and psychological symptoms of dementia (BPSD) cause significant stress and distress to both aged care residents and staff. This study evaluated a training program to assist staff to manage BPSD in residential care.

Method:
A randomised controlled trial (RCT) was employed. Staff (n = 204) and residents (n = 187) were from 16 residential care facilities. Facilities were recruited and randomly assigned to four staff training conditions: (1) training in the use of a BPSD-structured clinical protocol, plus external clinical support, (2) a workshop on BPSD, plus external clinical support, (3) training in the use of the structured clinical protocol alone, and (4) care as usual. Staff and resident outcome measures were obtained pre-intervention, three months and six months’ post-intervention. The primary outcome was changes in BPSD, measured using the Cohen-Mansfield Agitation Inventory (CMAI) as well as frequency and duration of challenging behaviours. Secondary outcomes were changes in staff adjustment.

Results:
There were improvements in challenging behaviours for both intervention conditions that included training in the BPSD instrument, but these were not maintained in the condition without clinical support. The training/support condition resulted in sustained improvements in both staff and resident variables, whereas the other conditions only led to improvement in some of the measured variables.

Conclusion:
These results demonstrate the effectiveness of the BPSD protocol in reducing BPSD and improving staff self-efficacy and stress.
Frailty prevalence in North West Adelaide

Author/s: Mark Thompson1; Olga Theou1; Solomon Yu1; Kylie Lange1; Robert Adams2; Renuka Visvanathan

1National Health and Medical Research Council (NHMRC) Centre of Research Excellence: Frailty Trans-disciplinary Research to Achieve Healthy Ageing, University of Adelaide, Adelaide, South Australia and Dalhousie University, Canada
2The Health Observatory, University of Adelaide, Adelaide, South Australia

Practical and/or theoretical implications of this presentation: Frailty prevalence findings from a longitudinal study of 945 community dwelling adults aged 65 years and above living in the North West of metropolitan Adelaide. 20.6% of people over the age of 65 are frail; 50.3% are pre-frail. Frailty is associated with older age, female sex, and lower socioeconomic status.

Background:
This study examined the prevalence of frailty in community dwelling older adults from Adelaide, South Australia.

Methods:
This is a secondary analysis of the North West Adelaide Health Study (NWAHS), a representative longitudinal study of randomly selected adults aged 18 years and above from the North Western metropolitan region of Adelaide, South Australia. This study focused on adults aged 65 years above (n=945, mean age 74±6.4 years, 51.1% females). Frailty was operationalized at stage 2 (2004-06) using the physical phenotype and was defined as the presence of three or more of the following criteria: weight loss, weakness, exhaustion, slowness, and low physical activity level. Pre frail individuals had up to two deficits, and non-frail was defined as the absence of any deficit.

Results:
The overall prevalence of frailty in the population was 20.6%, while 50.3% of the cohort were classified as pre frail. Levels of frailty were higher in the oldest old (aged 75+ 31.7% vs aged 65-75 11.5%), in females (26.2% vs males 13.5%), those with a lower income (<$20k p.a. 24.5% vs $60k+ p.a. 5.9%), and a lower level of education (up to secondary level 22.7% vs bachelor degree or higher 6.7%).

Conclusion:
Frailty prevalence is higher in those over the age of 75, in females, and those with lower income and education levels. Further analysis is planned with work currently in progress on the construction of a frailty index (FI). Both the phenotype and FI will be examined in their ability to predict 4-year mortality in this cohort.
Influences on emergency department length of stay for older people

Author/s: Maryann Street¹,²,³; Julie Considine¹,²,³; Debra Berry¹,²; Anthony Cross⁴; Mohammadreza Mohebbi⁵

¹Deakin University, School of Nursing and Midwifery, Geelong, Australia
²Eastern Health-Deakin University Nursing and Midwifery Research Centre, Box Hill, Victoria, Australia
³Deakin University, Centre for Quality and Patient Safety (QPS) Research, Geelong, Australia
⁴Eastern Health Emergency Department, Box Hill, Victoria, Australia
⁵Deakin University, Biostatistics Unit, Geelong, Australia

Practical and/or theoretical implications of this presentation: These findings have the potential to reduce length of stay in the Emergency Department for older people through timely discharge or admission processes, while maintaining patient safety.

Abstract:

Background:
Older people seeking emergency care often remain longer in Emergency Departments (ED) and have higher hospital admission rates than younger people. This study examined the influences on ED length of stay and developed a predictive model for remaining longer than 4 hours.

Methods:
This retrospective cohort study used organisational data linkage at patient level. The study population were people aged ≥65 years, attending an Eastern Health ED in the 2013/2014 financial year. Chi-square analysis was performed to select factors for multivariate logistic regression (p<0.3). A backward variable selection strategy was implemented to the initial logistic regression.

Results:
There were 33,926 emergency attendances by people aged ≥65 years in the study period. The median age was 79.0 years, 45.8% were male and 14.0% were from Residential Aged Care. One in five patients arrived overnight, 55.8% were triaged critical, emergent or urgent and 64.7% were admitted. Older people remaining in ED longer than 4 hours was 57.5% (n=19517). Univariate analysis showed that waiting >2 hours to be seen by a doctor, ED overcrowding, imaging and certain diagnostic groups had a large effect (Cohen's d>0.8) on remaining longer than 4 hours. The area under the receiver operating characteristic curve of selected variables (age, usual accommodation, triage category, arrival by ambulance and out-of-hours, imaging, overcrowding, time to be seen by doctor, admitted) relating to remaining longer than 4 hours in ED was 0.796, indicating that the model accounted for 80% of the variation in predicting length of stay.

Conclusions:
This study provides evidence that systemic and clinical factors were strongly predictive for ED length of stay for older adults. The predictive model will enable development of approaches to streamline the patient journey to optimise emergency care for older people.
Peer to peer – The pointy end of consumer engagement

Author/s: Megan Corlis; Helen H. Radoslovich

Practical and/or theoretical implications of this presentation: Setting the foundation, taking time to build trust and get runs on the board are the keys to consumer/carer engagement and will reap rich benefits. Our experience gives practical examples to prompt your thinking of what is possible and useful theoretical frameworks on which to build.

Abstract: Aged care is being challenged more and more to engage with our consumers with Consumer Directed Care (CDC) being the main vehicle. But engagement goes way beyond this specific service approach.

Helping Hand’s consumer and carer engagement journey started in 2011. We saw the need to engage people who use or may potentially use our services and the people who care for them (carers) more broadly across the organisation. We developed a framework based on the International Association of Public Participation spectrum (IAP2) and set up an organisational Consumer and Carer Reference Group (CCRG). From this has grown an ever increasing respect for the role of older people and people who care for them to have a say in both policy and service delivery. Their influence has changed and influenced practice.

So where to next? Peer support models work effectively in other sectors and provide opportunities for different roles and reciprocity for older people and carers. We have worked with The Australian Centre for Social Innovation (TACSI) in the development of a prototype peer to peer model for carers in the community called “Weavers” which is underpinned by strong theoretical frameworks to provide intentional, focus support. Could this model be scaled up to become a core part of our response to the needs of older people and carers? Specifically, could it be transitioned into residential aged care to support older people coming to live in care and their carers?

This presentation will:
- Briefly overview our engagement approach
- Describe the transition of a code signed prototype into a new environment
- Present the early results of this process and the lessons for other organisations seeking new / different ways to engage with older people and their carers.
Strategic improvements program for residential aged care buildings
Author/s: Nick Seemann1

1Constructive Dialogue Architects, Newtown, New South Wales, Australia

Practical and/or theoretical implications of this presentation: The presentation focuses on the practical application of research into the impact of the physical environment on the quality of life of aged care residents. It provides an approach to making immediate and incremental change to existing buildings.

The negative impact a physical environment can have on people living in residential aged care has been well documented. It can create excess disability and reduce quality of life. However, many poor environments are unlikely to be improved. One barrier to change is the perceived enormity of the task of transforming a building. Nick will discuss the Strategic Improvements Program, an initiative that aims to directly address this barrier through targeted, incremental renovations. It draws on the evidence base developed by researchers such as Marshall, Fleming and Calkins to allow work to focus on specific supports to people with dementia and other challenges common among residents. The program provides a model that integrates research into practice and engages staff, reflecting on their model of care and the impact their building has on residents. The program also integrates evaluation of each completed item of work prior to the next small project commencing.
Safe to crush? Dosage form modifications in aged care

Author/s: Nicole McDerby¹; Mark Naunton¹; Greg Kyle¹,²

¹University of Canberra, Bruce, Australian Capital Territory, Australia
²Queensland University of Technology, Brisbane, Queensland, Australia

Highlight the practical and/or theoretical implications of this presentation: This study highlighted the need for improvements in staff training to manage dosage form modifications appropriately in ACFs. Increased utilisation of pharmacists’ medication expertise in this setting is a potential solution to provide safer alternatives and optimise quality use of medicines in residents unable to swallow solid dosage forms.

Abstract: The aims of this study were to observe solid dosage form medication modifications in aged care facilities (ACFs), and assess staff levels of self-perceived knowledge of medication modification and the types of resources available to them.

A single researcher observed medication rounds in a convenience sample of Australian Capital Territory ACFs and assessed staff knowledge of dosage form modification and available resources.

From 160 observations across six medication rounds, 29 ACF residents had a total of 75 medications modified by nursing staff prior to administration, with 32% of these instances identified as inappropriate according to current guidelines. The methods used for crushing and administration resulted in drug mixing, spillage and incomplete dosing. The ACF staff reported adequate resources; however, a lack of knowledge on how to locate and use these resources was evident.

The authors concluded that improved staff training on how to use available resources, as well as pharmacist intervention, is needed to reduce the high incidence of inappropriate medication crushing.
Older consumer experiences with technology in Consumer Directed Care

Author/s: Peter Summons¹; Ann Taylor²; Jenny Day³; Isabel Higgins³; Sharyn Hunter³; Sarah Jeong³; Jane Maguire³; Pamela van der Riet³; Gunilla Hayden³; Margaret Harris³; Sophie Dilworth³; Helen Bellchambers³

¹School of Design, Communication and IT, University of Newcastle, Newcastle, New South Wales, Australia
²School of Humanities and Social Science, University of Newcastle, Newcastle, New South Wales, Australia
³School of Nursing and Midwifery, University of Newcastle, Newcastle, New South Wales, Australia

Practical and/or theoretical implications of this presentation: Technology usage and reasons for utilisation of technology by older Australian CDC consumers is reported. This provides insight into the needs of consumers and proposals for the effective utilisation of technology in the future, involving both providers and consumers, to satisfy those needs.

Abstract: The Australian Government introduced Consumer Directed Care (CDC) to the Home Care Package program, effective from 1st July, 2015, to enable older Australians receiving home care packages from health care providers to have a greater degree of control over, and choice in, the care and services they received. One aim of the CDC model was to encourage providers to promote innovative delivery options and to increase their consumer’s utilisation of technology to maximise the benefits received from their care packages. KPMG reported on consumer needs and the effects of change to consumers already receiving home care, pre- and post- CDC; however, their evaluations did not address technology in any detail. This paper reports part of a study conducted by researchers from The University of Newcastle, specifically on the use of technology by CDC consumers pre- and post- the introduction of CDC. Pre-CDC (N=5) and post-CDC (N=19) older consumers were interviewed and post-CDC consumers (N=25) were surveyed in aspects relating to their use of technology. The findings point to a current usage of technology by consumers when it provides utility but a lack of directed use to enhance CDC services. Potential opportunities to enhance the usefulness of technology are proposed.
Dementia Friendly partnership with The Tradies ACT

Author/s: Petrea Messent1; Karen Cmiel1

1Manager, Australian Capital Territory, Australia
2Education Manager, Alzheimer’s Australia, Kaleen, Australian Capital Territory, Australia

Practical and/or theoretical implications of this presentation: This will provide greater access and quality of life for people with dementia. Dementia Friendly environments enable people with dementia to participate in and reduce barriers to everyday social engagement and experiences, such going out for an evening, weekend or holiday.

Abstract: This presentation will focus on a partnership between Alzheimer’s Australia ACT and The Tradies to create a dementia friendly environment for consumers in their Dickson and Woden sites. The creation of such dementia friendly environments can lead to use of the Alzheimer’s Australia Dementia Friendly Symbol. The presentation will outline the strategies developed to assist the Tradies to meet the needs of people with dementia and their carers using Dementia Friendly Toolkits for businesses developed by Alzheimer’s Australia. The presentation will include the following: initial partnership relationship, identification of priority areas, developing a dementia friendly plan, areas of education provided, environmental changes, progress and improvements. The presentation will highlight the most important principle in creating dementia friendly environments which is to include people with dementia in the process. The Tradies have offered to create a dementia friendly hotel room which will be trialled by people with dementia and their carers in order to get consumer focused experience and feedback. The presentation will showcase a description of what a dementia friendly hotel room would look like, and highlight and positive outcomes of this trial.
Vietnamese older people’s material contributions in ageing population context

Author/s: Quang Trinh¹; Hal Kendig¹

¹Centre for Research on Ageing, Health and Wellbeing (CRAWH), Australian National University, Acton, Australian Capital Territory, Australia

Practical and/or theoretical implications of this presentation: Older people continue contributing to family and society that should be recognized and facilitated notwithstanding social pressures to remain dependent. Choices and support can promote continuing social and economic activities, and aging well which, in turn can reduce social burden of care and support for the older people.

Abstract:

Introduction:
Older people in Vietnam are generally seen as dependent on others in their families for financial and practical support. However, they, in fact, keep involved in social activities contributing through their families as well as society, for example, by staying longer in the workforce. This paper presents findings on Vietnamese older people’s contributions to their families including variations among subgroups. Implications are discussed for policy adjustments to the retirement and social welfare systems.

Data and Method:
Data are from the Vietnam National Ageing Survey conducted in 2011 (VNAS 2011), with analyses limited to those aged 60 years and older (N=2,789). Previous research will be reviewed and new descriptive analyses will be presented and interpreted.

Results:
The most common contribution of the older people was doing housework with 59% of them being the main person doing household chores; those who co-reside with children are relatively less likely to do housework compared to those who remain independent while living alone or with their spouse only. Co-residency increases the likelihood that they provide care for grandchildren and financial support for adult children. Those have more economic resources through higher education, better health condition, younger ages, owner occupancy and/or who still are working are more likely to provide financial support for children. A high proportion (especially men, those aged 60 to 64 years, and those in rural areas) remain in the labour force. Overall, 37% are still working and contributing to household income. Those in younger age groups and living in multi-generational households are more likely to take care of grandchildren. Close proximity between generations or living in multi-generational households is another significant factor facilitating older people’s contributions and other intergenerational exchange.
Perceptions of ageing: Older people and healthcare professionals

Author/s: Rafat Hussain¹; Hal Kendig²; Kate O'Loughlin³; Lisa Cannon²

¹Australian National University Medical School and Research School of Population Health, Australian National University, Acton, Australian Capital Territory, Australia
²Centre for Research on Ageing, Health & Wellbeing, Australian National University, College of Medicine, Biology & Environment, Acton, Australian Capital Territory, Australia
³Ageing, Work and Health Research Unit, Faculty of Health Sciences, Cumberland Campus, University of Sydney, Sydney, New South Wales, Australia

Practical and/or theoretical implications of this presentation: Older people are large consumers of healthcare services. Perceptions of ageist attitudes of health professionals requires a good understanding of key issues including prevailing societal norms. Building a strong evidence-base is important to promote discussions on changes required in training including communication style and social interactions skills of healthcare professionals.

Abstract:

Introduction:
Although ageist attitudes of health professionals have been reported by many studies, empirical evidence is limited on perceptions of general population regarding such attitudes. In this paper we report findings on perceptions of social treatment of older people in their relations with health professionals.

Methods:
The database is the Ageing Module of 2015-16 Australian Survey of Social Attitudes (AuSSA), which comprises responses from 894 respondents, 39% (n=345) of whom are aged 60 and above. Data from wave4 of AuSSA, available end-May, will be added to finalise findings outlined below. The key outcome variable was: “do you think older people (aged 65 years and older) are treated better, worse or about the same as younger people by doctors, nurses and other healthcare professionals?”

Results:
Nearly 12% of the sample reported that older people were ‘treated worse’ by healthcare professionals compared to younger people. Stratification by age showed an almost linear trend for perceptions of worse treatment with increasing age (p&lt;0.01). No gender difference was observed (10.2% males, 12.7% females) but respondents with tertiary education (13.4%) were more likely to report ‘worse treatment’ than those with secondary school or vocational qualifications. Participants who felt that at the societal-level there was little respect for older people also reported that older people received worse treatment (13%, p&lt;0.01). Self-reported health status was not a significant factor in perception of worse treatment of older people by health professionals.

Conclusions:
Overall a small proportion of the sample reported worse treatment for older people by healthcare professionals but there was an age and educational gradient. These findings are important as individuals - particularly older people with lower socioeconomic status who perceive negative attitudes of health professionals - tend to accept ageist attitudes by healthcare providers that has an adverse impact on their well-being.
Elderhood in community: Insights from living together independently

Author/s: Robyn Barry

Practical and/or theoretical implications of this presentation: It is the baby boomers who reinvent our societies as they move through the life stages. Ageing is no exception. We are looking at new ways of doing things, of living together - re-imagining. This presentation provides a practical, real-life example of how this is happening.

This presentation is based on a case study of an innovative social housing project, wherein 5 older women share a house. The presenter has been closely involved on different levels with this ‘flatting for seniors’ project which has been running for two and a half years in Auckland. Using narrative research methodology; ageing in community is explored within the context of this atypical social setting. There are many aspects to this research, however for this presentation I will be discussing Elderhood and its relevance to ageing in community. My research captures complex and often unexpected experiences of sisterhood - of living in the ‘hood’, that is particular to this setting. This presentation will provide practical, real life examples of familiar concepts such as; community participation, social connectedness and ageing well.

Is this model a solution for social isolation and lack of appropriate accommodation for our ageing population? Could this inspire ideas as to how we can re-imagine our neighbourhoods, our communities, our housing options? Is this an example of ageing in the 21st century that we could utilise for our own research projects?
Ageing, stress and ageing well: Stories from older Australian women
Author/s: Robyn Kennaugh\textsuperscript{1}; Julie Byles\textsuperscript{1}; Meredith Tavener\textsuperscript{1}

\textsuperscript{1}Research Centre for Generational Health and Ageing, University of Newcastle, Newcastle, New South Wales, Australia

Practical and/or theoretical implications of this presentation: This research has helped identify the most common stressors in the lives of older Australian women, and the resources they use to help combat stress, and age well. The understanding gained can help promote learning appropriate skills early in life, and support their continued use by women as they age.

Abstract:

Aim:
This research seeks to further our understanding of how women experience ageing in Australia. In particular, women who have experienced the death of their spouse contrasted against women who remain married.

Material and methods:
Data were drawn from free-text comments written by women in the 1921-26 cohort of the Australian Longitudinal Study on Women’s Health (ALSWH), collected over a 15-year period. Longitudinal thematic analysis was conducted on the comments, framed by Antonovsky’s Salutogenic theory. This theory contends that people can ‘create health’ even in the presence of potential illness and other stressors. The current research explored the description offered by the participants of stress in relation to their experiences of ageing.

Results:
The challenges women describe, and how they face them as they age vary according to whether they are widowed at a relatively young age; widowed when older; or if they age while remaining married. Irrespective of their marital status, women who report ‘doing well for their age’ described a number of coping strategies in accordance with Salutogenic theory.

Conclusion:
Women from all three groups studied described many common stressors. These altered over the 15-year period, with advancing age, changes in marital status and other significant life events. Resources to cope with stress were similar in type but their relative use and strength altered over time. Our work has implications for enabling women to identify and make use of the best resources their later life.
Happiness is associated with sexual behaviour in partnered older adults

Author/s: Rosanne Freak-Poli

1Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia
2Department of Epidemiology, Erasmus MC, Rotterdam, The Netherlands

Practical and/or theoretical implications of this presentation: The bi-directional relation (operates in both directions) between happiness and sexual health in later life is particularly important as we are living longer, are physically and mentally capable for longer and younger generations of older adults are spending more time out of a marital relationship.

Abstract:

Background:
Despite recognition that positive psychological well-being (PPWB), colloquially known as happiness, is strongly related with sexual health in younger age groups, there is limited research assessing this relation in older adults. Furthermore, it is unknown if the association between PPWB and sexual behaviour is merely due to the lack of mental ill-health (for example depression), as it is yet to be directly examined.

Objectives:
To examine the relation between PPWB (positive affect and life satisfaction) and sexual behaviour (sexual activity and physical tenderness) in older adults, and whether it is independent from mental ill-health and uniform across older age groups.

Methods: From the Rotterdam Study, PPWB and sexual behaviour was assessed in 2,374 dementia free, community-dwelling, 65+ year olds between 2009 and 2012 in the Netherlands. Analyses were stratified by gender and partner status.

Results:
For partnered participants, greater positive affect and life satisfaction was associated with more sexual activity and physical tenderness. The relations were independent of depressive symptoms, physical health and chronic disease status and were observed for both sexes at all older ages. Although the total depressive symptoms questionnaire was negatively associated with sexual behaviour within partnered older adults, there was no association between the negative affect subscale and sexual behaviour. For un-partnered participants, greater life satisfaction and was associated with more physical tenderness. There was low prevalence of sexual behaviour in un-partnered participants, limiting stratified analyses.

Conclusions:
Greater PPWB was associated with more sexual behaviour in partnered, community-dwelling older adults. We are the first to demonstrate that sexual behaviour is likely to be more associated with positive psychological well-being, rather than lack of depressive symptoms; and that the association was present at all ages. Limited conclusions can be drawn for un-partnered older adults as their sexual behaviour was infrequent.
Adapting to ageing: The role of peer-run groups

Author/s: Rowena MacKean

Centre for Rural Health, University of Tasmania, Hobart, Tasmania, Australia

Practical and/or theoretical implications of this presentation: Older people's peer-run groups are an important community resource, helping their participants observe, learn and practise strategies for successful ageing at little cost to the community or the economy. Implications for those concerned with older people's health and wellbeing: to recognise and support these groups while respecting their autonomy.

Abstract: Demographic change influences our re-imagining the future, prompting a search for new ways to help older people remain active, healthy and happy participants in their community. My PhD study explored an under-researched phenomenon: the community groups run by and for older people.

The study used Mixed Methods in an explanatory sequential design (Creswell, 2015): a questionnaire to 64 groups followed by 35 interviews with group participants and 18 selected service providers.

Iterative thematic analysis of the data identified the overarching characteristics of older people's peer-run groups: autonomy, age homogeneity and voluntarism. It emerged from analysis that the groups have a manifest community function: to fulfill their participants' needs for social interaction and social support, enjoyable stimulating activities, and a sense of meaning and purpose, at an affordable cost and a time of day that suits them. The satisfaction of these needs was found to equate with interviewees' understanding of 'wellbeing'.

My study concluded the groups also have an important latent function: helping participants learn strategies to adapt successfully in the transition to older age, and to lead active, meaningful lives in their new life stage. The peer group is both a resource of experiential knowledge and an arena where strategies for successful ageing can be observed, learned and practised in an atmosphere of sharing and support.

Service providers and others concerned with older people's health and wellbeing should be aware of the practical implications of this study: these self-run groups are an important source of older people's wellbeing, readily available at very little cost to the community or the economy. They should consider 'capitalising on the ageing dividend' by giving older people's peer-run groups recognition and support, while respecting their all-important autonomy.

Understanding the community: Planning health promotion activities with the participants

Author/s: Ruth Campbell

1Flinders University, School of Health Sciences, Discipline of Public Health, Adelaide, South Australia, Australia

Practical and/or theoretical implications of this presentation: My research developed a method to understand why a community has health problems. This paper considers how this method can be used in health promotion to provide tailored activities. By using participatory methods, the health promotion team works WITH community members to develop a more empowered, and healthier community.

Abstract: Health promotion finds better outcomes when combined with empowering and participatory processes. I would also suggest that they may come with better outcomes when including an understanding of the reasons a community behaves as it does despite poorer health outcomes linked to behaviour.

This paper is based on research which considered the links between life experiences and health in old age, among Palestinian refugees of a single refugee camp in Beirut. Using Krieger’s Ecosocial Model of health I identified pathways which embody life experiences. One branch of analysis considered reasons for changes in diet. Seventy years ago, when these refugees lived as peasant farmers in the Palestinian Mandate, they ate a Mediterranean diet, but since that time war and their refugee status has contributed to a deterioration of this diet, and currently hypertension, diabetes, and anaemia are common problems which can be linked to diet.

Changes to diet came about through loss of the means of production, when the refugees lost their farms, inability to pay for food because of limited right to work, unavailability of food during war, increased use of fast foods as women entered the workforce, to counteract family poverty, and use of food to manage stress, both through comfort eating and through socialization, which traditionally includes snacks and drinks.

Without taking these factors into account it becomes difficult to encourage the community to make behavioural changes which improve health outcomes. Thus collaboration between UNRWA and local NGOs have developed a program addressing anaemia, which includes discussion on how to increase dietary iron, using cooking familiar to the community and within their financial and time resources.

Such collaborative programs could be developed to address other health promotion programs, with this and other communities, linking systematic analysis of pathways of embodiment with principles of empowerment and participation.
A pot of gold at the end of the rainbow

Author/s: Samantha Edmonds\textsuperscript{1}

\textsuperscript{1}Silver Rainbow, National LGBTI Health Alliance, Newtown, New South Wales, Australia

**Practical and/or theoretical implications of this presentation:**
- Have a better understanding of inclusive practice
- Have practical tools and examples that can be used in their aged care service or organisation
- Be able to review existing policies and practices and recommend simple changes to ensure inclusion
- Feel confident to have discussions with people in senior positions about inclusion

**Abstract:** We will build on current knowledge by defining what “inclusion” really looks like for older LGBTI people and how ageing and aged care services can be truly inclusive. We will explore the elements of inclusive practice from governance to direct care workers to policies to practical day to day activities. We will highlight the importance of consumer-directed care and how this can be achieved in order to ensure quality service delivery to LGBTI older people. We will demonstrate that inclusion is more than a rainbow sticker but does not have to be a rainbow tick.

Since 2014 the Alliance has been delivering training and providing advice on LGBTI inclusion for ageing and aged care providers. We have conducted ongoing evaluation of the training showing that over 95% of aged care workers are more confident to deliver inclusive practice. Our presentation will also explore these outcomes and recent follow-up evaluations, 6 months after staff have been trained, exploring how successful staff have been in implementing changes within their workplaces.

The presentation will examine inclusion in terms of gender, bodies, relationships and sexuality and will encourage participants to reflect critically on their own, and their workplace, attitudes toward LGBTI people and what inclusive professional practice looks like on a day to day basis. The session will also touch on inclusion for older Aboriginal and Torres Strait Islander LGBTI people.
Facilitating peer-enabled relationship-focussed dementia care - A pilot study

Author/s: Sanetta H.J Du Toit¹; Judie J. Weaver²; Ling Y.L. Chan¹

¹Discipline of Occupational Therapy, University of Sydney, Sydney, New South Wales, Australia
²Alzheimer’s Australia NSW, Sydney, New South Wales, Australia

Practical and/or theoretical implications of this presentation: This study revealed insights into:

- educational approaches for using facilitators as change agents to support peer enablement in care practices of residents with moderate to advanced dementia
- how care staff could be equipped more effectively with paced activities and cumulative learning to address the complex care needs of these residents

Abstract:

Introduction:
Despite the fact that many policies are developed to support the implementation of person-centred care practice, there appears to remain a huge gap between aspirations in and the realities of dementia care within residential settings. To bridge this gap Alzheimer’s Australia NSW developed a Peer Leadership/ Peer Enablement program (PEP). The program endeavours to enhance person-centred, relationship-focused care practices based on a group-problem solving process that support organisational culture change. Workshop facilitators act as change agents within this PEP process by modelling the group problem-solving approach during the workshops and acting as mentors to support professional care staff when they trial the process in between workshops within their work environment. As this is the first implementation of the PEP program it is essential to gain an understanding of how workshop facilitators perceived the PEP process and associated problem-solving experiences impacted on challenges the leaders/enablers face within everyday care practice.

Method:
A qualitative, descriptive enquiry design was utilised to describe the perceived value and impact of the PEP. A purposive sample of eight workshop facilitators who presented the program nationally was drawn. A nominal group was conducted with facilitators who were available for participation, in addition to a qualitative content analysis of existing data the facilitators generated during three months of workshop delivery.

Results:
Findings highlighted various ways in which this experience enhanced person-centred care practice due to knowledge translation by workshop attendees in practical work settings as well as the challenges experienced for implementing the group problem solving process.

Conclusion:
The PEP contributes to cost-effective person-centred dementia care training programs for aged care organizations who, due to market demands, are continuously expanding and in need of consistent training approaches to achieve excellent care standards.
Sharing the care: Siblings caring for ageing parents

Author/s: Timothy Broady1; Tom Hinton1

1Carers NSW, North Sydney, New South Wales, Australia

Practical and/or theoretical implications of this presentation: Sharing the responsibility of caring for an ageing parent with siblings can help mitigate some potential negative outcomes, but can also be a source of conflict between family members. Having insight into these networks of care can assist service providers in supporting family members caring for elderly parents.

Abstract: In order to support ageing individuals to continue living in their communities, the demand for family and informal care continues to increase. Traditionally, the role of supporting ageing parents has fallen to adult daughters, with these women taking on the bulk of caring responsibility for the ageing population. Providing care to ageing parents has been widely demonstrated to have significant impacts on carers, particularly in relation to employment, finances, and personal wellbeing. While adult daughters have traditionally taken on the majority of caring responsibilities, many situations exist where other family members (particularly siblings) assist in supporting the elderly. These family networks of care allow for shared responsibility in caring and may help to mitigate some of the negative impacts of providing care for an ageing family member. Conversely, sharing care responsibilities between family members may become a source of conflict in situations where opinions differ regarding any care-related decisions. This presentation will draw on results from the Carers NSW 2016 Carer Survey to compare the experiences of those caring for an elderly parent on their own with those who have the support of other family members (especially their siblings). As well as describing outcomes related to wellbeing, employment, and finances, potential implications for family relationships will be discussed. The ways in which caring for an elderly parent can influence sibling relationships, as well as each carer’s relationship with their parent will be discussed, along with any financial and legal ramifications that may be raised towards end-of-life caring situations.
ICT use by older adults in rural Australia

Author/s: Turi Berg\(^1\); Rachel Winterton\(^1\); Maree Petersen\(^2\); Jeni Warburton\(^1\)

\(^1\)John Richards Initiative, La Trobe University, Wodonga, Victoria, Australia
\(^2\)University of Queensland, St Lucia, Queensland, Australia

**Highlight the practical and/or theoretical implications of this presentation:** The outcomes of this study will assist with the development of programs that target social isolation in older people, particularly those in rural and remote Australia.

**Abstract:**

“It was lovely to just straight away see those photos on Facebook”: Internet use by older adults in rural Australia
--- Turi Berg, Rachel Winterton, Maree Petersen and Jeni Warburton.

There is a common assumption that older people are not frequent users of the Internet and social media. Research suggests that over half of older people do not use computers or are not comfortable using the Internet, and uptake of social networking websites can be very low for older adults. However, there is a lack of literature that explicitly looks at Internet use amongst older adults, particularly in a rural context.

Drawing on qualitative data from a larger study on supports and services for rural older adults, this study explores how rural older adults interact with technology to facilitate individual wellness. Interviews were conducted with sixty older adults, aged 65 to 93 years, across six diverse rural areas in Victoria and Queensland. Data relating to Internet usage was coded thematically using a qualitative data analysis program (NVivo). Findings reveal that participants talked frequently about the use of technology to maintain social connections and facilitate mental wellness, and these findings are discussed with particular reference to trends among the oldest-old (80 years and over). This research sheds some light on how Internet technologies are both facilitating wellness among rural older adults, and compensating for geographic and social isolation. Information of this nature is critical in designing new interventions and programs targeting older adults in rural areas.
Nurses’ attitudes towards exercise during haemodialysis among older adults

Author/s: Wei Chun Wang¹,²,⁴; Maryann Street¹,³,⁴; Johnson Peter¹; Paul N. Bennett⁵,⁶,⁷

¹Deakin University, School of Nursing and Midwifery, Geelong, Australia
²Western Health-Deakin University Nursing Research Centre, St Albans, Victoria, Australia
³Eastern Health-Deakin University Nursing and Midwifery Research Centre, Box Hill, Victoria, Australia
⁴Deakin University, Centre for Quality and Patient Safety (QPS) Research, Geelong, Australia
⁵Deakin University, School of Nursing and Midwifery, Geelong, Australia
⁶Pediatric Medicine, Stanford University, Stanford, California, USA
⁷Medical Clinical Affairs, Satellite Healthcare Inc., San Jose, California, USA

Practical and/or theoretical implications of this presentation: The findings can assist haemodialysis nurses and clinicians to assess the potential enablers and barriers to the introduction and sustainability of an exercise program for patients while undergoing haemodialysis.

Abstract:

Background:
The majority of patients (78%-86%) receiving haemodialysis are aged over 55 years and their physical deterioration is at a rapid rate. This rate of deterioration may be slowed by performing exercise during haemodialysis. Nurses working in haemodialysis clinics can play a major role in facilitating exercise during haemodialysis. Nurses’ attitudes towards exercise during haemodialysis are important to the implementation and sustainability of exercise programs. This study aimed to: 1. Explore haemodialysis nurses’ attitudes towards exercise; 2. Examine the psychometric properties of a survey tool measuring nurses’ attitudes towards exercise during haemodialysis; and 3. Compare the attitudes between nurses who had been exposed and those not exposed to an exercise program.

Methods:
A questionnaire was adapted and administered to a convenience sample of nurse participants from ten dialysis clinics in Melbourne, Australia. Confirmatory factor analysis (CFA) was used to assess the dimensionality of the nurses’ attitude scale. Structural equation modelling (SEM) was conducted to examine the relationships between nurses’ attitudes and nurses’ characteristics.

Results:
A total of 153 questionnaires were collected, reflecting a response rate of 76.5%. Nurses’ attitudes were generally positive towards exercise during haemodialysis. CFA suggested a four dimensional measurement model of nurses’ attitudes: Patient benefits (5 items), Patient barriers (4 items), Nurse barriers (3 items), and health professional enablers (4 items). SEM showed that nurses who have not seen exercising during dialysis were more likely to perceive barriers from both patients and nurses’ perspectives.

Conclusions:
Nurses’ attitudes are generally positive towards exercise during haemodialysis. This study validated a clinically useful measurement by examining Australian nurses’ attitudes towards exercise during haemodialysis among older patients.

Implications:
The findings can assist haemodialysis nurses and clinicians to assess the potential enablers and barriers to the introduction and sustainability of an exercise program for patients while undergoing haemodialysis.
"Ageing Well" as an autistic adult in Australia

Ye In (Jane) Hwang1, 2; Kitty-Rose Foley1, 2; Julian N. Trollor1, 2

1Department of Developmental Disability Neuropsychiatry (3DN), University of New South Wales, Sydney, New South Wales, Australia
2The Cooperative Research Centre for Living with Autism (Autism CRC), Brisbane, Queensland, Australia

Practical and/or theoretical implications of this presentation: The present work will fill a substantial knowledge gap that exists at the intersection between ‘ageing well’ and disability. It will provide a novel contribution to existing conceptualisations of ‘ageing well’ and provide key considerations for service development and delivery for autistic adults.

Abstract: The projected growth in the older population and concern for the anticipated health, social and economic consequences have coincided with increased interest in scientific investigations of ageing. The most recent wave of interest has been in positive conceptualisations of ageing, referred to commonly as ‘successful ageing’ or ‘ageing well’ (AW). A key limitation of existing conceptualisations has been the lack of consideration for disabled adults and how AW may be theorised for them.

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental disorder affecting 1% of the population. Autistic adults are a heterogeneous population and commonly experience a variety of health conditions as well as challenges in social and community integration which lead to considerable economic and societal costs. Therefore, the ageing-related challenges facing autistic adults are complex and manifold. Despite this, there is a dearth of information regarding autism in later life.

A mixed-methods approach is being undertaken to explore the meaning and experience of AW for autistic adults. The Australian Longitudinal Study of Adults with Autism (ALSAA) is a national questionnaire-based study which currently involves over 150 autistic adults, 100 carers and 50 controls. Also, 24 semi-structured interviews have been conducted with autistic adults and carers from across six Australian states and territories. Thematic analysis has been used to investigate the key themes from these interviews. These studies will be discussed in the context of literature from the general population and the limited literature on ageing with an ASD. Insights will be drawn from these studies to contribute to the development of a theoretical framework for AW, to direct future, more focused research efforts and finally key considerations for service development and delivery will be discussed.