

2016 AAG Conference – Symposia

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AAG 2016 Conference Oral Presentations – Abstracts

Underlined authors will be presenting the abstract

Session 2D – Symposium: Opportunities and obstacles to realising housing adjustment for older people

Symposium Overview: This symposium examines current and emerging opportunities for expanding the range of housing choices available to older people and obstacles to realising these choices. The presentations will draw on recent research investigating opportunities in the overall housing market, in retirement village development, in urban planning and in economic policy, at four different geographic scales: the local scene in the ACT, metropolitan Melbourne, rural and regional Australia, and an international view. Each presentation will assess the match between supply-side and demand-side options. Whereas housing supply is shaped by macro-level factors such as legislation and planning guidelines and provider investment decisions often extend 10 years or more into the future and across many locations, views of older people who are making decisions about adjusting their housing to suit changing needs or using housing assets to increase incomes in retirement are likely to have shorter term horizons, with assessment of options affected by perceived as well as actual characteristics. Symposium speakers represent diverse multidisciplinary backgrounds, and accordingly focus on different aspects of overlapping policy, housing industry and design, geography and economic concerns. Ways in which the obstacles to realising different opportunities might be addressed will also be canvassed.

Obstacles to age-friendly housing in Canberra

Author/s: Anna Howe¹

¹*Consultant Gerontologist, Canberra, Australian Capital Territory, Australia*

This case study of housing choices in Canberra examines conflicts arising at the intersection of demographic and urban change, government policy, planning regulation, the housing market and consumerist views of older people. Despite stated policies to make Canberra an ‘age friendly city’, planning decisions that could realise wider housing choices for older people can be overridden by local opposition to threatened neighbourhood change. Widespread research evidence of interest in downsizing is also countered by rhetoric about older people wanting to stay put in their own home and ambivalent perceptions of retirement villages. The interaction of these forces is examined with particular reference to redevelopment of sites of some 1000 ‘Mr Fluffy’ houses. The ACT government has acquired almost all of these houses under its loose-fill asbestos insulation eradication scheme, and following demolition, the cleared blocks will be sold for redevelopment. Recognising the potential for medium density housing on some of these blocks, the ACT Government sought to vary the Territory Plan to facilitate such development, but oppositional forces have combined to limit rather than expand market provision of housing likely to appeal to downsizers who do not want to move to a retirement village. Older consumers emerge as a weak interest group as government decisions have been swayed by other voices and broader, longer term objectives are overridden by narrow and short term interests.

Highlight the practical and/or theoretical implications of this presentation: This local case study highlights the conflicts between stated policies supporting housing diversity and planning regulation that thwarts change.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Local interest in ageing in the ACT as an 'age friendly' community

Do you consent to be contacted for media coverage? No

Change and inertia in retirement housing development

Author/s: Kirsten Bevin¹

¹*RMIT University, Melbourne, Victoria, Australia*

Representatives of Australia's retirement housing sector claim a privileged position in the delivery of solutions to the housing 'problems' of an ageing, predominantly home-owning society. This presentation is an analysis of the way these solutions have been shaped, by a range of institutions, within a shifting context of social, economic, policy and property conditions. As well as historical and government sources, the research draws on in-depth interviews with senior professionals from the retirement housing sector in Victoria. It finds that solutions are influenced by the ways that this diverse group of institutions – from health, not-for-profit and property backgrounds – negotiate an idiosyncratic policy environment, changing urban conditions, and shifting approaches to care. Understanding the institutions, ideas, practices and systems that shape retirement housing can ultimately assist in considering how these options can be adapted or expanded.

Highlight the practical and/or theoretical implications of this presentation: The presentation contributes to understanding the conditions and ideas that have shaped retirement housing outcomes, and contributes theoretically to research that seeks to understand how ideas about housing and ageing are built into institutional arrangements.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Investigating taken-for-granted explanations of the development of Australia's retirement housing.

Do you consent to be contacted for media coverage? Yes

Housing wealth and age care - Policies compared

Author/s: Marietta E.A. Haffner^{1,3}; Rachel Ong²; Gavin A. Wood³

¹*Delft University of Technology, OTB-Research for the Built Environment, Delft, the Netherlands*

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As populations are ageing in OECD countries, fiscal pressures are exacerbated as government aged care expenditure is expected to soar. These pressures are prompting debate on whether and how the financing of age care could be made a personal responsibility. In this paper we consider policy initiatives that would compel older home owners to draw down their housing wealth to make a greater contribution to the funding of their personal aged care needs. We begin by describing the motivation behind policy initiatives of this kind, before comparing the policy programmes that a selection of OECD governments are actively considering, or implementing and that rely on using the wealth embodied in the owner-occupied dwelling. While an understandable response to population ageing, these initiatives are representative of the increasing importance of asset based welfare in aged care. They pose challenges for intergenerational transfers, as well as older citizens' personal risks. While governments may be able to justify these approaches, actual and perceived features may pose obstacles to acceptance by older people and their families, especially potential heirs.

Highlight the practical and/or theoretical implications of this presentation: The paper will compare age care policy programs of a number of OECD countries which stimulate or compel older home owners to draw down their housing wealth. It will describe a framework that will allow to compare and will discuss obstacles to acceptance by older people and their families.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Using housing wealth to pay for aged care compared in a number of countries

Do you consent to be contacted for media coverage? Yes

Considering 'residence' in the context of non-metropolitan retirement migration decisions

Author/s: [Amity James¹](#); [Amanda Davies²](#)

¹*Curtin Business School, Curtin University, Bentley, Western Australia, Australia*

²*Department of Planning and Geography, Curtin University, Perth, Western Australia, Australia*

While Australia's population is ageing overall, there are marked geographic variations between and within metropolitan and non-metropolitan regions, and the implications of ageing are felt in particular ways in different regional and rural areas. Housing has been identified as an important influence on the decisions' of non-metropolitan Australians to age-in-place, and we have expanded the conceptual framework of 'residence' to examine the factors that influence decisions of older Australian's to remain in or move to a non-metropolitan area. The paper considers the opportunities and challenges of growing old in these regions, paying particular attention to how individuals' desired utility of residence shifts as they progress through the life course. The paper draws on the interesting case study of Victor Harbor in South Australia, a regional coastal town which can be classified as a naturally occurring retirement community in which retirement migration to the locality has added to the longer established population of older residents. We argue that the conceptual framework of residence facilitates an understanding of the experience of growing older in a non-metropolitan region for both the individual and the community by taking account of not only dwelling characteristics but also health, family, exiting the labour force, connection to place and lifestyle expectations. The framework also enables consideration of challenges that can arise with ageing, including changes in appropriateness of housing, intentions of help and assistance, social change and the role of family and transport.

Highlight the practical and/or theoretical implications of this presentation: The paper considers the opportunities and challenges of growing old in non-metropolitan regions, drawing on the interesting case study of Victor Harbor in South Australia. The conceptual framework of 'residence' is used to facilitate an understanding of the individual and community experience of growing older in regional Australia.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Retirement migration in the regions - what are the challenges and opportunities?

Do you consent to be contacted for media coverage? No

Session 4D – Symposium: Understanding the implications of ageing in China: a view from Down Under

Symposium Overview: Chaired and moderated by Professor Julie Byles, the panel consists of four components: Dr Cathy Gong and Professor Hal Kendig will draw on comparative findings on health of ageing workers in the Household Income and Labour Dynamics in Australia (HILDA) survey and the China Health, Ageing, and Retirement Survey (CHARLS). Associate Professor Zumin Shi, Professor Byles, and Xiaoyue Xu will present results on diet and nutrition among older persons based on the Chinese Health and Nutrition Survey. Dr Vasoontara Yiengprugsawan, Professor Cate D'Este, and Professor Byles will discuss preliminary results on lifecourse socioeconomic and household influences on quality of life from the China component of the World Health Organization's Study on global AGEing and adult health (WHO-SAGE). Professor Shane Thomas and Professor Colette Browning will discuss the role of primary health care in promoting healthy ageing in Australia and China and an analysis of the implications of recent aged care and health policy reforms in China. The Symposium is supported by the Australian Research Council Centre of Research Excellence in Population Ageing Research and Shenzhen International Institute for Primary Health Care Research. The panel encourages open discussion and welcomes participation from the audience.

Understanding the implications of ageing in China and Australia

Author/s: Julie Byles¹

¹*School of Medicine and Public Health, University of Newcastle, Newcastle, New South Wales, Australia*

China is a rapidly transitioning and diverse society. Australia, as a result of its history of demographic changes and its ageing society, has had a long experience with productive and healthy ageing policies and programs. This knowledge can help inform the journeys currently being taken by other countries including China. This comparative knowledge can inform investments and interventions that can contribute to positive outcomes in middle age and later life in terms of health, well-being, engagement and contributions through the workforce, families and communities. This Symposium will present findings and comparative analysis from quantitative determinants and implications from a range of large scale studies of ageing in China highlighting contrasts against Australia with presenters from a multi-disciplinary research team.

Highlight the practical and/or theoretical implications of this presentation: The ageing of populations in China and Australia is an important demographic phenomenon that has created significant challenges and opportunities for both countries. Contrasting ageing in Australian and Chinese contexts will identify common and divergent factors influencing positive and negative outcomes at older ages across different underlying social structures.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Benefits for China and Australia in understanding challenges and opportunities of population ageing

Do you consent to be contacted for media coverage? Yes

Socioeconomic influence on quality of life among older Chinese

Author/s: [Vasoontara Yiengprugsawan](#)^{1,2}; [Cate D'Este](#)³; [Julie Byles](#)⁴

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²*ARC Centre of Excellence in Population Ageing Research (CEPAR), Sydney, New South Wales, Australia*

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⁴*National Centre for Epidemiology and Population Health, Research School of Population Health, Australian National University, Acton, Canberra, Australian Capital Territory, Australia*

According to the World Bank report, *Live Long and Prosper: Aging in East Asia and Pacific*, over 200 million people aged 65 and older resided in East Asia and Pacific in 2010; these include 130 million in China accounting for one third of the world population in that age group. China represents an ideal social setting in which to investigate the impact of socio-economic influence and ageing trajectories due to its rapid development. Socioeconomic status both at individual and household levels are important factors which could determine health outcomes in later life. This study sets out to investigate socioeconomic influence and social networks on quality of life among older Chinese.

This presentation is based on data from the WHO Study on global AGEing and adult health (SAGE), which has nationally representative samples on a range of low and middle income countries for populations aged 50+ years and over. We use data from Wave 1 of SAGE China that consists of 13,175 individuals, extracting information on family background, work history, income, retirement, household financial transfers, and support networks. Composite outcome of interest is the WHO Quality of Life (WHOQoL-8) instrument consisting of Likert-scale satisfaction on eight items including living conditions, money, energy, health, and social relationships. Findings showed a strong positive association between quality of life, social networks, and socioeconomic status in later life.

As populations live longer, understanding the circumstances in which they live, the nature of their social activities and changes over time could help inform policymakers with the aim to improving population health outcomes in older adults.

Highlight the practical and/or theoretical implications of this presentation: Economic status is one of the main contributors in standards of living, which in turn could impact health outcomes, and older populations are a likely vulnerable socio-demographic group. This presentation investigates the socioeconomic influence and identifies key individual and household factors affecting quality of life among older Chinese.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Wealth and health: individual and household determinants in later life among Chinese

Do you consent to be contacted for media coverage? Yes

Health impacts on ageing workers in Australia and China

Author/s: [Cathy Gong](#)^{1,2}; Hal Kendig^{1,2}

¹*ARC Centre of Excellence in Population Ageing Research, Australian National University, Acton, Canberra, Australian Capital Territory, Australia*

²*Centre for Research on Ageing, Health & Wellbeing, Australian National University, College of Medicine, Biology & Environment, Acton, Australian Capital Territory, Australia*

Encouraging and supporting ageing workers to work into their middle 60s is an important strategy in both Australia and China to address shortages of labour force, potentially improve independence and quality of life among older people, and alleviate pressures on government expenditure on age pensions. However, while both older Australians and Chinese are living longer with perceived good health, they also are experiencing more years with chronic diseases or disabilities. This paper aims to understand how health conditions impact on mature age workers in order to better support them to stay in their jobs longer. Our preliminary analyses using the Household Income and Labour Dynamics in Australia (HILDA) and the China Health, Ageing, and Retirement Survey (CHARLS) find that mature aged workers in China as compared to those in Australia have similar but slightly lower prevalence of chronic diseases and recurring pains while much lower prevalence

disabilities. The average workforce participation in China is similar as in Australia though much lower in urban than in rural China. In Australia, both disabilities and chronic diseases have significant negative impacts on workforce participation, working hours, hourly wages, self-assessed likelihood of leaving a job and finding a similar job, but the impact on perceived probability of losing a job is complex. In China, chronic diseases and recurring pains have relatively small impacts on workforce participation but physical and functional disabilities have large impacts on paid jobs with wage or salary. These findings will inform consideration of ways of applying Australian practical and policy experiences to China in supporting ageing workers to work longer through paid sick leave, job flexibility and job protection, by taking account of the greater segregations in the ageing workforce in China in terms of industry, sector, and urban or rural areas as well as less welfare support.

Highlight the practical and/or theoretical implications of this presentation: Attending this section will help participants to understand health's impacts on paid job among mature age workers in both China and Australia, and to discuss how Australian practical and policy experiences might be applied to China in supporting ageing workers to work longer.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): This study explores health impacts on paid work among mature age workers in China and Australia.

Do you consent to be contacted for media coverage? Yes

Primary health care and healthy ageing in China

Author/s: [Colette Browning^{1,2,4}](#); [Shane Thomas^{3,4}](#)

¹Royal District Nursing Service (RDNS), St Kilda, Victoria, Australia

²School of Primary Health Care, Clayton, Victoria, Australia

³Monash University, Faculty of Medicine, Nursing & Health Sciences, Clayton, Victoria, Australia

⁴Shenzhen International Primary Health Care Research Institute, Shenzhen, China

The e delivery of primary health care services in the community is a key feature of the world's best health systems. This approach ensures that patients can access the services they need near to where they live. In these systems a "stepped-care" primary health care approach is implemented so if high technology and specialist services are needed for the health problem that the patient can be referred to the services they need. "Stepped care" primary health care services are: cost effective for patients; meet the needs of most patients in the local area near to their home, efficiently use scarce high technology and specialist services; promote high patient satisfaction with the services and, promote improved health and wellbeing of patients. The benefits of stepped care primary health care system are universally and internationally recognised. China's health policies now strongly promote the implementation of this approach particularly in response to the increasing burden of chronic disease and population ageing. Affordable and accessible primary health care services are critical to promote healthy ageing in China. This presentation will discuss the implications of recent aged care and health policy reforms in China and their potential impact on the health of older people.

Highlight the practical and/or theoretical implications of this presentation: The primary health care reforms in China are a significant change to the way health care is delivered. This presentation will outline the significance of these changes to health system design and health care workforce requirements to address increasing chronic disease prevalence associated with population ageing.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Primary health care in China: an important foundation for healthy ageing

Do you consent to be contacted for media coverage? Yes

Eating patterns and nutritional status among Chinese older people

Author/s: [Zumin Shi](#)¹; Julie Byles²; John Hall²; Xiaoyue Xu²; Anne Taylor¹

¹*School of Medicine, University of Adelaide, Adelaide, South Australia, Australia*

²*Research Centre for Generational Health and Ageing, University of Newcastle, Newcastle, New South Wales, Australia*

China is experiencing a rapid increase in the burden of non-communicable chronic disease. Modern dietary pattern plays an important role in this development. Socioeconomic status is one of the main determinants of dietary patterns. However, little attention has been paid to the eating patterns and their association with nutritional status.

We aimed to describe the trend of eating patterns among Chinese older people aged 65 and above. Data from China Health and Nutrition Study (CHNS) (1991-2011, eight waves) were analysed. Food intake was assessed by 3-day 24-hour recall in combination with a household food inventory. Eating occasions were predefined as breakfast, lunch, dinner, and snacks (morning, afternoon and evening). Sleep duration was self-reported.

The majority of the participants had three meals a day over the 20 years. The prevalence of meal skipping is relatively stable: 5% skipped breakfast and lunch, less than 2% skipped dinner. However, the prevalence of snacking has increased dramatically since 2004. About 50% participants snacked at least once during 3-day survey in 2011 as compared with only 10% in 1991. Snacking is the most important determinant of modern dietary pattern as compared with meals. It is positively associated with the change of BMI in multivariable model adjusted for age, gender, smoking, alcohol, physical activity, income, and urbanization. Snacking at night was associated with a 25% increased chance of being overweight/obesity. Afternoon and evening snacks were positively associated with short sleep duration.

In conclusion, although most of the older Chinese people had three meals a day, snacking increased significantly in recent years. Snacking is positively associated with overweight/obesity as well as short sleep duration.

Highlight the practical and/or theoretical implications of this presentation: Attending this section will help participants know how eating patterns change and affect overweight/obesity and sleep among older Chinese people.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): This study assessed the trend of eating patterns among older Chinese people over 20 years.

Do you consent to be contacted for media coverage? Yes

Session 4E – Symposium: Critical perspectives on rural ageing: Problematizing the role of voluntarism

Symposium Overview: While increasing numbers of people are growing older in rural communities, continued service withdrawal and decline pose significant challenges to healthy ageing in these locations. Across international policy contexts, voluntarism is commonly touted as a panacea to these issues, as well as a key element of healthy ageing. However, the decline and ageing of current volunteer populations, coupled with the increasing diversity of rural older adults, is contributing to a re-imagining of rural voluntarism. Drawing on empirical data from studies across three countries (Australia, Canada and Ireland), this symposium critically explores how current interactions between policy, local government, community and diverse older adults are reshaping both the nature of rural voluntarism, and the sustainability of rural communities. Drawing on critical theory and using conceptual frameworks relating to age-friendliness, citizenship, wellness and critical realism, the four presentations in this symposium raise questions in relation to how current ageing trends and demographics will shape the future of voluntarism in rural places. In doing so, it will present new conceptual directions for understanding how policy and practice can better accommodate the changing nature of rural voluntarism in older age.

Voluntarism and rural retirement migration: A new rural citizenship?

Author/s: [Rachel Winterton](#)¹; Mark Skinner²

¹*John Richards Initiative, La Trobe University, Wodonga, New South Wales, Australia*

²*Trent Centre for Aging & Society, Trent University, Ontario, Canada*

Continued rural population ageing has ensured a need for older adults to mobilise rural citizenship, through the performance of voluntarism and civic engagement, to maintain both their own individual wellness and the sustainability of their communities. However, increasing levels of rural retirement migration are contributing to changing relations between rural communities and local governments in terms of rights and responsibilities associated with living in a rural community. This is particularly marked in relation to codes of conduct around voluntarism and civic engagement, which is impacting significantly on the ability of rural communities to support ageing populations.

This presentation draws on data from two qualitative studies conducted in Victoria to explore how the mobilisation of citizenship by rural retirement migrants is contributing to rural community sustainability and change. Twelve focus groups with local government stakeholders (LGAs) across six local government areas (n = 39) were conducted, in addition to in-depth interviews with rural retirement migrants across two rural LGAs (n=30). Findings indicate that voluntarism and civic engagement of rural retirement migrants is redefining the rights associated with rural citizenship, and how these are mobilized. It is also challenging traditional responsibilities associated with active citizenship in rural contexts, and these themes are discussed in the context of attachment to the rural, agency in the context of certain counter-urbanisation trends and expectations of retirement to rural areas. In doing so, the implications of this new form of rural citizenship for the ability of rural communities to support ageing populations will be discussed.

Highlight the practical and/or theoretical implications of this presentation: This presentation raises critical questions relating to the continued ability of rural communities to support older adults. It also contributes to the citizenship literature by critiquing the agency and desire of rural older adults to be active citizens, and to accept current trends in rural service delivery.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Rural retirement migration is changing the nature of voluntarism within rural places.

Do you consent to be contacted for media coverage? Yes

Voluntarism and age-friendly rural communities in comparative perspective

Author/s: [Mark Skinner](#)¹; [Rachel Winterton](#)²; [Kieran Walsh](#)³; [Jeni Warburton](#)²; [Thomas Scharf](#)⁴

¹*Trent Centre for Aging & Society, Trent University, Ontario, Canada*

²*John Richards Initiative, La Trobe University, Wodonga, New South Wales, Australia*

³*Irish Centre for Social Gerontology, National University of Ireland Galway, Ireland*

⁴*Newcastle University Institute for Ageing, United Kingdom*

This paper contributes to the development of critically-informed policies and practices on age-friendliness by challenging implicit expectations about the role of voluntarism in facilitating ageing in place. Focusing on rural communities, where population ageing is more prevalent and volunteers are under greater pressure to support older people, the paper draws together data from Australia, Canada and Ireland into an exploratory analysis of voluntarism and age-friendliness. The research involved a documentary review of age-friendly policies, frameworks and initiatives in each jurisdiction, and a re-analysis of existing qualitative case studies of rural ageing, which feature comparable older adult interviews and stakeholder focus groups in Australian, Canadian and Irish rural communities. The analysis addressed 1) whether understandings of age-friendliness adequately reflect voluntarism and 2) how current perspectives on the transformative role of voluntarism in integrating older people and communities relate to understanding age-friendliness. The results reveal how contemporary perspectives on age-friendliness compare with critical perspectives on the role of voluntarism, with key areas of convergence and divergence highlighted at the international, national, community and individual levels. The results also show how the local dynamics of voluntarism relate to the age-friendly domains proposed initially by the World Health Organization (WHO), with key linkages examined from individual and community perspectives in contrasting types of rural communities. A comparative perspective for re-imagining age-friendly policies and practices that takes into account the complexities and dynamics of voluntarism, volunteering and place is developed. Insights into the implications for the development of age-friendly communities and for informing the 'voluntary turn' underway in social gerontology are discussed.

Highlight the practical and/or theoretical implications of this presentation: This paper contributes to the development of critically-informed policies and practices on age-friendliness by challenging implicit expectations about the role of voluntarism in facilitating ageing in place in rural communities.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): International insights shed light on the importance of voluntarism in age-friendly rural communities

Do you consent to be contacted for media coverage? Yes

Voluntarism and older adult wellness across diverse Australian rural communities

Author/s: [Jeni Warburton](#)¹; [Rachel Winterton](#)¹; [Maree Petersen](#)²; [Suzanne Hodgkin](#)³; [Norah Keating](#)^{4,5}; [Jill Wilson](#)²; [Turi Berg](#)³; [Jacqui Eales](#)⁴

¹*John Richards initiative at La Trobe University, Wodonga, Victoria, Australia*

²*University of Queensland, St Lucia, Queensland, Australia*

³*La Trobe University, Wodonga, Victoria, Australia*

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In exploring the capacity of older adults to live fulfilling lives, the concept of wellness is becoming increasingly popular within health and government policy. However, in accordance with approaches from critical

gerontology, older adults' wellness is shaped by interactions with community contexts and codes of conduct. This is particularly relevant in rural settings, where environmental and service challenges play a significant role in shaping the wellness of older adults. While voluntary activity is widely recognised for its role in mediating some of these challenges, little is known about how this impacts on diverse older adults across different rural settings.

Drawing on data from a large, multi-state study, this research critically explores the role of voluntarism in influencing older adults' wellness. In-depth qualitative interviews (n=60) were conducted with older adults aged between 65-92 years with varying levels of individual wellness across six diverse rural locations (three in Queensland, three in Victoria). Interviews focused on community and individual level factors that kept older adults mentally and physically well, with data initially coded inductively according to key themes. Upon the emergence of voluntarism as a key theme, a second level, higher order analysis was then undertaken to further explore data relating to volunteering. Findings indicate that within rural communities, older adults are both the recipients and providers of voluntary services and supports, with the dynamics of this relationship changing in relation to lifecourse and health factors. In this context, the practice of informal and formal voluntary practices within rural communities can both hinder, and contribute to older adults' physical and mental wellness. These findings add a much-needed critical lens in relation to how localised dynamics of rural voluntarism impact on diverse older adults' quality of life.

Highlight the practical and/or theoretical implications of this presentation: This presentation considers the impact of voluntarism on rural older adults from the perspective of both receiving and delivering services and supports, and how this is impacted by individual and community level factors.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Rural voluntary practices can both hinder and contribute to older adults' wellness

Do you consent to be contacted for media coverage? Yes

[Social volunteer agents: towards a new explanatory theory of volunteering](#)

Author/s: [Christine Stirling¹](#); [Mark Skinner²](#)

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²*Rural Aging, Health and Social Care, Trent Centre for Aging & Society, Trent University, Peterborough, Ontario, Canada*

A comprehensive explanatory model of volunteering is important if we are to foster and sustain volunteer workforces. Older rural volunteers play a significant role in many countries. They provide services in fields as diverse as arts and health, and maintain associational and self-help groups in the non-government, government and private sectors. The 'Social Volunteer Agent' theory draws on a critical realist paradigm and has developed from rural volunteer health services research (REF). Critical realism offers a stratified meta-theory that acknowledges the interactions of society and agentic individuals. Volunteering needs to be understood through a lens that includes pre-existing social entities and cultural influences – that is the social. Plus, the individuals with different interests and life chances who volunteer to intentionally bring about change. In rural communities they play an essential part in sustainable communities. As the dominant age groups in rural communities become older we can predict demographic changes to rural volunteering. A comprehensive volunteering theory will allow policy makers and services to understand how changed cultural and social conditions will change the prioritized interest of potential volunteers. Using rural empirics this paper will discuss the implications of the Social Volunteer Agents theory for researchers and policy makers who are focused on maintaining sustainable rural communities.

Highlight the practical and/or theoretical implications of this presentation: This theory provides a deeper understanding of how volunteer motivations and societal conditions influence people's preference for volunteering. This will allow policy makers and service managers to encourage older volunteers in rural areas.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Understanding rural volunteers keeps rural communities healthy

Do you consent to be contacted for media coverage? Yes

Session 6C – Symposium: Don't forget, it's not just about memory: Uncovering non-cognitive aspects of cognitive decline and dementia

Symposium Overview: Cognitive difficulties such as memory loss and impaired decision making are acknowledged as the hallmarks of many neurological disorders. While non-cognitive features of cognitive impairment are common and confer substantial disease burden, they are less widely recognised. This symposium will present a program of research on non-cognitive aspects of dementia and cognitive decline. Importantly, each study features either informant reported symptoms or analysis of community attitudes. This approach helps to reimage and enhance our understanding of these issues by providing an alternative but complementary perspective to research that exclusively relies on self-report, clinical, or performance based assessments. These studies will: 1) Introduce the diagnostic construct of Mild Behaviour Impairment as a dementia pro-drome, and report on its prevalence in the community, 2) provide evidence that cognitive resources are critical for mitigating the link between acquired sensory impairment and neuropsychiatric symptoms, 3) examine the longitudinal associations between informant reported cognitive decline and life engagement, and 4) report on dementia related stigma and its effect on help seeking intentions. Overall, these studies demonstrate the importance of considering how non-cognitive features of cognitive impairment impact on the lived experience of people with dementia or age-related cognitive decline. Professor Kaarin Anstey will be discussant.

Dementia-related Stigma and help seeking intentions

Author/s: [Sarang Kim¹](#); [Moyra Mortby¹](#); [Kaarin J. Anstey¹](#)

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

Introduction: Stigma is believed to be a major barrier to access health services, delayed diagnosis, and timely treatment. This study surveyed Australians across the lifespan (18-93 years) about dementia-related stigma and help-seeking behaviours to determine 1) whether dementia-related stigma is age and gender-specific, and 2) the impact of dementia-related stigma on help-seeking intentions. Methods: A nationally representative telephone survey was conducted with a sample of 1000 Australians (49.2% male; 55.5% completed tertiary education). Dementia-related stigma was assessed using the modified Family Stigma in Alzheimer's Disease Scale. Age was stratified into four cohorts representing young adults (18-34 years); midlife (35-54 years); older adults (55-74 years); and oldest old (75 years and older). Results: Significant differences were found between the age cohorts for stigma ($F(3,996)=33.3, p<.001$), demonstrating dementia-related stigma to be higher in older age. Men reported significantly higher levels of stigma than women ($t(992) = 2.13, p = .034$). While 91% of participants indicated help-seeking intentions, only 36.3% said they would seek help immediately when symptoms appeared. Young adults were significantly less likely to seek help for themselves than older age groups ($F(3,985)=8.58, p<.001$) and oldest old were less likely to seek help for family members or friends than their younger counterparts ($F(3,966)=3.45, p<.05$). Dementia-related stigma was not associated with help-seeking intentions for themselves ($OR=.99[.97-1.02]$), however, believing people with dementia having a poor cognitive function ($OR=1.12 [1.02 - 1.22]$) was related to help-seeking intentions for others. Conclusion: Our findings do not confirm previous research that high levels of stigma are linked to lower help-seeking behaviours for themselves, demonstrating no associations. Findings also suggest that dementia-related stigma to be specific to age and gender. These findings are of particular importance as they highlight the need to develop dementia-stigma reduction strategies tailored specifically to different age-cohorts and gender.

Highlight the practical and/or theoretical implications of this presentation: This study presents the findings from a population-based telephone survey. This study suggests dementia-related stigma is age and gender specific. However, dementia-related stigma may not be a major barrier to help-seeking intentions contrast to previous research findings.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Dementia-related stigma is higher in older age and among men.

Do you consent to be contacted for media coverage? Yes

Sensory impairment and neuropsychiatric symptoms

Author/s: Kim Kiely¹

¹*Australian National University, Acton, Australian Capital Territory, Australia*

Introduction: Neuropsychiatric symptoms and impaired sensory functioning commonly coincide with neurocognitive disorders and have been identified as precursors of incident Mild Cognitive Impairment and dementia. This study investigates the association between sensory impairment and neuropsychiatric symptoms among older adults, and examines the role of cognitive resources in mitigating the link between sensory loss and neuropsychiatric symptoms.

Method: The sample comprised 1393 adults (52.3% men) aged between 72 and 79, drawn from the fourth wave of the PATH through life study, a longitudinal study of healthy ageing based in the ACT and Queanbeyan. Participants were classified as either cognitively healthy (n=846) or cognitively at risk (n=547). The main outcome was number of clinically relevant informant reported symptoms on the Neuropsychiatric Inventory. Informants primarily included spouse (50%), children (34%) and close friends (10%). Sensory impairment was defined by corrected distance visual acuity worse than 0.3logMAR and self-reported hearing problems. Negative binomial regression and penalized maximum likelihood logistic regression models were used to estimate the risk of neuropsychiatric symptoms associated with sensory impairment.

Results: Overall, clinically relevant neuropsychiatric symptoms were reported in 182 (13.1%) participants. There was no association between sensory impairment and number of neuropsychiatric symptoms in cognitively healthy adults. Among participants identified as cognitively at-risk or diagnosed with cognitive impairment, those with dual sensory impairment had 4.05 times (95%CI: 1.77-9.25) and those with vision impairment had 2.14 times (95% CI=0.89-5.14) greater rates of neuropsychiatric symptoms than those with unimpaired levels of sensory functioning. The symptoms most strongly linked to sensory impairment included apathy, agitation, sleep disturbances, and uncommon symptoms (hallucinations, delusions and euphoria).

Conclusions: Cognitively at-risk adults with sensory impairment are more likely to exhibit neuropsychiatric symptoms associated with neurocognitive disorders. The extent to which this association is the result of underlying neuropathology, unmet need, communication difficulty, or interpersonal factors is unclear.

Highlight the practical and/or theoretical implications of this presentation: This study provides evidence that sensory impairment increases the risk of expressing neuropsychiatric symptoms such as apathy and agitation. The findings support the notion that cognitive resources are important for managing daily life with sensory loss.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Cognitively at-risk adults with sensory loss have increased risk of neuropsychiatric symptoms

Do you consent to be contacted for media coverage? Yes

Informant-reported cognitive decline and life-engagement change in the PATH Study

Author/s: [Diane Hosking¹](#); Da Jiang¹, Kerry Sargent-Cox¹, Kaarin Anstey¹

¹*Australian National University, Acton, Australian Capital Territory, Australia*

Introduction: Mental, physical and social engagement promote healthy cognition in older age and protect against clinically relevant cognitive decline and impairment. The direction of these associations is not definitive, however, with some longitudinal studies demonstrating reciprocal relationships between life-engagement activities and age-related cognitive decline. Informant reported decline assesses change over time in an individual's everyday cognitive functioning, that in turn likely impacts upon inclination to engage with activities which potentially contribute to cognitive reserve.

Aim: To investigate the impact of 4-year cognitive decline measured by informant reports on 4-year change in life-engagement activities in cognitively healthy older adults.

Method: Participants (n=1,392) were Australians 72-78yrs from PATH; a 12-year longitudinal study of health and ageing based in Canberra, ACT. An informant questionnaire (IQCODE) assessed perceived functional change in participants' learning, problem-solving and memory using a 5-point scale. Participants with MMSE score ≤ 27 were excluded (n=70). Generalized linear models tested associations between IQCODE and prior 4-year change in self-reported physical, mental, social, and lifestyle engagement. Fully adjusted models included age, sex, education, self-reported health status, and depressive symptomatology.

Results: Over 4-years, 65.1% of participants exhibited some level of cognitive decline according to their IQCODE score. Higher IQCODE score at w4 (representing cognitive decline from w3-w4) predicted disengagement from Investigative Mental Activity; OR .62 (95%CI .49, .96), Physical Activity; OR.56 (95%CI .38, .82), and was associated with increased depressive symptoms; OR.1.6 (95%CI 1.17, 2.32). IQCODE did not predict change in caring, household, or social activities.

Conclusion: Cognitively healthy older adults declined over 4-years in everyday cognitive functioning as reported by their informants. Greater decline was associated with disengagement from mental and physical activities and more depressive symptoms; factors that increase risk of future cognitive impairment. Utilising Informant-assessed decline may identify those who would most benefit from life-engagement interventions.

Highlight the practical and/or theoretical implications of this presentation: Informant-reported cognitive decline is associated with unfavourable shifts in factors relevant to preserving cognitive health including depressive symptomatology, and both mental and physical activities. Life-engagement interventions are therefore of particular relevance for those exhibiting early changes in everyday cognitive functioning.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Decline in everyday cognition linked with disengagement from protective activities

Do you consent to be contacted for media coverage? Yes

Prevalence of mild behavioural impairment in a population-based sample

Author/s: [Moyra E. Mortby^{1,2}](#); [Zahinoor Ismail³](#); [Kaarin J. Anstey¹](#)

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²*NHMRC National Institute for Dementia Research, Australia*

³*Departments of Psychiatry and Clinical Neurosciences, Mathison Centre for Mental Health Research & Education, Ron and Rene Centre for Healthy Brain Aging Research, Hotchkiss Brain Institute, University of Calgary, Calgary, Canada*

Objective Mild Behavioural Impairment (MBI) is increasingly being recognised as a diagnostic construct aimed at identifying individuals with an elevated risk of developing dementia, but who may or may not present with cognitive symptoms. Diagnostic criteria for MBI have recently been published, identifying five behavioural domains: 1) decreased motivation; 2) affective dysregulation; 3) impulse dyscontrol; 4) social inappropriateness; and 5) abnormal perception or through content. Using data from the population-based PATH Through Life Project - Neuropsychiatric Symptoms sub-study (wave four) we investigated the prevalence of MBI in pre-dementia clinical states and cognitively healthy older adults. Methods MBI was assessed in 1381 older (age range 72-79 years; 52% male) participants with Mild Cognitive Impairment (MCI; n=134), 'cognitively normal, but-at-risk' (CN-AR; n=416) and cognitively healthy (n=831). MBI was assessed in accordance with the ISTAART research diagnostic criteria for MBI using the Neuropsychiatric Inventory. Results Prevalence of MBI is 34.4% (n=473). Prevalence of MBI domains are: impulse dyscontrol (63.2%); affective dysregulation (62.2%); decreased motivation (15.7%); social inappropriateness (15.4%); and abnormal perception or through content (4.4%). MBI is reported in 47.8% of the MCI cohort, 45.8% of the CN-AR cohort and 26.4% of the cognitively healthy cohort. MBI was more frequent in men ($\chi^2=5.32$, $p=.021$), specifically for the domains of decreased motivation ($\chi^2=4.9$, $p=.28$) and impulse dyscontrol ($\chi^2=21.5$, $p<.001$). Compared to the no-MBI cohort, the MBI cohort performed significantly worse on the MMSE ($F=23.2$, $p<.001$). Conclusion This study presents the first population-based prevalence estimates for MBI using the recently published diagnostic criteria for MBI. Findings indicate relatively high prevalence of MBI in pre-dementia clinical states and amongst cognitively healthy older adults. Findings were gender-specific, with MBI affecting more men than women. Knowing the rates of these symptoms in the population is essential for understanding and differentiating the very early development of clinical disorders.

Highlight the practical and/or theoretical implications of this presentation: This study presents the first population-based prevalence estimates for Mild Behavioural Impairment (MBI) using recently published diagnostic criteria. We report relatively high prevalence of MBI in pre-dementia clinical states and amongst cognitively healthy. Knowing population-based rates of these symptoms is essential for understanding the very early development of clinical disorders.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): 1st population prevalence estimates for Mild Behavioural Impairment using new diagnostic criteria

Do you consent to be contacted for media coverage? Yes

Session 6D – Symposium: The future city: multicultural design, co-design, use of technology, space and its effects on the aged

Symposium Overview: In many aging societies, where the proportion of seniors will grow as much as four-fold over the next two decades, public space improvements alone won't make large urban areas, especially car-dependent suburbs, more suitable to the needs of older residents. Indeed, one of the most difficult questions facing urban areas is how they will go about making themselves more age-friendly."- John Lornic, The Atlantic CityLAB (2012). This symposium will bring together a range of academics and practitioners in the areas of Industrial Design, Architecture, Graphic Design and User Interface Design to explore the concept of the "future city" and how it may be approached through design. Concepts of multicultural design, co-design, use of technology, space and its effects on the aged will be explored in this symposia. Talks by Dr. Carlos Montana-Hoyos (Industrial Design), Dr. Ragavendra Gudur (Graphic Design and User Experience), Dr. Fanke Peng (Fashion Design) and Dr. Lisa Scharoun (Visual Communications) are included in this symposia.

48 Hours in Shanghai: Cross-cultural Design for Healthy Ageing

Author/s: Lisa Scharoun¹

¹*Cross-Cultural Design Lab, University of Canberra, Bruce, Australian Capital Territory, Australia*

When making a simple surface comparison, China and Australia although facing some similar population issues have vastly different ways of dealing with the elderly and a collaboration between view-points might be a way forward. The issues facing Australia and China; as large proportions of their citizens move into the category of "aged" are vast. Both countries are working out ways to deal with the "healthy" aging of its citizens. Designers can create solutions to some of the issues in this however, according to Phua (2015): "often, designers who design products for seniors, view seniors as isolated individuals. In reality, the elderly live and interact with others in their families and communities, such as family members and health professional." In order to get a better picture of the solution, you need to interact with the target group, peers and society. Through the "48 hours in Shanghai" workshop and exhibition in November of 2015, students from Shanghai JiaoTong University, University of Canberra and Guangxi Arts University came together with members of the community, academics and charity groups that deal with aging, to create new ways of thinking about aging and the city. The design thinking process was introduced to delegates as a way to work out solutions to issues that the elderly face such as social isolation, mobility and lifestyle concerns. Working in teams - Australian and Chinese delegates reflected on each other's cultural viewpoints in relation to ageing to explore new cross-cultural solutions. Delegates also explored the way that new technologies can assist the elderly along with the barriers involved with the use of these technologies amongst this population. This paper will discuss the outcomes of this workshop and how the proposed solutions might work in re-imagining the "future city."

Highlight the practical and/or theoretical implications of this presentation: Cross-cultural design workshops as the driver for innovation in the use of new technologies and design for urban spaces in relation to the aged population.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Cross-cultural design solutions that explore "Healthy Aging"

Do you consent to be contacted for media coverage? Yes

Wearable memory: Wearable technologies and sensors for seniors

Author/s: Fanke Peng¹

¹*Cross-Cultural Design Lab, University of Canberra, Bruce, Australian Capital Territory, Australia*

The Center for Disease Control (CDC) defines ‘ageing in place’ as the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level. Beside the physical challenges, one of the issues that prevent elderly people from socialising more includes emotional and psychological barriers, such as their attachment to objects from the past. This project explores the significance of physical mementos in autobiographical memory.

Wearable Memory is functional jewellery, which supports the social connectedness and personal safety of elderly people. It allows for an elderly person to reveal autobiographical memories through photos of personal items and their past. Firstly, an elderly person (or their family member or carer) uploads a series of photos to the Internet. The elderly person then wears the jewellery with an attached Bluetooth device such as an Estimote Beacon or Sticker. When the person approaches a smart device in range, the digital display will respond by showing their personalised photo album. Their autobiographical memories come to life through the images on the screen. The goal of the Wearable Memory is to encourage elderly people to interact and re-engage with their community and city, facilitating understanding and bridging cultural and social gaps by using memories as a sharing tool and a vehicle for their stories and life experiences. In addition to storing personal memories, the beacon can serve as a safety device at aged-care facilities and other participating outlets. For example, Wearable Memory is able to provide information about the location of the resident, sending automated alarms to carers if the resident leaves the facility.

Highlight the practical and/or theoretical implications of this presentation: Although technology is playing an increasing role in healthcare, ‘we are only at the beginning of understanding how wearable technologies and sensors can improve health, including managing chronic disease for the elderly’ (HL7 Standards). Wearable Memory explores the issues in the field of ‘ageing in place’ by using wearable technologies.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Wearable Memory supports the social connectedness and personal safety of the elderly

Do you consent to be contacted for media coverage? Yes

Storytelling time machine: A playspace for elders

Author/s: [Carlos Montana-Hoyos¹](#); [Lisa Scharoun¹](#); [Fanke Peng⁸](#); [Raghu Gudur¹](#)

¹*Cross-Cultural Design Lab, University of Canberra, Bruce, Australian Capital Territory, Australia*

Social isolation is, sadly, a significant component of the lives of many older people living independently in Australia. There is evidence that social isolation is linked to negative health outcomes and decreased quality of life. This can become a spiral for older people who lose what limited capacity they do have for meaningful social interaction in the face of the challenges associated with their illness. The “Storytelling Time Machine” project aims to create a comfortable “third place” - beyond the home, commercial spaces and care facilities - for the elderly in the community. This is a place where they can engage with peers and younger people in meaningful ways. Unlike a commercial space, this is a “playspace” where the elderly can engage or simply enjoy sitting back and listening without the pressure to purchase anything. It is a place to explore their past as a way to share their vast wealth of experiences with the future generation and a place where they can enjoy fun low-impact activities to get them up and moving. Ultimately the Storytelling Time Machine gives the elder

citizens the feeling of connection and self-worth- it is a space that gives them the confidence that they are a valued part of the community.

Highlight the practical and/or theoretical implications of this presentation: The “Storytelling Time Machine” can be implemented as originally conceptualised (a mobile, non- permanent playspace to be deployed in shopping centres, community centres, and others) or as a permanent feature in neighbourhoods, community centres or aged care centres.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Elderly can explore their past, share their experiences and enjoy fun low-impact activities.

Do you consent to be contacted for media coverage? Yes

Session 8C – Symposium: How effective is home care? The Australian Community Care Outcomes Measure

Symposium Overview: The first paper provides a brief overview of the use of outcomes as a measure of quality and reports on the useability of the approach for staff and consumers. The second paper reports more extensively on the results of the field testing, and provides analytic examples drawn from the findings of this field testing. The third paper reports on the experience of service providers in the field trials, exploring also the value for services of using the ACCOM approach.

Outcomes as a Measure of Quality. The usability and implications of the Australian Community Care Outcomes Measure (ACCOM) for staff and consumers

Author/s: [Michael Fine](#)¹; [Beatriz Cardona](#)¹; [Adam Stebbing](#)¹

¹*Department of Sociology, Macquarie University, Sydney, New South Wales, Australia*

Measuring the outcomes of community care and other aged care services is essential for success. Yet despite the widespread reporting of outcomes in research and evaluations, to date there has been no practical methodology available for routine use by service providers in Australia. This session reports results and lessons from the field trial of the ACCOM undertaken across multiple service sites in NSW during 2016. This ARC Funded research is undertaken in partnership with a number of leading home care providers in NSW on measuring outcomes in case managed home care services.

The ACCOM is an outcomes measurement tool developed for use in the Australian service setting. It utilises and extends the ASCOT (the Adult Social Care Outcomes Toolkit) a proven and internationally established measure of social care related quality of life, combining with important data on the demography of service users and their need for care, data already held by service providers. The research has tested the use of the ACCOM in an extensive field study, with approximately 800 complete service records. This includes records completed by both service staff and consumers (service users and their carers), and includes re-administration to examine change in outcomes over time. Each of the three papers in this session presents a different perspective.

Highlight the practical and/or theoretical implications of this presentation: The ACCOM provides a practical tool for service providers and consumers to monitor the impact of care provided at home. It is also valuable for research and will for the first time enable service providers to assess the effectiveness and quality of the care they provide.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): A remarkable new tool to monitor the impact of community care.

Do you consent to be contacted for media coverage? Yes

Community care outcomes: Field testing the ACCOM research and results

Author/s: [Peter Samsa](#)¹; [Cathy Duncan](#)¹

¹*Australian Health Services Research Institute, University of Wollongong, Wollongong, New South Wales, Australia*

Ageing Well at Home: Measuring the Impact of Community Care for Older People, is a research project funded by the Australian Research Council. The aim of the research project is to develop, test and validate the

Australian Community Care Outcomes Measure (ACCOM) an outcome measurement tool for use in the community aged care sector.

This paper will present and discuss the results of the field testing of the ACCOM that occurred between late 2015 and mid-2016. The project involved four Home Care Package providers in NSW, involving 43 case managers.

One of the key innovative features of the ACCOM is that it collects both consumer 'self' rated and case manager rated outcome measures. Any contrast between these highlight potential areas in the care plan that may require a review. Initial results show a high level of agreement between consumer and case manager ratings across the eight domains of the ACCOM.

The inclusion of functional, health and demographic data in the ACCOM enables a sophisticated analysis of the interrelationship between these factors and outcomes in the context of community care.

The ACCOM data also enables service providers to demonstrate to potential consumers that they have a robust and transparent mechanism for engaging consumers in both directing care planning and reviewing care outcomes.

The potential for further research into the application of the ACCOM with special needs groups and the development of a carer aspect to the ACCOM will be discussed.

Based on lessons learnt from this trial and from established national health outcome centres at the Australian Health Services Research Institute at the University of Wollongong, a long term vision for the establishment of a National Outcome Centre for Community Care will be proposed.

Highlight the practical and/or theoretical implications of this presentation: In a Consumer Directed Care service environment, consumer opinions about care and outcomes are important. The ACCOM uses their responses and case manager responses to identify similarities and differences in judgements about outcomes to assist in the care planning process.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Consumer and case manager agreement or disagreement on outcomes

Do you consent to be contacted for media coverage? Yes

Outcome measurement in services: Service providers experience of the ACCOM

Author/s: Wendy Mason¹; Karn Nelson²; Deborah Fraser³; Alyson Jarrett²

¹*BaptistCare, Baulkham Hills, New South Wales, Australia*

²*The Whiddon Group, Glenfield, New South Wales, Australia*

³*Kincare, Bella Vista, New South Wales, Australia*

Measuring the outcomes of community care is a complex task, given the nature of the services being provided, the co-produced nature of community care and the multitude of factors impacting on the ability of older people to remain at home. Many factors also affect the achievement of Quality of Life (QoL) outcomes, including life history, health inputs, carer networks, economic and environmental factors. Any tool to measure outcomes needs also to consider practical issues for case managers including time constraints to collect data, data duplication collection and linkages between outcomes and quality indicators for the community care sector. This paper reports the experiences of project partners in the field testing of the ACCOM tool, including

useability issues and the use of electronic data recording tools as well as the potential uses of the tool in care planning and reassessment. The experiences of case managers engaged in the field test will be discussed followed by considerations on the future applicability of ACCOM as a standardized tool for outcome based reporting, benchmarking and quality performance.

Highlight the practical and/or theoretical implications of this presentation: Addressing the practicalities of implementing an outcome measurement tool within community care

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): The experiences of case managers implementing an outcome measurement tool within community services

Do you consent to be contacted for media coverage? Yes

Session 8D – Symposium: Cognitive care in hospitals - Re-thinking the paradigm

Symposium Overview: Approximately thirty percent of hospitalised patients have some form of cognitive impairment, yet hospitals have historically focused primarily on acute and physical conditions. Consequently, improving cognitive care in our hospitals has become a national priority.

This 2-hour symposium features 15 minute presentations from leaders in the field of cognitive care from a range of disciplines, expertise and focus. Current and emerging approaches in health service design, screening approaches, models of care, quality indicators and healthy work environments for people with cognitive impairment will be examined. The symposium will provide rationale and support for improvements in practice using recent research, clinical and policy developments and encourage audience discussion and debate.

Are dementia patient the canaries of hospitals? Applying nurse-sensitive indicators

Author/s: Kasia Bail¹

¹*University of Canberra, Bruce, Australian Capital Territory, Australia*

Despite improvement in health care, hospital patient safety remains a concern. Quality indicators that are sensitive to nursing care provision, such as ‘Failure to Rescue’ (death following a complication) are used for the general population, but often exclude patients aged over 75. Yet half of hospital populations are aged over 65, and many of those have dementia. Developments of indicators that are sensitive to nursing care, as well as sensitive to those with dementia, are needed.

A retrospective cohort of 426, 276 overnight hospital discharge episodes for patients aged 50 and above from NSW public hospital discharge data for 2006/07 provided a census sample. Dementia patients were case matched on sex, age, comorbidity and surgical status on a 1:4 ratio to non-dementia patients. Episode level risk-adjustment for 12 complications that are known to be sensitive to nursing care was examined.

Controlling for age, sex, surgery and comorbidities, the highest rates and highest relative risk for dementia compared to non-dementia patients were found in four common complications: urinary tract infections, pressure areas, pneumonia and delirium ($p < 0.0001$).

These four complications experienced more often by people with dementia can be understood as a ‘Failure to Maintain’ people with dementia in hospital. These complications highlight the challenges in providing simple interventions (such as mobility, skin care, hydration, nutrition and communication) in complex environments (such as hospitals) to complex patients (such as patients with dementia). The current hospital design favours throughput and patient flow, and consequently privileges patients with predictable and swift movement through to discharge (ie, people without dementia). However, healthy nursing work environments – those that focus on education, workload and staffing levels, and relationships between clinicians and managers - have been found to mitigate rates of complications. The ‘Failure to Maintain’ indicator enables further investigation and implementation at clinical and system levels.

Highlight the practical and/or theoretical implications of this presentation: People with dementia have nearly three times the rate of in-hospital complications than people without dementia. This highlights the challenges in providing simple interventions (such as mobility, skin care, hydration, nutrition and communication) in complex environments (such as hospitals) to complex patients (such as patients with dementia).

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Proposing a new hospital quality indicator for complex older patients, including those with dementia

Do you consent to be contacted for media coverage? Yes

Caring for cognitive impairment

Author/s: [Suellen Allen¹](#); Anne Cumming¹

¹*Australian Commission on Safety and Quality in Health Care, Sydney, Sydney, New South Wales, Australia*

Patients with cognitive impairment are at increased risk of adverse outcomes and preventable complications while in hospital. The Australian Commission on Safety and Quality in Health Care has launched the Caring for Cognitive Impairment campaign to drive improvements at a system and individual level in the identification and care of patients with cognitive impairment. The aim of the campaign is to improve knowledge and care practices of cognitive impairment, provide better outcomes for patients and their families, hospitals and staff and reduce the risk of harm.

The campaign brings together and builds on the key initiatives of the Commission that includes the development of resources, “A better way to care”, the development of a delirium clinical care standard and the the incorporation of cognitive impairment into the draft consultation version 2 of the National Safety and Quality Health Service (NSQHS) Standards.

The Commission’s CEO invited every hospital Chief Executive in Australia as well as key organisations to participate in the campaign that was launched on 28 January 2016.

A dedicated website: cognitivecare.gov.au supports the campaign and tracks the numbers of hospitals, supporting organisations and individuals who have joined. It provides a platform for information, collaboration and sharing of good practice. The website enables individuals to commit to the campaign, tell their story and have access to resources, newsletters and webinars. Hospital initiatives are also shared on the website.

In the first three months over 100 hospitals, 600 individuals and 16 supporting organisations have joined the Caring for Cognitive Impairment Campaign. Early feedback indicates that the campaign is providing a platform for sharing good practice, prompting review of current practices and systems and giving further impetus to existing local initiatives.

Highlight the practical and/or theoretical implications of this presentation: The Commission’s approach is encouraging action to improve the identification and care of patients with cognitive impairment.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Join the Caring for Cognitive Impairment Campaign #BetterWayToCare

Do you consent to be contacted for media coverage? Yes

Meeting cognitive care needs in the NT: Re-shaping the unique

Author/s: Deidre Widdall¹

¹*Top End Health Service, Casuarina, Northern Territory, Australia*

Cognitive impairment/care requires a broader interpretation and re-thinking. Otherwise, improving cognitive care and service development will be seen as only applying to some and not as everyone's responsibility. Incorporating essential preventative and maintenance care early in hospital admission challenges the culture of our acute care hospital system to become rehabilitative.

Firstly, change to cognitive function requires a broader interpretation beyond the accepted view of cognitive impairment applying mainly to the over 65-70-year-old patient with dementia or delirium. Key points of difference in NT hospitals include; the cultural diversity and high percentage of Indigenous patients; the range of clinical conditions and circumstances that affect cognitive functioning, and the pattern of younger age patients. The second is the difficulty in acute care for providing preventative care and maintaining functional health capacity. Seemingly simple, yet essential care elements are of benefit for all patients, but particularly so for those with changed cognition who are more vulnerable to any missing elements or gaps in care.

The Top End Health Service (TEHS) in the NT is tackling the challenge of a whole of hospital approach to improving cognitive care. 'The Cognitive and Delirium Care in Hospital Project' commencing mid-2016 will evaluate the implementation of evidence-based interventions that formalise and standardise care for patients 16 years and over with cognitive care needs, including those at risk for or experiencing delirium. The interventions, and mechanisms to support change over time incorporate consideration for cultural fairness and relevance to the patient population, and the introduction of essential preventive and maintenance care early in hospital admission.

Highlight the practical and/or theoretical implications of this presentation: Cognitive impairment/care requires a broader interpretation and re-thinking. Otherwise, improved cognitive care and service development will be seen as only applying to some and not as everyone's responsibility. Incorporating essential preventative and maintenance care early in hospital admission challenges the culture of our acute care hospital system to become rehabilitative.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Challenging assumptions & broadening cognitive care perspectives- is rehabilitative care the answer?

Do you consent to be contacted for media coverage? Yes

Re-imagining hospital environments: Why should kids have all the fun?

Author/s: Richard Fleming¹

¹*Dementia Training Australia, University of Wollongong, Wollongong, New South Wales, Australia*

The common perception of acute care includes the idea that patients are only in hospital for a short time so they can cope with buildings designed for the efficient delivery of diagnostic and treatment services. However, people with dementia stay in hospital almost twice as long as those without dementia, averaging 16.4 days of care compared with 8.9 days for other patients of a similar age. This means that many people with dementia are in the acute care setting for three or more weeks.

The busyness, noise, lack of privacy and confinement to a small space, that may be tolerable for a day or two, become intensely distressing and exacerbate, or cause, behavioural issues. Setting up a vicious cycle that leads to even longer stays.

When we are dealing with lengths of stay measured in weeks it is sensible to look towards residential care models for guidance in the design of acute care settings and there is a substantial evidence base to draw from.

However, simply modifying existing environments and fine tuning the plans for future hospitals is not enough to provide the quality of care that will avoid the exacerbation of distress and behavioural problems so common today. A total re-imagination of the philosophy of care is required and a recognition that the building is the concrete embodiment of that philosophy. Hope that this can be achieved may be found in looking at the profound changes that are taking place in the design of children's hospitals where a salutogenic approach is emerging. This focus on life, vitality and well-being revolutionises the hospital experience. Can this approach be applied to the care of the elderly, particularly those with dementia? Clearly the answer is yes, if we are prepared to give ourselves permission to re-imagine acute care.

Highlight the practical and/or theoretical implications of this presentation: The current design of acute care hospitals is distressing patients who have dementia. They require an environmental design informed by evidence based residential care principles. These can be applied to existing hospitals but a total re-imagination based on salutogenic design is required for the provision of genuinely high quality care.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Patients with dementia need hospitals that celebrate life and promote well-being.

Do you consent to be contacted for media coverage? Yes

The Dementia Care in Hospitals Program National rollout and evaluation

Author/s: Mark Yates¹

¹*Grampians Clinical School, Deakin University, Waurn Ponds, Victoria, Australia*

The Dementia Care in Hospitals Program (DCHP) is an all-of-hospital training and education program designed to improve awareness of, and communication with, patients with cognitive impairment (CI) in the acute sector. The DCHP was developed at Ballarat Health Services and has been implemented in twenty-five hospitals across Victoria demonstrating improvement in carer and staff satisfaction. (<https://www.bhs.org.au/node/130>; <https://www.bhs.org.au/sites/default/files/finder/pdf/final%20report%20DHS%202004.pdf>)

This program is unique nationally comprising the following key elements:

- (a) A requirement for hospitals to screen their at-risk populations for CI.
- (b) A unique bedside graphic that signifies CI the Cognitive Impairment Identifier (CII) and alerts staff to patients who require additional support.
- (c) A provenance of close partnership with people with CI and their families, as well as with Alzheimer's Australia. It was agreed as a condition of the use of the CII that organisations using it will change processes and culture to better care for people with dementia.
- (d) An all-of-hospital staff approach, providing training to both clinical and non-clinical staff.

Australian Government Department of Health is funding the DCHP rollout with a detailed re-evaluation by Deakin University. Sites from South Australia, the Australian Capital Territory, Western Australia and Tasmania include both metropolitan and regional hospitals.

The evaluation uses a prospective, stepped-wedge, cross sectional, continuous recruitment design. Patients are recruited on admission in a continuous and gradual process for a fixed length of time as determined by their length of stay. Patients aged 65 and over (ATSI > 50 years) admitted to the target wards of a single hospital make up a single cluster.

The primary outcome measure is the change in the rate of the combined risks of urinary tract infection, pressure injury, pneumonia and delirium occurring during the hospital admission before and after the adoption of the DCHP. The study is powered to identify a 5% absolute reduction in the risk rate.

Highlight the practical and/or theoretical implications of this presentation: This is translational research in action. It demonstrates that universal screening for CI in patients 65 and over is possible. In the participating hospitals the pooled prevalence of CI at baseline is 37%. It is hypothesised that the DCHP will reduce the adverse event rate by changing the care paradigm.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Re-imagining cognitive impairment care in hospitals - the Dementia Care in Hospitals Program

Do you consent to be contacted for media coverage? Yes

Session 8E – Symposium: Microsimulation of aged care, housing and superannuation

Symposium Overview: Microsimulation projects the circumstances of individuals, rather than groups of people. The continuing deregulation of Australian aged care is making microsimulation increasingly useful to consumers, providers and regulators. The detailed data needed for microsimulation are becoming increasingly available, through the National Aged Care Data Clearinghouse and other sources. This symposium looks at potential applications for microsimulation, and gives some practical results. The review of aged care reforms started in August 2016, and some of the results may be relevant to submissions to the review.

Projecting demands for aged care at fine geographic scales

Author/s: Richard Cumpston¹

¹*Australian Projections Pty Ltd, Australian Capital Territory, Australia*

The Department of Health uses about 70 aged care planning regions when allocating care places. Individual providers need much finer projections to choose optimal locations for new facilities. This presentation discusses ways of projecting residential care demand for each of the 2200 SA2 areas. Death data for SA2s, and Survey of Disability Ageing and Carers data for broader regions, are used to derive socio-economic effects on care demand. Persons in remote regions have a tendency to seek residential care in less remote regions, so that disability projections for remote regions may overstate care needs. Ways of measuring existing supply at locations of interest are considered.

Highlight the practical and/or theoretical implications of this presentation: Microsimulation projects the circumstances of individuals, rather than groups of people. The continuing deregulation of Australian aged care is making microsimulation increasingly useful to consumers, providers and regulators. The detailed data needed for microsimulation are becoming increasingly available, through the National Aged Care Data Clearinghouse and other sources.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Microsimulation is a complex tool, meeting the increasingly complex needs of aged care

Do you consent to be contacted for media coverage? Yes

Life expectancies of persons in residential aged care

Author/s: Marijan Jukic¹

¹*The University of Melbourne - Faculty of Medicine, Dentistry and Health Sciences, Melbourne School of Population and Global Health, Carlton, Victoria, Australia*

Aged Care Financing Instrument (ACFI) ratings are done soon after entry to residential care, and repeated as health changes occur. A longitudinal file of 902,000 ACFI ratings from the National Aged Care Data Clearinghouse allowed transitions from different combinations of care needs while in residential care to be simulated, together with eventual death. Once an ACFI rating has been received, mean life expectancy estimates vary from 7 months to 7 years, although individuals can live for much less or more than these means. Life expectancy estimates may help financial planning by residents and their families. They may also help residential care providers achieve a resident mix best suited to their staff and facilities. Comparing successive financial years of ACFI data shows that the mix of ACFI ratings has evolved, so that life expectancy estimates for current residents need to be based on recent data.

Highlight the practical and/or theoretical implications of this presentation: Detailed data now available on the care needs of persons in the community and in aged care can help project the numbers of persons in each region needing different types of aged care.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Microdata can help project the care needs and life expectancies of individuals.

Do you consent to be contacted for media coverage? Yes

Housing as a source of funds for aged care

Author/s: Hugh Sarjeant¹

¹*Australian Projections Pty Ltd, Australian Capital Territory, Australia*

Persons entering residential care in 15-16 were owners or co-owners of dwellings worth about \$24 billion, generally with little or no mortgage debt, and with a mean dwelling value of about \$690,000. About 25% of aged care entrants probably did not own their dwellings. Selling the home may be a potential source of funds to pay bonds and charges, but perhaps not feasible for the 40% of entrants who had partners not in care. At 30/6/16 there were about 44,000 reverse mortgages, for a total of about \$4bn. This presentation compares the funds typically available from dwelling sales with the bonds sought by residential providers. Average bonds have risen from 54% of median house prices in 07-08 to 70% in 13-14. The adequacy of home equity proceeds for residential care financing is examined for different regions.

Highlight the practical and/or theoretical implications of this presentation: Detailed regional data now available on housing ownership, housing values and equity release use can help identify markets for different types of aged care.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Detailed new regional housing data help aged care providers and planners.

Do you consent to be contacted for media coverage? Yes

Superannuation as a source of funds for aged care

Author/s: David Service¹

¹*Australian Projections Pty Ltd, Australian Capital Territory, Australia*

Persons aged 75+ at 30/6/16 may have had mean superannuation balances of about \$114,000. If 79,000 persons entered residential care in 15-16, they may have had superannuation balances of about \$5.4b. These balances would have been very unevenly distributed, with perhaps 60% of entrants having little or no superannuation, and a small percentage having very large balances. Taxation statistics for females aged 75+ shows an average balances of \$299,000 for females and \$331,000 for males. Persons in rural and remote areas are likely to have less superannuation. This presentation will look at the potential effects of superannuation on the combined assets and income test for residential care, and on the ability to pay for bonds and extra care.

Highlight the practical and/or theoretical implications of this presentation: Detailed regional data now available on superannuation can help identify markets for different types of aged care.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Detailed new regional superannuation data help aged care providers and planners.

Do you consent to be contacted for media coverage? Yes

Session 12D – Symposium: Intergenerational elder abuse

Symposium Overview: This symposium outlines projects that focus on intergenerational elder abuse. A defining feature of elder abuse – the causing of harm or distress to an older person – is that it occurs within relationships where there is an expectation of trust. This often means the abuse has an intergenerational element, involving adult children abusing their parents.

More research is needed into elder abuse in Australia – due to the ageing population the incidence of elder abuse is likely to increase as people live longer, and older people comprise a greater part of the population. A prevalence study is needed in Australia in order to fully comprehend the scale of elder abuse and situations in which it occurs.

An analysis of calls made to Seniors Rights Victoria’s helpline gives an insight into the occurrence of abuse within Victoria, alongside the attributes of both victims and perpetrators. Interviews with SRV clients focus on the individual’s experience of elder abuse, and how they perceive the success of any intervention.

Mediation is a powerful tool for families to avoid and respond to elder abuse, while community education can raise awareness and increase the competency of communities to systemically respond to elder abuse.

Seniors Rights Victoria elder abuse client data, experiences and perceptions

Author/s: [Briony Dow¹](#); [Melanie Joosten¹](#)

¹*National Ageing Research Institute, University of Melbourne, Parkville, Victoria, Australia*

This presentation outlines findings from two projects completed by the National Ageing Research Institute (NARI) on behalf of Seniors Rights Victoria (SRV). SRV provides a helpline, advocacy and legal services to people experiencing elder abuse.

The first project involved an analysis of SRV data from July 2012 to June 2014. Of the 755 clients who received advice over the phone from SRV, 455 reported at least one form of abuse and 181 had a case opened and were provided with ongoing legal and/or advocacy services. Financial and psychological/emotion abuse were the most common types of abuse reported. The majority of clients were aged 70-84 and were female; perpetrators were predominately adult children (67%; often sons); and a range of interventions were used to assist clients.

The aim of the second project was to better understand the older person’s experience of the abuse and intervention, including intended and unintended outcomes (e.g. changes to abuse occurrence and the relationship between the older person and perpetrator) and what they would have liked to be done differently. Unlike other studies, this project looked at what constitutes a successful outcome from the clients’ point of view, and what assisted or hindered.

Twenty-four interviews were completed with 28 participants (10 from a culturally and linguistically diverse background). Participants (aged from 62-89; 68% female) attributed the abuse to perpetrator factors such as mental health and addiction, financial and relationship difficulties, personality traits or greed. Other factors evident included a history of family violence and dysfunctional relationships. Although the abuse ceased or abated in many cases, the concern for the perpetrators’ welfare, lost contact, and disappointment in not being able to get help for perpetrators was reported. Other findings to be presented include recommendations made by participants to other older people, governments and service providers.

Highlight the practical and/or theoretical implications of this presentation: Findings from the first project have been widely cited and provide a profile of elder abuse in Victoria. Findings and recommendations from

the second project will help inform government and service provider policy, including SRV, so that outcomes better meet the needs of older people facing abuse.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): It outlines what constitutes a successful outcome in elder abuse from the clients' perspective.

Do you consent to be contacted for media coverage? Yes

Education as intervention in elder abuse

Author/s: Gary Ferguson¹

¹*Seniors Rights Victoria, Melbourne, Victoria, Australia*

Community education can be a powerful tool in raising awareness of elder abuse. In Australia there are many educational initiatives to raise awareness of elder abuse including print and electronic media, talks, presentations and campaigns such as World Elder Abuse Awareness Day. Community education can be more. Educators can play a role in working with individuals and communities to actively intervene and respond to elder abuse. By providing greater access to information and resources, building supportive relationships and involving older people in decision making, responses to elder abuse can result in collaborative interventions and outcomes. From a practice model, this presentation will demonstrate how community education effectively intervened in an elder abuse situation, worked in partnership with Culturally and Linguistically Diverse (CALD) communities to acquire new skills and knowledge and built on the expertise of a regional Victorian town to increase the competency of the community to systemically respond to elder abuse.

Seniors Rights Victoria provides information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people. Services include a Helpline, specialist legal services, short-term support and advocacy for individuals and community and professional education. Seniors Rights Victoria also provides leadership on policy and law reform and works with other organisations to raise awareness of elder abuse.

Highlight the practical and/or theoretical implications of this presentation: This presentation will provide practical learnings on the influence of education to intervene in elder abuse of individuals and work across a broad population. Using a case study and community initiatives of Seniors Rights Victoria, the presenter will demonstrate how collaboration in education can affect the outcomes of elder abuse.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Gain practical insights into how education intervenes in elder abuse of individuals and communities.

Do you consent to be contacted for media coverage? Yes

Elder mediation: A collaborative approach to addressing elder abuse

Author/s: Anita Frayman¹

¹*Elder Solutions, Armadale, Victoria, Australia*

This presentation will add to the elder abuse symposia by outlining some of the Australian and international trends in elder mediation, and showing how elder mediation can be applied.

Highlight the practical and/or theoretical implications of this presentation: Elder mediation can help prevent elder abuse

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Elder mediation can help prevent elder abuse

Do you consent to be contacted for media coverage? Yes

Towards a better understanding of elder abuse

Author/s: [Rachel Carson¹](#); Rae Kaspiew¹

¹*Family Law and Family Violence team, Australian Institute of Family Studies, Melbourne, Victoria, Australia*

Elder abuse—which involves the physical, emotional, sexual or financial abuse or neglect of an older person by another person in a position of trust—presents a range of complex challenges for the Australian community. A recent scoping study undertaken by researchers at the Australian Institute of Family Studies and the Melbourne Law School has observed that while solid evidence about prevalence of elder abuse in Australia is lacking, the incidence of elder abuse is expected to rise with increased life expectancy and the aged comprising a greater proportion of the population than ever before. In the absence of systematic empirical data, the dynamics, circumstances and effects of elder abuse are difficult to assess. It is in this context that this paper will consider the available evidence which indicates that most elder abuse is intra-familial and intergenerational, with mothers most often being the subject of abuse by sons, although abuse by daughters is also common, and fathers are victims too. Financial abuse appears to be the most common form of abuse experienced by elderly people, and this is the area where most empirical research is available. Psychological abuse appears slightly less common than financial abuse, and seems to frequently co-occur with financial abuse, suggesting a pattern of behaviour analogous to grooming in the sexual abuse context. For some women, abuse in older age reflects the continuation of a long-term pattern of spousal abuse. Unlike other countries, such as America, the UK, Portugal and Israel, Australia does not have a strategy for measuring prevalence. This paper will observe that in the absence of systematic data to shed light not only on prevalence but also on dynamics and effects among different groups and in different circumstances, the evidence base to support further development of policy and practice initiatives is underdeveloped.

Highlight the practical and/or theoretical implications of this presentation: This paper will outline the available evidence of the relationship dynamics associated with elder abuse and the need for a national prevalence study of elder abuse in Australia.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Relationship dynamics associated with elder abuse and the need for an Australian prevalence study.

Do you consent to be contacted for media coverage? Yes

Protecting the rights of older Australians from abuse through laws and legal frameworks — The ALRC's Elder Abuse Inquiry

Author/s: Rosalind Croucher¹

¹*Australian Law Reform Commission, Sydney, New South Wales, Australia*

Abstract: On 23 February the Australian Law Reform Commission (ALRC) received terms of reference from the Commonwealth Attorney-General on elder abuse. On 15 June the ALRC will release the first consultation document in the inquiry, to coincide with Elder Abuse Awareness Day. The ALRC has been asked to consider:

- Existing Commonwealth laws and frameworks which seek to safeguard and protect older persons from misuse or abuse by formal and informal carers, supporters, representatives and others. These should include, but not be limited to, regulation of:
 - Financial institutions
 - Superannuation
 - Social security
 - Living and care arrangements, and
 - Health
- The interaction and relationship of these laws with state and territory laws.

The ALRC has been asked to identify and model best-practice legal frameworks and consider the National Disability Insurance Scheme and the Aged Care framework. In undertaking this reference, the ALRC is able to draw upon its own work, in particular the recommendations of the ALRC report *Equality, Capacity and Disability in Commonwealth Laws* (2014), in which the ALRC recommended National Decision-Making Principles as part of a Commonwealth model of supported decision-making. There are also the recommendations of the Senate Standing Committee on Community Affairs report on violence, abuse and neglect against people with disability (2015), and the recommendations of the Commonwealth House of Representatives report, *Older People and the Law* (2007).

In addition to the focus on Commonwealth laws, as a federal law reform body the ALRC is well placed to conduct an umbrella examination of laws across the states and territories, such as guardianship and administration, and common laws rules for the protection of older persons from abuse.

The release of the Issues Paper signals the first major consultation phase in the inquiry and provides the opportunity for broad community engagement and participation.

Professor Rosalind Croucher AM, President of the ALRC is leading the inquiry and will speak about this important work.

Session 12E – Symposium: Dynamics of population ageing and social change in Asia-Oceania

Symposium Overview: This symposium organised by the AAG Special Interest Group in Research and Education in Ageing in the Asia-Oceania Region presents new findings on the interaction of demographic trends and rapid social changes occurring across the region. Addressing the Conference Themes of reimagining families, communities and society, and disease management, the Symposium will report on changes on a scale that was not imagined even a decade ago. Researchers in demography, sociology, psychology and public health at the Australian National University will report on projects conducted with counterpart organisations in Indonesia, Thailand and Vietnam.

Accepted views of persisting patterns of traditional family structure and intergenerational relationships are challenged by the dynamics of demographic and social changes evident from villages to large metropolises. The effects of falling fertility and mortality that were the main drivers of population ageing in the region for many decades are now being compounded by rapid urbanisation which is bringing marked changes in the geographic distribution of older age groups within countries and in their living circumstances. Understanding these processes and their dramatic consequences for informal support and the emergence of formal services calls for new explanatory models as ageing in the Asia-Oceania region advances into the 21st Century.

Studying the Thai health-risk transition

Author/s: [Vasoontara Yiengprugsawan](#)^{1,2}

¹*Australian National University Medical School and Research School of Population Health, Australian National University, Acton, Australian Capital Territory, Australia*

²*ARC Centre of Excellence in Population Ageing Research (CEPAR), Sydney, New South Wales, Australia*

Our research tackles a significant regional population health issue in middle-income Thailand – transition to modern health risks and the concomitant emergence of chronic disease and injury. We focused on Thailand as an influential country in the region as part of the Association of Southeast Asian Nations (ASEAN). Together with its neighbouring countries, Thailand is grappling with emerging health risks and disease patterns as health-risk transitions unfold.

The Thai Cohort study began in 2004 of 87151 adult open university students residing nationwide and was funded by the Wellcome Trust (UK) and the National Health and Medical Research Council (NHMRC, Australia) and renewed as a global health NHMRC grant in 2009. The research involves a Thai-Australian partnership led by Associate Professor Sam-ang Seubsman (Sukhothai Thammathirat Open University) and Professor Adrian Sleight (Australian National University).

This presentation will focus on an important emerging consequence of population ageing and increasing demands for family caregivers. In the absence of sufficient state-supported social security measures, this caregiving burden falls largely to family members, as it would traditionally. However, in the past, older people were less prevalent and larger families were common. Around one-third of our Thai cohort reported currently being a caregiver for a sick or disabled individual. Caregiving had significant impact on cohort members, with caregivers reporting more prevalent lower back pain, psychological distress. Four-year longitudinal analyses highlight the potential pressure among caregivers in balancing work and care while preserving their own mental health.

Over the past decade, the Thai Cohort Study project has contributed significantly to building regional population health capacity through 12 PhDs, 8 Masters, and dissemination of research in over 100 peer-reviewed open-access publications to date. Longitudinal findings in the Thai context on risk trends, transitions and health outcomes will be informative to the Southeast Asian region.

Highlight the practical and/or theoretical implications of this presentation: The Thai Cohort Study is designed to boost understanding of factors contributing to emerging health problems. Over the past decade, the study has collected information from a large group of Thai adults and linking to health outcomes to identify at-risk groups and induce lifecourse risk behaviour and developing preventive strategies.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Health-risk transition findings from a large 8-year longitudinal cohort study of Thai adults

Do you consent to be contacted for media coverage? Yes

An overview of population ageing in Asia

Author/s: [Peter McDonald^{1,2}](#)

¹*Professor of Demography, Centre for Health Policy, University of Melbourne, Parkville, Victoria, Australia*

²*Crawford School of Public Policy, Australian National University, Acton, Australian Capital Territory, Australia*

Declining fertility and mortality rates in the second half of the 20th century have led to the 21st century being characterised as the century of the aging population. In many Asian countries, the decline in the numbers of young people entering the labour force in the future will exacerbate the problems arising from the aging population. Implications of these trends are analysed for a variety of Asian countries. Excluding China, labour force growth in India and Pakistan would be sufficient to compensate for the shrinking labour forces in Europe and Asia; outsourcing labour to South Asia will be an increasing trend in the 21st century. Countries such as Australia and Singapore counter aging to some extent through their migration programmes but this is not a viable option for countries with much larger populations such as China and Japan. Aging presents major challenges for large countries with sustained low birth rates. The Asian countries with less problematic demographic structures are instead facing economic challenges and require education and training to improve labour productivity.

Highlight the practical and/or theoretical implications of this presentation: Understanding the diversity of population ageing in Asia and the implications of that diversity

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Understanding the diversity of population ageing in Asia and the implications of that diversity

Do you consent to be contacted for media coverage? Yes

Intergenerational support in the context of socio-economic change in Vietnam

Author/s: [Cuc Hoang¹](#); [Heather Booth¹](#)

¹*School of Demography, Australian National University, Acton, Australian Capital Territory, Australia*

This paper examines how the traditional Vietnamese system of support for older people is being transformed as a result of socio-economic change. Fieldwork was undertaken in a village near Hanoi in northern Vietnam in early 2016. Data were collected by interview using a questionnaire previously used in Indonesia. These quantitative data were supplemented by in-depth interviews. The fieldwork village does not have high out-migration. However, socio-economic change has been particularly rapid, and involved the replacement of traditional agriculture by new industrial developments - principally factories making household goods and clothing. This brings new income opportunities to the younger generation, first as factory workers, second as

landlords to in-migrant workers, and third in agriculture because of a larger market (including in-migrant workers) and improved access to urban markets stemming from infrastructure development. The fact that family members no longer work together as a subsistence unit also means that mutual responsibilities and ties are weakened. In this context, the older generation have lost status, and a reversal of intergenerational power structures has taken place, especially among women. Younger women no longer undertake the vast majority of household chores, as they are engaged in the modern economy. Older women are thus obliged to take responsibility for chores including cooking, cleaning and grandchild care, sometimes involving co-residence while young adults are absent for employment. Elders often neglect their own well-being, and no longer expect support from their children; many only receive support when ill or at the new year (in the form of small gifts). In extreme cases, older people are left to their own resources, generating considerable stress.

Highlight the practical and/or theoretical implications of this presentation: The intergenerational contract, whereby successive generations care for their elders, is weakened as a result of changing socio-economic conditions and new power structures within the family. Exchange theory explains both the traditional intergenerational contract as well as the reversal of intergenerational support practices.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Older women bear main costs of social change

Do you consent to be contacted for media coverage? No

Session 13D – Symposium: Addressing the wicked problems of measuring quality in residential care

Symposium Overview: How to measure quality of care and quality of life are ‘wicked problems’ in aged care. They are ‘wicked problems’ because they difficult or impossible to solve because of incomplete, contradictory, and changing requirements are often difficult to recognize. Because of complex interdependencies, efforts to solve one aspect of a wicked problem may reveal or create other problems. Four further characteristics of wicked problems are seen in discussions of quality in aged care: the solution depends on how the problem is framed and vice versa (i.e., the problem definition depends on the solution); stakeholders have radically different world views and different frames for understanding the problem; the constraints that the problem is subject to and the resources needed to solve it change over time; and the problem is never solved definitively. This symposium presents four different approaches to tackling the problems of measuring quality. First, the perspectives of the central stakeholders, namely residents and family members, will be reported in an in-depth study using the Aged Social Care Outcomes Toolkit developed in England in homes in Sydney. Second, interdependencies between structural characteristics of residential aged care homes and quality outcomes are explored in an analysis of data from some 400 homes in Australia that use the Moving On Audit system as a basis for quality improvement. A third presentation (to be identified from submitted abstracts). Fourth, an update of the Commonwealth trial of quality indicators in residential aged care will report on progress to mid-2016 and set the scene for the future.

Care planning conversations in aged care facilities: piloting ASCOT

Author/s: [Ann-Marie Towers¹](#); [Karn Nelson²](#)

¹*University of Kent, Canterbury, United Kingdom*

²*The Whiddon Group, Glenfield, New South Wales, Australia*

The Adult Social Care Outcomes Toolkit (ASCOT) measures social care-related quality of life across eight domains. It has been used by researchers, commissioners, who allocate funding, and providers. Most recently, providers in England and Australia have been considering integrating ASCOT into care planning conversations, as a means of identifying unmet needs and improving quality of life.

This paper reports on a pilot study in New South Wales, evaluating the feasibility and impact of integrating ASCOT into care planning conversations with 40 residents in four aged care services. Data is being collected at three time points in 2016 (baseline, 6 months and 12 months). Semi-structured interviews are being conducted with the administering RNs at each stage. Additional data about residents’ needs and characteristics and time/use data is also being recorded.

Care planning conversations using the ASCOT took an average of 33 minutes to complete. Social care-related quality of life was generally very high in the personal cleanliness and comfort and accommodation domains but some needs were identified in food and drink, control over daily life and occupation (how they spend their time). Registered nurses carrying out the conversations reported that they gave a valuable structure for discussing social and emotional needs, and empowered residents to raise needs they might not otherwise have raised or have never discussed with anyone. The conversations have resulted in some significant changes to care plans. Both RNs and residents have reported benefits, and some areas for improvement at service level have also been identified.

Early findings indicate that there is scope for the ASCOT interviews to be fully integrated into normal care planning, minimizing additional RN time required. Future analysis will examine whether improvements in quality of life can be measured over time as a means of measuring the impact of outcomes-focused care planning.

Highlight the practical and/or theoretical implications of this presentation: Early finding from the pilot study suggest the ASCOT tool is a valuable structure for care planning conversations, identifying unmet social and emotional needs. It is both user friendly and possible to integrate into standard care planning. Whiddon will likely be integrating ASCOT into care planning across all services.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Piloting a new outcomes focused approach to care planning in aged care facilities

Do you consent to be contacted for media coverage? Yes

Things don't happen in a vacuum: telling a story about measuring and reporting quality indicators in residential aged care homes

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Aged care in Australia is going through major reforms since the Aged Care Living Longer Living Better Act 2013 (Act 76, 2013), including the development and implementation of national quality indicators in aged care homes. The results of these national QIs are to be made publicly available through the My Aged Care website, to assist people moving into residential aged care homes, their families and carers to make informed choices. The national QI system also aims to contribute to ensuring that government subsidised programs and services are more transparent and accountable. The national QIs now being introduced overlap with a number of QI systems that are already used by many RACH to monitor and compare quality. This paper presents findings from the analysis of data collected from January 2014 to December 2015 by 426 homes that use the Move on Audit system. It explores relationships between various structural and process factors (level of care needs, sector, feedback from staff, residents and relatives, and various audit data concerning quality) and five clinical indicators of outcomes: falls, pressure injuries, restraints, polypharmacy, and weight loss. Multiple stories emerged and three key points are discussed:

1. the complexity of the relationship between structural and process factors and outcomes;
2. the importance of deciding what to collect, and collecting and reporting what is relevant to make the process meaningful to consumers, staff, providers and policy makers; and
3. the need for in-depth case studies exploring the "why" of the relationships between the factors and outcomes associated with quality.

Highlight the practical and/or theoretical implications of this presentation: There is on-going discussion about the adequacy and appropriateness of the existing quality indicators in residential aged care. The paper provides new insights into the meaning of the scores generated by the QI measures and the ways through which the information can be utilised to improve quality.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): First Australian study on the relationships between indicators and predictors of quality in care homes

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National Aged Care Quality Indicator Programme

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The Department will discuss the national introduction of quality indicators for aged care in Australia. 2016 has been an exciting year for the National Aged Care Quality Indicator Program (the National QI Program). The National QI Program is a key aspect of aged care reform as we move toward a market driven sector, consumer-directed care and continuous improvements in quality. It is part of the broader overall policy framework for quality in aged care that the Government is progressing to:

- look beyond meeting minimum requirements – the accreditation standards
- put in place incentives for providers to strive for excellence
- inform consumer decision making about choice of service provider (complementing the new model of consumer directed care)

The voluntary National QI Program is a highly effective tool, offering a number of benefits for both providers and consumers in aged care. The Department is drawing on the expertise of consumer representatives, service providers, practitioners and academics in developing and managing the National QI Program. In addition to the commencement of the National QI Program, the department has piloted consumer experience and quality of life measures in residential and home care. This work provides an opportunity to gain information that has previously not been collected. The interest in consumer experience and quality of life is strong in Australia, as in other countries, with both consumers and providers keen to find measures of these aspects of aged care services. It is crucial for services to be transparent and talk to their consumers and community about quality in order to flourish in a competitive environment. The National QI Program offers an additional level of information and transparency about performance beyond the standards.

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