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The Tri-focal model of care: Impact in residential aged care

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Practical and/or theoretical implications of this presentation: Integration between research evidence, education and practice in residential aged care has potential to foster partnerships between residents, family members and staff, and improve practice. Implementing innovative models, such as the Tri-focal Model of Care, requires a whole of organisation approach and sustainability requires adoption of a comprehensive strategy.

Abstract:

Introduction
The Tri-Focal Model of Care education program promotes 'partnership-centred care', a 'positive environment' and 'evidence-based practice' in the residential aged care (RAC) environment, and focuses on translating knowledge to enhance workforce development and quality of life for residents. This research involved implementation of the Tri-focal Model of Care, promoting the relationship between research, teaching and practice.

Method
The education program, comprising nine modules, was delivered to staff in seven Australian nursing homes over 12-months using a participatory research approach. Participants included formal care providers, support staff and family members. A mixed-methods approach was used to evaluate implementation of the Model. Data sources included surveys, naturalistic observation and focus groups.

Results
Over 77% of staff participated in the education program. In each RAC facility Evidence-Based Practice Leaders were nominated to provide leadership in the implementation process. The majority of staff perceived the program as directly relevant to their work and found it improved care practices and outcomes for older people. Staff reported improved partnerships with residents, families and other staff. Staff were keen for education but found workplace barriers to participating in and sustaining the program. Family members reported positive changes with care delivery and staff engagement. Residents reported enhanced wellbeing as a result of living in a more homelike environment, having greater choice and more personalised care, and enjoying a closer relationship with staff. Evidence of fewer complaints, fewer errors, lower casual staff usage, and less sick leave was associated with implementation of the Model.

Conclusions
The participation rate reflected the commitment of staff and family members to the Tri-focal Model of Care. Overall, relationships and engagement among staff, residents and family were perceived to improve. The Model offers a whole of organisation approach to the integration of research into teaching and practice, thereby promoting holistic, evidence-based care.

"Get well soon". Engaging the older person in their care

Author/s: Andre Catrice[1]

[1]*Ageing and Continuing Care, Department of Health and Human Services, Melbourne, Victoria, Australia*

Practical and/or theoretical implications of this presentation: Up to half of older people experience functional decline during their hospital stay. This is often unrelated to the reason for their admission and can be prevented. These resources provide older people with strategies to reduce these risks in an easily accessible format.

Abstract: Older people are at risk of developing a range of health problems whilst in hospital. This can mean they don't get better as quickly or don't get back to how they were before their admission. It is therefore important for them to maintain as much of their normal routine as possible while in hospital. This includes keeping mobile and eating and drinking as much as usual. It is vital that older people, families and carers are provided with simple evidence based strategies to use in hospital – to help them to "Get well soon".

The Department of Health and Human Services has worked with the National Ageing Research Institute to create a series of videos and information sheets for older people and their families that are co-located on the Better Health Channel: www.betterhealth.vic.gov.au/campaigns/get-well-soon. They promote simple, evidence based actions that the older person can do to minimise their risk of functional decline. They challenge myths, such as staying in bed is the best place to be when you are unwell. The messages encourage older people to keep hydrated, stay out of bed, eat well and encourage them to ask their treating team to keep them involved.

The key objective is to improve older people's understanding of what they can do to maintain their well-being in hospital. The material encourages them to participate in their care and encourage them to ask questions.

This video series is part of a new web-based resource called 'Older people in hospital'; the third version of the Best care for older people everywhere: The Toolkit. This resource targets clinicians, educators, quality and redesign teams to use evidence based tools and resources to improve care for older people in hospital.

A cross-country study of offline and online intergenerational affective communication

Author/s: Angeline Mayasari[1]; Sonja Pedell[1]; Carolyn Barnes[1]

[1]*Faculty of Health, Art and Design, Swinburne University of Technology, Hawthorn, Victoria, Australia*

Practical and/or theoretical implications of this presentation: In identifying the emotions, experiences and practices that are central to online and offline intergenerational communication, our findings point to the potential of mobile communication technology to support affective communication and increase social connectedness as well as to support meaningful relationships between grandparent and adolescent grandchildren.

Abstract: Modernisation forces have dispersed families, decreasing the opportunities to maintain communication and relationships between the generations. Study in Human-Computer Interaction to support intergenerational relationships, majorly focus on relationships with young or adult grandchildren. In addition, many studies attempt to raise awareness of presence rather than to create an engaging social experience that's essential for social wellbeing and to support a meaningful relationship. The significance of this study is to add value to communication and support meaningful relationships through the use of mobile communication technology, rather than merely raising awareness of presence between grandparent and their adolescent grandchildren. We report the findings of a cultural probe study that explore the emotions and experiences in which our sample of grandparents and their adolescent grandchildren wish to achieve through offline and online communication. This was followed with in-depth interviews. Ten dyads participated in the study, four in long distance relationships residing between Melbourne and Dubai, India and Indonesia. Three dyads lived in Indonesia and the final three in Melbourne. The probe study prompted participants to reflect deeply on their relationship, coming to understand each other better and increasing awareness of its importance to both parties. For grandparents and adolescent grandchildren, the positive aspects of offline and online communication were sharing aspects of their daily life and expressing love. Our findings identify the potential for mobile communication technology to support affective communication through the sharing of photos and short videos with positive meanings and stories about happy times spent together. For grandparents in particular, reminiscence regarding their grandchild was an important activity, enhancing their sense of self. The probe study, however, identified culture-specific factors that affect online communication, including differing preference for social media platform and patterns of use.

Social assistive technologies and older adults: Benefits, barriers and acceptance

Author/s: Bonnie Simons[1]

[1]*Brotherhood of St Laurence Research and Policy Centre, Fitzroy, Victoria, Australia*

Practical and/or theoretical implications of this presentation: Through examining the perspectives, attitudes and experiences of older adults, care providers can utilise communication and assistive technologies in ways which promote beneficial and successful outcomes and enhance individualised care for older Australians as well as contributing to the effectiveness and efficiency of aged care services.

Abstract: Assistive and adaptive devices for older adults have been available for some time and this is reflected in the extent of the existing body of research which dates back many years. The rapid pace of technological change, including the continuing development of the internet and new information exchange and communication technologies, improvements in design and manufacturing methods, electronics and innovation in robotics, means that much of the research is now outdated. This has opened the way for new opportunities for research and development in the area of assistive and smart technologies in an aged care context which has also undergone changes in health practices, understanding and attitudes.

The Brotherhood of St Laurence (BSL) Aged Care Services currently deliver services and programs to older adults in the northern, western and southern regions of Melbourne, in both community and residential care. Through a national and international evidence review the BSL Inclusive Ageing research team explored the scope and availability of existing and new technologies in the aged care context and their applicability to residential and community care. The review also included the wider issues and implications for individuals and work practices, such as ethics, choice, acceptance/resistance and values and principles for implementation.

This table top presentation will focus on social and communication assistive technologies, and will draw on the review to explore their benefits and the factors and conditions which promote the acceptance of, or resistance to, their use by older adults. Awareness of these factors can assist providers to utilise a range of communication and assistive technologies which promote beneficial and successful outcomes and enhance individualised care for older Australians as well as contributing to the effectiveness and efficiency of aged care services.

Older peoples and people with dementia: Responses to virtual reality

Author/s: Bridget Howes[1]; Sally Darling[2]

[1]BlueCross Community and Residential Services, Hawthorn East, Victoria, Australia
[2]BuildVR, Yarraville, Victoria, Australia

Practical and/or theoretical implications of this presentation: VR enables the sharing of experiences across various areas of interest and has the potential for the future development of personalised footage such as families. It allows users to be immersed in a 360 degree and make connections to new and past experiences. It supports wellbeing and engagement.

Abstract: This paper reports on a partnership between BlueCross Community and Residential Services (BlueCross) and BuildVR. The Solis application was developed to provide ease of access for older people to use VR and this project demonstrates its application in residential aged care.

The implementation of VR is evaluated following staff education from The BlueCross Dementia Specialist and demonstration and consultation with BuildVR.

The Emotional Responses in Care (ERIC) is used to evaluate pleasure, affection, helpfulness, anger, anxiety and discomfort in residents responding to 360-degree VR experiences. Responses are rated as mild, moderate and strong. Participants use VR a minimum of 2 times per week for a period of 8 weeks. VR programs being viewed include relaxation therapy, global travel, cognitive therapy, connections to new and past experiences and supports wellbeing and engagement. Staff record observations and comments made by residents in relation to the programs they are viewing. Results are collated and indicates a positive response to VR. The attitudes of 6 staff members to implementation of VR to engage PLWD are also evaluated and measured using a Likert-Type Scale following demonstration and early implementation of the VR program. Favourable and unfavourable statements about the outcomes for residents are presented to participants and they are asked to indicate their level of agreement. Staff attitudes indicate that they value the VR interventions and believe that they are of benefit to residents. The results of the evaluation are used to inform plans for ongoing implementation of VR at BlueCross.

Resident-to-resident aggression: Getting the right information to re-imagine our future

Author/s: Briony Murphy[1]

[1]*Department of Forensic Medicine, Monash University, Southbank, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation outlines the current legislative framework for reporting of physical assaults in Australian residential aged care services; identifies a significant gap in publicly available information on the prevalence of aggressive incidents between residents; and highlights this as an area requiring urgent reform.

Abstract:

Introduction: Resident-to-resident aggression (RRA) is a unique form of elder abuse specific to the aged care setting. Aggression is a common behavioural and psychological symptom of dementia (BPSD), and due to an ageing global population, increased prevalence of dementia and growing demand on aged care services, there is likely to be an increase in the number of aggressive incidents between residents. However, relatively little is currently known about the prevalence of resident-to-resident aggression both internationally and in Australia.

Aims: This study aimed to examine the current legislative framework for reporting incidents of resident-to-resident assault in Australian residential aged care services and consider the need for reform.
Methods: This study comprised a synthesis of Australian legislation relevant to reporting of physical assaults in accredited residential aged care services, and a review of annual government reports on the operation of the Aged Care Act 1997.

Results: Under the current legislative framework, incidents of RRA are considered non-reportable in most instances. Reportable assault notifications have been increasing by an average of 11% since the introduction of compulsory reporting laws in 2008. However, it is unknown what proportion of these related to staff-resident assaults or resident-to-resident assaults. There is currently no publicly available information on the number of documented but unreported RRA incidents occurring in Australian residential aged care services.

Conclusions: In the context of an ageing global population, increased prevalence of dementia and a growing demand on aged care services, the frequency of RRA incidents is likely to increase, posing a significant risk to the health and safety of frail elderly residents. There is an urgent need for formal review of the current legislation with a view to including RRA incidents, or at the very least increase transparency of information on non-reportable RRA incidents.

Old behind bars: What is being done for the incarcerated?

Author/s: Bruce Stevens[1]

[1]Ageing and Practical Theology at Charles Sturt University, St Marks National Theological Centre, Barton, ACT, Australia

Practical and/or theoretical implications of this presentation: The aged in prison are a highly disadvantaged group. This is an urgent area of need for policy to address. We hope that highlighting the need, discussing the issues, will lead in time to a constructive response by state governments.

Abstract: The aged are the fastest growing group in prisons both in Australia and internationally. Prisoners tend to 'age faster' because of poor lifestyle choices and chronic health problems. There are widespread difficulties in prisons such as a lack of resources specific to the aged and often basic facilities are decades out-of-date and designed for the young and reasonably fit – not the aged and frail. There have been two recent publications of importance. The international 'big picture' has been informed by the World Health Organization (2015) World report on ageing and health. This draws on a vast research base, raises the most pressing issues, and makes recommendations based on a consideration of human rights. It is realistic in acknowledging that conditions and resources differ greatly from country to country, but the report gives many illustrations of poor countries meeting needs of their elderly through innovative, essentially low cost or community based methods. The other recent publication, which is more specific to the incarcerated in Australia, is the recent report of the aged in NSW prisons. An investigation was carried out by the office of the Inspector of Custodial Services (September 2015) Old and inside: Managing aged offenders in custody. This report was very candid and highlighted areas of urgent need. It made 22 recommendations. This presentation will give an update on what services are being put in place internationally and draw some policy implications for best practice in Australia.

Re-imagining relationships: The experience of childlessness in later life

Author/s: <u>Cassie Curryer</u>[1,2]; Julie E. Byles[3]; Mel Gray[1]

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[3]*Research Centre for Generational Health and Ageing, University of Newcastle, New Lambton Heights, New South Wales, Australia*

Practical and/or theoretical implications of this presentation: Caregiving by adult children provides vital support for ageing-in-place. Pronatalist aged care policies largely ignore the increasing numbers of older women who are childless. Greater awareness of the needs and choices of women consumers who are ageing without children can encourage service innovation and better targeting of aged care services.

Abstract: Aged care policy in Australia and other pronatalist countries, such as the UK and USA, relies heavily on families- and particularly adult children- to provide informal care to enable older relatives to age-in-place, that is, to remain in their own homes supported by a range of community services. Yet as many as 1 in 6 women in Australia and 1 in 4 women in the UK do not have children. What effect might this policy emphasis on family support have for women who are ageing without children? Globally, the number of older women without children is increasing, in line with population ageing, women's longer life expectancy, and greater numbers of childless and unmarried individuals. This has led to fears of a growing care gap, particularly for women of the post-Second World War baby boomer generation. However, not all women who are childless will have unmet needs for care. In the absence of family support, childless women may draw on a diverse range of strategies and behaviours for negotiating ageing-in-place. This might include negotiating new relationships and support arrangements within family and community networks; and actively planning for housing and care needs in later life. This presentation reports on a qualitative study that explores the experience of ageing for women aged 65 to 70 years, who are childless (whether voluntary, involuntary, or the consequence of circumstances over the lifecourse). The study seeks to challenge policy assumptions regarding familial care in later life, and to raise awareness of the needs and preferences of this diverse group of women. It also seeks to encourage reflection (whether we have children or not) about our own needs and plans for ageing-in-place.

Older people as revolutionaries in challenging ageism

Author/s: Catherine Barrett[1]

[1]*Celebrate Ageing (The Tea Cosy Project), St Kilda, Victoria, Australia; The OPAL Institute, St Kilda South, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation describes an innovative project to challenge ageism that can be readily adopted by communities and groups around the country. It also describes how older people may currently be being missed as key agents of change in creating societies where ageism is addressed.

Abstract: This paper outlines a project to Celebrate Ageing as an innovative strategy for addressing ageism and developing and age friendly Australia. Celebrate Ageing is a community project that recognises that in order to value and respect older people – we must first all celebrate our own ageing. The project has five key activities that utilise creative arts approaches to engage communities. The first invites community members to share stories about older people they love. The second calls for participants to identify one thing they love about their own ageing. The third invites organisations providing services to older people to share their efforts to ensure that older people are valued and respected. The fourth focuses on portraits of 'place', in which older people share their stories about what gives them a sense of place or belonging or connection. These activities can be undertaken by community members broadly, older people and their families and service providers.

A fifth activity focus on subverting the negative portrayal of older people in the media. Participants are invited to identify ageist advertisements and news and make their suggestions for ways in which these could be changed to respect older people.

Collectively these activities engage community members and service providers in interesting and fun ways – to address ageism and to create age friendly cities. While the project is in its infancy a powerful outcome to date has been the engagement of older people in the project. Older people have become the champions of change in addressing their own internalised ageism and the ageist world they live in.

This presentation will provide an overview of the project and re-image further the further opportunities for building communities and societies where ageism is minimalised – by empowering older people as the revolutionaries of change.

Practical resources to re-imagine older people's sexual citizenship

Author/s: Catherine Barrett[1]

[1]*Celebrate Ageing (The Tea Cosy Project), St Kilda, Victoria, Australia; The OPAL Institute, St Kilda South, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation describes Australia's first national network promoting the sexual rights of older people. It describes how resources and education will enable older people's full citizenship, including their sexual citizenship, to be achieved in reality.

Abstract: Age friendly cities and communities are contributing towards the recognition of older people's rights – and in doing so they have raised awareness of older people's sexual rights. For example, service providers are shifting their focus from older people's 'sexual behaviour' to 'sexual wellbeing'. They are seeking solutions to address the rising rates of sexually transmissible infections, identifying strategies to prevent sexual assault of older women and are seeking information on how to assist older people to adjust to changing sexuality with disease and disability. Older people recognise this shift and many more are now asserting their sexual rights. Older people are the fastest growing cohort of internet dating users, spend billions on sexopharmaceuticals every year and are eagerly seeking out information on sexuality.

In this context there is a real opportunity to resource service providers and older people with information on sexual wellbeing. However, government policy has not yet reflected this fundamental shift nor recognised the opportunity to build on these changes to ensure that sexual rights are universally recognised in the development of aged friendly cities and communities.

This presentation outlines a national project to address this gap. The project involves establishing a national network working with older people to develop peer sexuality education and to empower older people as sexuality experts. It also seeks to build the capacity of service providers to address sexual wellbeing through organisational resources including audits, charters of rights and responsibilities, assessment tools, practice guides etc. In doing so it not only re-imagines a world where older people are recognised as sexual citizens but takes action to make this vision a reality.

Highlight the practical and/or theoretical implications of this presentation: This presentation describes Australia's first national network promoting the sexual rights of older people. It describes how resources and education will enable older people's full citizenship, including their sexual citizenship, to be achieved in reality.

Planning your workforce today to meet the needs of tomorrow

Author/s: Chris Westacott[1]

[1]*Realise Performance, Baulkham Hills, New South Wales, Australia*

Practical and/or theoretical implications of this presentation: Participants will gain understanding of issues impacting future workforce. In addition, tools will be highlighted that will help participants to facilitate strategic workforce planning for their organisation.

Abstract: As Australia ages and the need for services increases, workforce will become a more pressing issue. Planning strategically to implement effective staffing models will allow organisations to be prepared to face this increasing competition for workforce.

This presentation is designed to provide attendees with firstly an understanding of the issues that will challenge providers as both the population and workforce ages.

Participants will also gain an understanding of what should be considered to build a strong and effective workforce, to enhance staff capabilities and capacities though targeted skill development.
The presentation identifies ways to build skill sets at an organisational level, engage a range of different stakeholders in identifying and developing individual workforce skills including identifying career paths, developmental methodologies and workforce planning strategies.

The presentation shares stories from organisations who have undertaken such a journey and examines the challenges to success and how these were overcome.

Organisations with a well-planned workforce strategy will be those who will be able to capitalise on opportunities and position themselves as employers of choice.

In turn this will facilitate their ability to deliver excellence in service provision.

Reaching beyond the standards to gain competitive advantage

Author/s: Chris Westacott[1]

[1]*Realise Performance, Baulkham Hills, New South Wales, Australia*

Australian aged care has for many years been focused on ensuring that for the most part services are delivered to residents and clients to meet the legislated minimum standards.
But is this the key to quality service and competitive advantage in a consumer led market? We would say not!

Consumerism encourages choice and choice requires services to be delivered to a standard that satisfies as much as possible the needs and desire of the individual consumer and their family.

This presentation will focus on the process of resetting organizational standards as a means of creating a consumer focused high performing culture that enables providers to focus their business and people systems on delivering quality services to residents and clients. This will differentiate them in the market as providers of superior quality services.

This differentiation will enable provider to identify strategies that maximise their opportunities for business growth, increase market reputation and importantly provide them with a competitive advantage.

Highlight the practical and/or theoretical implications of this presentation: Participants will gain understanding of how creating a culture of excellence will position an organisation to succeed on multiple levels. They will be able to apply this understanding to their own organisations.

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Differentiate your business and gain competitive advantage by going above and beyond the standards

Do you consent to be contacted for media coverage? Yes

Can psychosocial intervention reduce carer stress in dementia? Systematic review

Author/s: Constance Schneider[1]; Nora Shield[2]; Mary Whiteside[3]

[1]*Bundoora Extended Care Centre, Geriatric Evaluation Management Unit, Bundoora, Victoria, Australia*
[2]*Northern Health, Bundoora, Victoria, Australia*
[3]*Latrobe University, Bundoora, Victoria, Australia*

Practical and/or theoretical implications of this presentation: Social Workers can and need to be proactive in building high quality evidence to support the use of individualised psychosocial interventions to manage stress in carers of older people with dementia during hospitalisation and/or transition into residential care.

Abstract:

Background: Hospital admissions of older people with dementia are linked to increased carer stress which can negatively impact on a carer's health. The aim of this study was to identify psychosocial interventions that have a positive impact on carer stress.

Methods: A systematic review was conducted. Seven databases were searched for relevant trials. Trials were included if they were randomized controlled trials, involved carers of a person with dementia, and included a measure of carer stress as an outcome. Data were abstracted using a standardised form and analysed descriptively. Risk of bias was assessed independently by two reviewers using the PEDro scale.

Results: The search yielded 2008 articles, 13 of which met the inclusion criteria. All trials were conducted in community settings; there were no trials in the acute or subacute settings. Interventions focused on: improving caregivers' psychological well-being (strategies to manage stress, coping strategies, problem solving); providing information about dementia (communication, managing behaviour); and offering practical support (future planning, community supports). Interventions included group-based psychosocial or psycho-educational interventions, internet based educational programs and support groups. They were usually delivered by nurses or psychologists over a 6 – 12 week period targeting carers of people with moderate dementia. Eight studies reported their psychosocial interventions resulted in a reduction of carer stress. Five studies found no significant effects on carer stress.

Conclusion: No randomised controlled trials have investigated the effect of psychosocial interventions for carers of older people with dementia in an acute and subacute setting. There is also a lack of evidence of the benefits of psychosocial interventions for carers of people with advanced dementia. Social workers need to be proactive in helping to build this evidence, given their critical role in this context.

Ageing on the edge: The Older Persons Homelessness Prevention Project

Author/s: Debbie Faulkner[1]; Jeff J. Fieldler

[1]*Centre for Housing, Urban and Regional Planning, University of Adelaide, Adelaide, South Australia, Australia*

Practical and/or theoretical implications of this presentation: Practically it is hoped this project will lead to easily accessible comprehensive services that can rapidly assist vulnerable older people in each state find and sustain suitable housing for their needs. The project also aims to influence policy with development of a nationwide housing strategy for older people.

Abstract: Secure and affordable housing is central to older people ageing well but the housing circumstances of the older population is changing. Home ownership is declining, there has been a contraction in access to public housing and the private rental market is the only option for many lower income people in the community. Over the intercensal period 2006-2011 there was a 44% increase in the numbers of older private renters, now totalling 336,174 people in Australia (Petersen and Parcell 2014). If current trends in the housing market persist, as expected, the number of older people reliant on the private rental market, long term will increase significantly. Demands on the private rental market mean that is increasingly competitive, particularly at the lower end of the rental market resulting in an increasing threat of homelessness or precarious living arrangements for older people. At the 2011 Census 15% of the homeless population was aged 55 years and over and since then the number of older people accessing official homelessness services has increased by 25%, (AIHW 2015) . There is a developing and critical need to provide early intervention and prevention measures to address the growing housing needs of older Australians. Ageing on the Edge : The Older Persons Homelessness Prevention Project is a recently funded project that seeks to provide an early prevention and intervention program and rapid re-housing program; to increase long term, sustainable housing options for older people on fixed incomes; improving housing circumstances, increase service access and the wellbeing of disadvantaged older people who are at risk of homelessness; and to develop an Australia-wide strategy that is currently absent.

AIHW 2015 Specialist Homelessness Services 2014-15, Australian Institute of Health and Welfare, Canberra. Petersen M and Parsell C 2014 Older People's Pathways out of Homelessness in Australia, ISSR and Mercy Foundation.

Highlight the practical and/or theoretical implications of this presentation: Practically it is hoped this project will lead to easily accessible comprehensive services that can rapidly assist vulnerable older people in each state find and sustain suitable housing for their needs. The project also aims to influence policy with development of a nationwide housing strategy for older people.

Enhancing nutrition care of aged care residents with dementia

Author/s: <u>Emma J. Lea</u>[1]; Lyn R. Goldberg[1]; Andrea D. Price[1]; Laura T. Tierney[1]; Fran J. McInerney[1]

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

Practical and/or theoretical implications of this presentation: The case study identifies barriers to person-centred care and highlights the importance of ongoing education to facilitate nutritional health and quality of life. Education and a focus on translation of research into practice will facilitate implementation of best practice nutrition care in an ideal, future world.

Abstract: Malnutrition is highly prevalent in the residential aged care setting. Dementia increases the risk of malnutrition. A case study evaluated the nutritional status and needs of a 93-year-old woman with cognitive and mobility impairments living in residential care. During three years in care, this elderly woman had lost weight steadily despite attention from staff. During the data collection period, she fell and was hospitalised. The study used a focused ethnographic approach triangulating the perspectives of family, six care staff, and the resident through interviews and observation, and incorporating a facility document audit and review of the resident's file. A thematic analysis of the qualitative data showed that not all staff were aware of the resident's weight loss, nor was her family. The facility did not maintain a systematic record of the resident's Body Mass Index, an important biometric marker of nutritional status and indicator of malnutrition risk. Staff, although attentive, used ineffective strategies to encourage eating rather than evidence-based short, clear instructions. Food was served traditionally, rather than buffet- or family-style to enable food choices. A favourite juice was provided but placed out of reach. Eating and drinking were structured as tasks to be completed rather than activities to be enjoyed. Such barriers to person-centred care adversely affected the resident's capability to participate actively in her care as well as that of the staff and family and highlight the importance of ongoing education focused on strategies to facilitate nutritional health and quality of life. The case study is useful as a hook to allow us to imagine what best practice nutrition care practices would look like in an ideal, future world, where cultural change has enabled a move from task-oriented to person-centred care to optimise the nutritional health and quality of life of older adults, including those with dementia.

Death from choking on foods of cultural significance

Author/s: Gabrielle E. Abelskamp[1]; Joseph JE. Ibrahim[1]; Carolina C. Weller[2]; Lyndal L. Bugeja[1]

[1]*Department of Forensic Medicine, Monash University, Southbank, Victoria, Australia*
[2]*Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia*

Practical and/or theoretical implications of this presentation: Foods of cultural significance play an important role in older people's quality of life. Balancing the risks of choking and acknowledging the significance of these foods is challenging for nursing home staff. Respecting a person's right to make informed choices and minimizing harm require a delicate balance involving all stakeholders.

Abstract: This tabletop discussion explores the role of culturally and personally significant foods in older people's quality of life, and risks associated with death from choking in the nursing home setting. This is one component of a comprehensive PhD research program examining preventable deaths of residents from choking on food in nursing homes. The research program will investigate the incidence, prevalence and management of swallowing disorders and choking in older people who are residents in nursing homes in the Australian context. This includes a systematic review, an analysis of data from medico-legal death investigations reported to the Coroners Court from 2000-2014, a qualitative survey of current practice and an expert panel to identify recommendations to reduce harm.

Complex ethical and professional dilemmas arise in the nursing home setting where the resident's risk of choking from eating a particular food or meal becomes hazardous. The central issue is one of autonomy competing with duty of care. Autonomy—includes the right to make choices that may have adverse effects including death. This becomes more important on days of cultural or religious significance creating an ethical minefield for nursing home staff. A nurse or carer may view food as a hazard with a high risk of choking, whilst the resident may associate the meal with warmth, nutrition, independence and identity. Banning or confiscating foods of cultural or personal significance is unacceptable because it overrides the resident's fundamental right to make their own choices. Information about the significance of food and recommended ways to serve it to decreasing choking risks and retaining cultural significance is important for staff in the nursing home context. Working collaboratively with the resident, family, carers and allied health staff is a key part of this process.

Active ageing: A new approach to design

Author/s: Grant Donald[1]

[1]*Silk Tree Group, Shanghai, China*

Practical and/or theoretical implications of this presentation: The design and development of Urban Spaces, Parks and Gardens to promote Active Ageing not only helps the elderly but assists the ageing support mechanism. This type of focus can revitalise older areas of a city and provide new development opportunities that are unique.

Abstract: An exploding ageing population in China has prompted the government to try different ways in which to 'manage' the consequences of it.

This management includes not only programs and funding for aged care facilities but funding for the redevelopment of parks and gardens to promote active ageing. Wanshou Park in Beijing is a demonstration of one of these initiatives. The park has been redesigned to reintegrate the elderly into the community, encouraging them to age 'actively' by fostering participation in physical and social activities and using the park and its surrounding facilities to offer additional services such as health and mental wellbeing.

The refurbishment creates different zones to cater for fully active elderly and those with mental and physical shortcomings. The design includes; features to help both physical and psychological rehabilitation, areas to stimulate sensory abilities and memory, a children's playground to encourage a mix of old and young energies, horizontal mazes to test memory without distress, fruit trees and vegetable gardens to invoke memory through taste, sight and smell. The park furniture has been redesigned to be more appropriate for the elderly demographic, safety elements such as panic buttons, CCTV and handrails are found throughout. Programmes such as working with local schools to provide children for monitoring and hospitals to provide interns for basic medical checks are also being instigated. The local transport organizations have been worked with to maximize transport lines to and from the park and to surrounding complimentary facilities such as shops and libraries. The design also investigates how existing buildings surrounding the park could be converted into rehabilitation and health care centres, short-term housing, accommodation, learning and educational facilities.

If the Wanshou Park is successful, it could become a model for other urban parks and for driving urban development around a focus on active ageing.

You're the voice: Participatory design for Senior Living Design Innovation

Author/s: Hayley Sainsbury[1]; Laurie L. Buys[2]

[1]*BVN Architecture, Brisbane, Queensland, Australia*
[2]*Queensland University of Technology, Brisbane, Queensland, Australia*

Practical and/or theoretical implications of this presentation: As this research aims to explore the relevance and potential design of a new housing option, it has practical significance for designers, government and service providers. Participatory design facilitates co-creation of relevant design options that are aimed at delivering quality housing options to older people.

Abstract: 'Vertical villages' located in denser community environments have the potential to deliver an alternative model of housing for current and future older Australians. Denser communities are more likely to have accessible public transport and other infrastructure that links people with their communities, including employment, volunteering, services and social networks. As little is known about how baby boomers perceive their future accommodation needs and how they conceptualise their lifestyles as they age, it is unclear whether vertical retirement villages will meet their future housing needs.

As vertical retirement villages are a relatively new concept for Australia, this research uses a participatory design approach to explore and identify the opportunities for designers to create new and innovative senior living environments specifically in the context of multi-story vertical villages. Twelve baby-boomer participants will engage in a participatory design process to co-create design options for vertical villages. The participatory design method facilitates insight into participants' vocabulary, priorities and values within their home and community. This research aims to challenge assumptions of designing for care and thereby placing design importance on health, wellbeing and participation in the community to support active ageing.

Re-imagining community in the online space: The Living Connected Program

Author/s: Helen Hasan[1]

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

Practical and/or theoretical implications of this presentation: The Living Connected Program contributes to both theory and practice. As a university research, the speaker is investigating how social use of digital technologies enhances the wellbeing of senior citizens through action research that works with seniors and carers to implement the program in practice.

Abstract: Many home-based seniors and their carers are becoming socially isolated as it gets more difficult for them to get out and about. Young people, with similar problems, use the Internet to maintain social contact and stay connected with the community. However, many seniors do not have, and cannot use, these technologies. At AAG 2015, we discussed the concept of a program designed to support participation by seniors to acquire and master appropriate technology so that they can engage in online activities to improve their social wellbeing. This at-home program would be based on lessons learnt from existing "web-kiosk" programs developed by the speaker to provide technology and training to residents of aged-care facilities (Hasan & Burgess 2013; Burgess et al 2012).

The development of programs for isolated home-based seniors is more challenging as participants are not co-located but distributed throughout the community. This presentation will discuss the "Living Connected" Program to be established for this purpose as a new social business. The program has 5 modules

1. Diagnosis: - a meeting with a prospective client to determine their existing capabilities and needs. An online version of the questionnaire can be found at https://eurekaconnection.wordpress.com/living-connected/

2. Getting suitable digital devices set up

3. Getting connected to the Internet.

4. Having some introductory lessons

5. Get ongoing help as needed

In the initial stages a trial program and evaluated against established indicators of social wellbeing in home settings. When developed and tested, these programs will be provided as a tailored commercial service or as components of community-based care packages.

References

Hasan H Burgess L. (2013) Opening a Virtual Door for the Isolated Elderly, 46th Australian Association of Gerontology National Conference, Sydney Nov

Burgess L Hasan H. Alcock C. (2012) Information Systems for the Social Wellbeing of Senior Australians, Proceedings of ISD2012, Prato, Italy

From students to service provision: Everyone's a winner!

Author/s: Helen Loffler[1]

[1]*Helping Hand, North Adelaide, South Australia, Australia*

Practical and/or theoretical implications of this presentation: This presentation describes a model of service gain for older residents through sustainable and innovative student placement. This has implications for education providers seeking to build capacity for placement amongst aged care providers, and practical considerations for aged care providers seeking to add or enhance current service delivery.

Abstract: Innovation in student placement within the aged care sector is often linked to positive student experience, aged care knowledge, interprofessional experience and recruitment outcomes.

While these outcomes are important to the aged care sector, sustainable delivery of innovative student placement programs that result in these outcomes require additional resources. While partnerships between education and aged care providers can support the setup of such innovations, ongoing resource allocation to the innovation remains challenging in a time of limited resource.

Helping Hand had established a student placement program leading to positive aged care experiences for students through partnership with UniSA and other education and training providers. Despite these positive outcomes, sustaining funding for the additional student engagement activities once partnership grants had ended proved challenging. As a result, the organisation made a decision to look past these existing outcomes of student placement towards service delivery gains from student engagement to ensure a win-win for clients, staff and students.

The solution was developing student programs that provided measurable additional episodes of service so that Helping Hand itself began to view student placements as an essential component of the organisation.

The products of the is approach include:
- Student led clinics
- Additional health assessments for clients
- Trialling new service approaches
- Ongoing organisational support for the resourcing of a Student Participation Unit within Helping Hand

This presentation will highlight the development of these programs and specific considerations in moving forward to this unique model of student placement within the aged care sector.

Complaints to the Aged Care Complaints Commissioner

Author/s: Jan McGregor[1]

[1]*Clinical Unit, Aged Care Complaints Commissioner, Melbourne, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation provides a snapshot of the work of the Aged Care Complaints Commissioner in relation to complaints of a clinical nature which are referred to the Complaints Commissioner's Clinical Unit for advice. Such complaints usually result in the services improving their clinical care of older Australians.

Abstract:

Introduction
The Aged Care Complaints Commissioner provides a free service for anyone to raise concerns about the quality of care or services delivered to people receiving aged care services funded by the Australian Government, including services provided in the home. This presentation will inform conference delegates about the range of complaints involving clinical matters received by the Complaints Commissioner as well as matters referred to the Complaints Commissioner's Clinical Unit for advice in the first six months of operation.

Method
Complaints data from 1 January 2016 to 30 June 2016 were reviewed and analysed.

Results
In this period the Complaints Commissioner received 1,371 complaints involving clinical care. These usually related to residential services and were most frequently about medication, continence, falls, nutrition and hydration, skin care, wounds, infections, and pain.

Review of the outcomes of the complaints shows that most service providers acted to improve their policies and procedures to align more closely with accepted contemporary standards.

Discussion
Examination of the clinical evidence provided to the Complaints Commissioner's Clinical Unit frequently demonstrated gaps in the assessment and care planning components of care and taking a holistic approach to planning person-centred care. These gaps have resulted in care not being provided to the standard expected. Risks to and adverse outcomes for the people receiving care included delays in recognising significant changes in a person's clinical condition, pain and distress, sepsis, transfer to other places of care, and death.

With the wellbeing of the people receiving care as a priority, resolution of the complaints occurred through a range of mechanisms including contacting service providers who acted to resolve complaints, conciliation, investigation, directions notices, and referral to external agencies including the Quality Agency and AHPRA.

Re-imagining physiotherapy in residential care – Exercise, falls prevention, re-ablement

Author/s: Jennie Hewitt[1]; Kathryn Refshauge[1]; Stephen Goodall[2]; Tim Henwood[3]; Lindy Clemson[1]

[1]*University of Sydney, Sydney, Feros Care, Kingscliff, New South Wales, Australia*
[2]*CHERE, University of Technology Sydney, Sydney, New South Wales, Australia*
[3]*AgeFit Solutions, Brisbane, Queensland, Australia*

Practical and/or theoretical implications of this presentation: This study addresses a significant shortcoming in aged care research and has the potential to impact on a substantial individual and international healthcare problem. Outcomes will inform care provider and healthcare policy. Conclusions about the efficacy of the quantitative data will be submitted for peer review later in 2016.

Abstract:

Introduction:
Under the current Aged Care Funding Instrument, physiotherapy services in Australian residential aged care are limited to TENS (transcutaneous electrical nerve stimulation) and massage. These techniques are out of line with best practice recommendations pain management and do not address falls, mobility restriction, or quality of life. This presentation describes a randomized controlled trial testing the efficacy of an alternative physiotherapy program for residents of aged care. The work centers around a restorative exercise program. Outcomes include falls, quality of life, cognition, functional mobility and cost effectiveness.

Methods:
A single blinded, two group cluster randomized trial was performed. 220 residents living in 16 aged care facilities participated in the trial. Clusters were randomized to either "intervention" or "usual care". The intervention consisted of 50 hours of progressive resistance and balance training under the guidance of a physiotherapist over a 6-month period, followed by a facility-guided maintenance training program for 6 months. Clusters randomized to the usual care group continued with their usual activity programs. Outcome measurements were taken at baseline, six and twelve months.

Results:
Final follow up measurements were completed in March 2016. This presentation will provide video and documented feedback from people who participated in the program including stories about how the exercise program affected confidence, strength and quality of life. Preliminary quantitative results will also be presented.

References:
National Pain Strategy (2010) http://www.anzspm.org.au
Hewitt J, Refshauge K, Goodall S, Henwood T, Clemson L (2014) Does progressive resistance and balance exercise reduce falls in residential aged care? Randomized controlled trial protocol for the SUNBEAM program. Clinical Interventions in Ageing 9:2165-2176.
Sherrington C, Tiedemann A, Fairhall N, Close JC, Lord SR (2011) Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations. N S W Public Health Bull 22: 78-83.

A coping mechanism – Informal working caregivers' self-imposed silence

Author/s: Joyce Jiang[1]

[1]*Multicultural Centre for Women's Health (MCWH), Collingwood, Victoria, Australia*

Practical and/or theoretical implications of this presentation: With unprecedented increasing number of people are expected to simultaneously act as an informal caregiver while holding a paid employment, it is imperative to understand the experience of working caregivers and policy implications to some of the strategies employed by them, for example, self-imposed silence of informal caregiver role.

Abstract: Australia's population, like those of other Organisation for Economic Co-operation and Development (OECD) countries, continues to age due to greater life expectancy and the onset of old age for the baby boomers. The proportion of the population aged 65 years and over increased most sharply from 2011.

The need for caregiving provision is likely to increase in the years to come, and formal caregiving systems are unlikely to keep up with the demand. In addition, the availability of informal/family caregivers, especially non-working caregivers, is diminishing as women increasingly engage and stay longer in paid employment. Working caregivers (simultaneously working and providing caregiving) are expected to become more prevalent.

One of the dominant themes from data collected from semi-structured, face-to-face interviews with 21 working caregivers was self-imposed silence about their caregiving role in the workplace, a coping strategy adopted by nearly all participants to overcome challenges they face. Further analysis indicated that such silence is mainly a result of the followings:

- A strong desire to work full-time or the fear of lost career opportunities. Participants were concerned that they might be treated as unreliable or draw criticism from colleagues and managers once working caregiver status revealed.
- A wish to be treated continuously as an ordinary person. The personal and family lives of many caregivers had changed dramatically after they had assumed their caregiving role. Unwell loved ones usually became the centre of the family and conversation. Participants wanted the workplace to be some sort of haven away from stresses in the family domain.

While the self-imposed silence may well be a coping mechanism through which working caregivers were able to manage their multiple roles and responsibilities, they bore the consequences of prolonged self-imposed silence, which has implications for the development and implementation of family-friendly policies in the workplace.

Capitalising on longitudinal data to evaluate aged care

Author/s: Julie Byles[1]

[1]Research Centre for Generational Health and Ageing, University of Newcastle, Callaghan, New South Wales, Australia

Practical and/or theoretical implications of this presentation: To use existing data to evaluate access to aged care in relation to changing needs and across different social groups.

Abstract: This presentation will explore opportunities to examine the use of aged care by 12432 women in the 1921-26 birth cohort of the Australian Longitudinal Study on Women's Health. Prospective survey data for these women have been linked to datasets for aged care assessments, home and community care, and residential aged care services. Collectively, these data provide up to 20 years of information on use of different types and levels of care, from different parts of the aged care system, and over the course of the women's later lives. So far, the linked data have been analysed to understand the timing of service use in relation to women's changing needs, and factors that may predispose to, or enable, service use for different groups of women. Further research can be undertaken to examine how different parts of the aged care system intersect, and how women have transitioned from one source or level of care to another. The project also provides the opportunity to examine length of stay in each type of service, progression of age care needs and service use, and to compare levels of health related quality of life for comparable groups of women using different services. The presentation will demonstrate the patterns of aged care use by women in the cohort prior to the introduction of recent aged care reforms, and will discuss opportunities to use linked ALSWH and aged care data to answer policy relevant questions. This sort of detailed, extensive and comprehensive information on the performance of the aged care system across a population and over the course of people's later lives is critical to assess whether recent reforms have been appropriately targeted and to inform further adjustments and ongoing evaluation.

Realist review methodology to inform ageing policy and clinical practice

Author/s: Karrie Long[1]; Irene. I. Blackberry; Briony B. Dow; Virginia V. Lewis; John J. Furler; Kwang K. Lim; Rene R. Melis

[1]*John Richards Initiative into Rural Ageing, LaTrobe University, Albury Wodonga, Victoria, Australia*

Practical and/or theoretical implications of this presentation: A realist review methodology provides researchers, clinicians and policymakers with more in-depths understanding of elements of comprehensive health assessment that work, for whom, when and in what context.

Abstract: Evidence-based research informs policy and clinical practice guidelines in healthcare. To date, systematic reviews and meta-analyses of randomised controlled trials (RCT) are regarded as gold standards evidence. Yet it becomes more challenging to identify effective interventions when implemented in large scale real-world setting particularly among an increasingly heterogeneous population such as older people. The realist review seeks to understand, beyond the controlled circumstances of RCT, regardless of whether the intervention is effective or not, about how it works, for whom, when, and in what circumstances. (1)

This paper will outline the realist review methodology to examine the evidence on the comprehensive health assessment in primary care for older people living in the community. Detailed step by step application of the realist review methodology from refining research questions, selecting program theories, applying program theories to extract data, narrative synthesis of data to illicit aspects of contexts, mechanisms and outcomes associated with the intervention will be presented. Contrasts to the traditional method of a systematic review examining the effectiveness of an intervention will be made.

The ageing population and epidemic of chronic diseases present significant challenges to the healthcare systems. The application of a realist review methodology offers researchers, clinicians and policymakers with valuable information on what elements of the primary care based comprehensive health assessment work, for whom, when and in what context among older people in the community. Policy and resources can be more targeted to its intended population using appropriate intervention.

1.   Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review - a new method of systematic review designed for complex policy interventions. Journal of health services research & policy. 2005;10.

Step Forward Together and re-imagine aged care

Author/s: Kelly Gray[1]

[1]*Step Forward Together Project, Community West, Woodvale, Western Australia, Australia*

Co-production offers a different approach to designing and planning aged care services. It is an asset-based approach to working with consumers and other key stakeholders to design and deliver services at a strategic level. Consumers participate in decision making and play an active role in implementation. Collaborating with consumers opens the door to new ideas, possibilities and capabilities, and means everyone benefits from contributions older people make to our communities and the broader society.
CommunityWest partnered with COTA Australia on the Step Forward – Together™ project, to trial co-production in 10 pilot sites around Australia. These organisations trialled   co-production tools and principles to enhance the Wellness focus of their work. The findings from each pilot project will inform the sector with a practical 'how-to' guide on working with consumers to co-produce aged care services, available for free download.

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

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

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

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

Highlight the unique feature of your presentation? (This will be used as a tweet in our twitter feed to promote your presentation): Hear about the Step Forward – Together co-production project from staff, consumers and carers.

Do you consent to be contacted for media coverage? Yes

Life in motion: Microsoft XBox Kinect

Author/s: Kylie Jacques[1]; Jane Meldrum[1]

[1]*Anglicare Anglican Care, Newcastle, New South Wales, Australia*

Practical and/or theoretical implications of this presentation: This presentation is a practical demonstration of how the implementation of the Life in Motion project has improved the quality of life of older people. The aim is to inspire delegates to implement similar programs and the presentation will provide practical examples of how they can do this.

Abstract: The Life in Motion Presentation will outline the effectiveness of an exercise gaming intervention (Xbox Kinect) in improving the health and wellbeing of older people: the 'Life in Motion' project.
Older people have much to gain from being physically active including improved health, fitness, balance, strength, mental health and wellbeing. Anglican Care identified that in order for our residents to be physically active, they needed to be doing an activity that they enjoy.

The growth of information and communication technologies (ICT) in the past decade has seen an increase in the use of ICT within the healthcare sector. One type of ICT is virtual reality, which is encapsulated by the Xbox Kinect. These virtual reality games involve the use of so-called 'immersive' environments that incorporate software that is responsive to the actions of the user. The games or activities provide opportunities for repetitive, contextual movements and feedback, enabling the acquisition of motor skills. There are a range of Xbox kinect games that involve users in playing games and sports that can be tailored for use by residents living in residential aged care homes and at home in the community.

This presentation will specifically focus on the implementation of the Life in Motion project and the physical, mental and social health benefits gained by participating residents. The presentation will also outline the methodology used to introduce the program, evaluate the programs findings and the implications for future implementation across Anglican Care's ten residential aged care homes, community and home care programs and retirement living villages.

Staff perspectives on chronic respiratory illness in residential aged care

Author/s: Laura T. Tierney[1]; Michael J. Annear[1]; E. Haydn Walters[2]; Kate-Ellen J. Elliott[1]; Kathleen V. Doherty[1]; Andrew J. Palmer[3]; Andrew L. Robinson[1]

[1]*Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Tasmania, Australia*
[2]*School of Medicine, University of Tasmania, Hobart, Tasmania, Australia*
[3]*Menzies Institute for Medical Research, University of Tasmania, Hobart, Tasmania, Australia*

Practical and/or theoretical implications of this presentation: The study identifies barriers to best practice respiratory care for residents of aged care facilities, including those with cognitive impairment. Formal training for care workers and nurses as well as standardised monitoring and management processes are needed to facilitate optimal management of chronic disease in this setting.

Abstract: Estimates of chronic obstructive pulmonary disease prevalence in residents of US aged care facilities range from 10- 20%. Clinically, we have shown poor diagnostic, assessment and therapeutic care in this group. This is a significant issue as it may contribute to poor quality of life, increased risk of acute exacerbations and unplanned hospitalisations. Within the residential aged care setting, care workers and nurses are uniquely placed to recognise, monitor, and manage challenging respiratory symptoms as part of their daily interactions. In order to foster a culture of care, it is important to elucidate how care and nursing staff understand residents' respiratory health and how they respond to changes. Our study involved three large residential aged care facilities (RACFs) in Tasmania, Australia. Semi-structured qualitative focus groups and interviews were held with facility care (n=15) and nursing (n=15) staff to explore perceptions of the significance of chronic respiratory illness in RACFs and staff job roles in monitoring and managing symptoms. Responses suggest that these were not considered a priority within the aged care setting, compared to other aspects such as falls prevention. Best practice respiratory care is not commonly included in formal training and the monitoring and management of acute symptoms is typically not guided by facility policies and procedures. Positively, staff desired more training and standardised processes. They expressed concern that common co-morbidities within the resident population, such as dementia and symptoms of anxiety, complicate the care for chronic respiratory illness. This study depicts major barriers to best-practice respiratory care that allow us to re-imagine future improvement in the aged care setting where those involved in the daily care of residents are informed and empowered to provide optimal chronic disease management.

Physical exercise for individuals living with dementia in residential care

Author/s: <u>Lindsey Brett</u>[1]; Victoria Traynor[1]; Paul Stapley[1]; Shahla Meedya[1]

[1]*University of Wollongong, Wollongong, New South Wales, Australia*

Practical and/or theoretical implications of this presentation: Provide evidence on the effects physical exercise has on agitation levels and physical performance for individuals living with dementia in residential care. The evidence could potentially assist the integration of physical exercise into residential care, and encourage the use of non-pharmacological therapies for symptoms of dementia, such as agitation.

Abstract:

Introduction: Physical exercise has many benefits for older individuals but evidence evaluating the specific benefit for individuals with dementia is limited, especially for those living in residential care. This makes it difficult to determine the optimum type, and parameters of physical exercise for this population. The aim of this study was to evaluate the effects of an evidence-based physical exercise intervention on agitation levels and physical performance of individuals living with dementia in residential care.

Method: A single-blinded, randomised controlled trial was conducted by a physiotherapist. The physical exercise intervention consisted of activities that targeted strength, balance, endurance and flexibility. To help determine the optimum parameters for this population individuals were randomly allocated into either one of two intervention groups: (i) physical exercise intervention for 45 minutes once a week; (ii) physical exercise intervention for 15 minutes three times a week, or the 'usual care' control group. The effectiveness of the intervention was determined using the Cohen-Mansfield Agitation Inventory and a range of physical performance measures.

Results: Individuals living with dementia in two residential care facilities in Adelaide, South Australia, participated in this study. Changes recorded by the Cohen-Mansfield Agitation Inventory and the range of physical performance outcome measures were evaluated using ANOVA paired sample t-test, Wilcoxon signed-ranked test, Kruskal-Walis test and Chi Square test. Changes in number of falls and timed static pedalling were statistically significant in support of the physical exercise intervention. The other physical performance outcome measures showed positive trends in relation to the intervention groups but were not statistically significant.

Conclusion: The findings from this study demonstrated that a physical exercise intervention targeting strength, balance, endurance and flexibility improved physical function. If this type of intervention was incorporated into clinical practice it could help to increase physical activity levels and improve care provisions for individuals living with dementia. No definitive conclusions could be drawn when comparing the two intervention groups. However, the results do show that as little as 45 minutes of exercise per a week can be beneficial for individuals living with dementia in nursing homes.

Connected care: Taking a client-driven approach to assistive technology

Author/s: Lisa Capamagian[1]; Lyn Davies[1]

[1]*Tunstall Healthcare, Eagle Farm, Queensland, Australia*

Practical and/or theoretical implications of this presentation: By developing care service from a client-driven, needs based approach, adoption of new assistive technology will improve and integrate more effectively into people's lives. Given a sense of ownership over the service delivery process, people a have stronger investment in their care and more meaningful control over their own lives.

Abstract: Connected care is something of a new concept for much of the aged care sector. Through this, we deliver services, supported by assistive technology, which can provide comprehensive care while allowing people to 'age in place'; to live their lives as they would choose to live. While many may simply accept that older people are inherently reluctant to adopt new technology, there are often other factors at play, including perceived need for technical competence and threats to independence (Sanders et al, 2012), which must be understood if assistive technology is to be successfully implemented.

However, we have found that a client-driven approach, which genuinely appreciates the needs of our clients (Thielke et al, 2012), creates a relationship of trust and care, and ultimately delivers products that integrate seamlessly in clients lives, providing discreet solutions that deliver peace of mind while enabling the greatest level of independence for our clients.

Gavin's story highlights the benefit of such an approach. In his 40s, he began having syncope drop attacks that severely impacted his independence. We were able to look at his particular situation and needs, and deliver a monitored falls management solution that maximised his care and support, while allowing him to live independently in his own home.

Wally, who has a heart condition, found that a telehealth solution which allowed him to manage his condition from home, with monitoring from a clinician, reduced his need for unplanned GP and hospital visits. With a short daily routine, Wally has been able to learn more about his own condition and health management, giving him greater confidence and reassurance.

By taking steps to overcome the 'digital divide' (Olphert & Damodaran, 2013), through collaborative planning & design, we can deliver connected care solutions that are meaningful to users and enhance their quality of life.

Re-imagining respite in aged care and carer reforms

Author/s: Lyn Phillipson[1]; Cathy Duncan[1]

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

Practical and/or theoretical implications of this presentation: This paper provides a timely analysis of the interface between new and continuing national aged and carer programs and their capacity to support access to flexible respite. Analysis highlights the need for an integrated approach to respite policy development and service provision to support both older people and their carers.

Abstract: Providing a range of respite options for older people and their carers has traditionally been considered a core aspect of a well-functioning aged care system. In an ideal context, supporting informal carers and maintaining older people in their homes involves providing access to a broad range of support including flexible respite services in a variety of settings.

Reforms in Australia are significantly transforming the aged care service sector, towards a more individualised, consumer directed and market based approach to service delivery. In the context of the fundamental re-design of the aged care system, what has happened to respite for carers?

In this study, a content analysis of national programs was conducted to identify how planned and emergency respite have been included in new and continuing national programs including: the Home Care Support Program, Home Care Packages, Consumer Directed Respite Care Packages, the Veterans Home Care Program, Commonwealth Carelink and Carer Respite Centres and the new Carers Gateway and Integrated Care Plan. Following a review of current access pathways for the full range of respite services, a 'respite map' was developed to highlight the pathways older people and their carers need to navigate to access respite care. Within each program core dimensions of respite were also considered including how the system supports the 'Who, Where, When, What and How' of flexible respite care.

Am I free to leave my nursing home?

Author/s: Lyndal Bugeja; Marta Woolford[1]; Joseph E. Ibrahim; Carolina Weller

[1]Department of Forensic Medicine, Monash University, Clayton, Victoria, Australia

Practical and/or theoretical implications of this presentation: How dignity of risk principles, such as independence, choice and rights versus risk is understood exerts a major influence on the policies, programs and practices implemented within nursing home services. The presentation can identify areas of research, guide direction and begin discussion on a topic that has received little attention.

Abstract: We take it for granted that we are free to come and go as we please. However, that is not the case if I am an older person living in a residential aged care service (RACS). I have to ask permission and sometimes I am locked in for 'my own good'. The 'risk versus rights' debate has received limited attention.

There is substantial research on 'dignity' in care which focuses on interventions and audit tools to promote and assess the construct. Similarly, there is extensive research defining 'risk' and developing tools to assess, measure and mitigate it. However, there is a paucity of information on how the 'dignity of risk' (DoR) principle is understood and assessed.

DoR respects individuals' autonomy and self-determination (or "dignity") to make choices and take risks with the aim of enhancing quality of life, promoting independence, and maintaining individual identity. The context in which DoR is perceived and understood exerts a major influence on the way people and organisations respond to it, how they promote or mitigate it, and the policies, programs, practices and procedures implemented for RACS residents.

This tabletop discussion explores 'absconding' from a RACS using the construct of the DoR principle. This is one component of a comprehensive PhD research program investigating the facilitators and barriers to changing policy in RACS to promote DoR principles.

The research program is utilising a mixed and multi-methods framework that includes a systematic literature review, development of a DoR assessment tool, qualitative interviews with field experts (guided by Interpretive Phenomenological Analysis), an analysis of coroners' recommendations, semi-structured interviews with field experts (guardians from Office of Public Advocates), and finally, a mixed-methods cross-sectional survey of front line workers and managers from Commonwealth accredited RACS in Australia. The intention is that all research will be published in peer-review journals.

Aged care for Muslims: Significance of religio-cultural framework

Author/s: Mahjabeen Ahmad[1]

[1]*Independent researcher and advocate*

Practical and/or theoretical implications of this presentation: The presentation titled "Aged Care for Muslims: Significance of religio-cultural framework" will assist service providers to better understand what "cultural appropriateness" means for the Muslim community. It is hoped that this presentation would generate interest and encourage discussions among providers who believe in providing holistic care to their consumers.

Abstract: Although religion, spirituality, and culture can be powerful forces in the lives of people, their meaning and relevance varies among individuals and groups.

When we talk about the need to address cultural appropriateness in care situations, how far are we addressing religion? Terms such as 'culture' and, to a much lesser extent, 'spirituality' are key words used in the aged care industry in the context of service planning and delivery for diverse groups of people. However, for Muslims, aged care services can only become "culturally appropriate" when these are designed and delivered within an overarching religio-cultural framework. Situated within this framework will be Islamic culture that is based on the religion and Muslim sub-cultures that consist of cultural elements adopted from local and national cultures.

In the western secular societies, spirituality enjoys a positive connotation compared to religion. The understanding of spirituality among Muslims is unlike the popular, secular understanding. Religious rituals are an integral part, and an individual's relationship with God is the focal point, of Islamic spirituality. From the Islamic perspective, it is not possible for a Muslim to attain spirituality without being religious.

Religion plays a significant role in some cultures, not so in others. The two concepts of religion and culture can be seen in isolation or they can be seen as parts of a whole. For Muslims, 'culture' has a different connotation as their religion largely shapes their cultural patterns. Therefore, religion and culture are closely intertwined in Islam.

"Cultural appropriateness" in the context of Muslim aged care is not limited to the surface elements of culture; nor is it fenced in by spirituality sans religion. When Muslims seek "culturally appropriate" care they want it to be located in the religio-cultural universe in which they live.

Ageing in place: A lifelong (in) visible practice

Author/s: Margaret McGrath[1]

[1]*University of Sydney, Sydney, New South Wales, Australia*

Practical and/or theoretical implications of this presentation: Ageing in place is an everyday practice embedded in habits, routines and occupational choices.
Ageing in place involves rapid changes in the person environment relationship.
The macro environment in which ageing in place occurs impacts the ways in which older people respond to challenges in the home environment.

Abstract: Ageing in place is often considered a hallmark of successful ageing. While much has been written about the value of ageing in place for older people and society limited knowledge exists regarding how people age in place. Using constructive grounded theory this study sought to examine the ways in which 9 older people age in place. Data was collected over a 12-month period and included in-depth interviews, observations, solicited diaries and solicited images. Following analysis, a preliminary theory of ageing in place was developed. Using a transactional perspective ageing in place was conceptualized as a lifelong practice which is mostly invisible. Practices of ageing in place were underpinned by actions relating to maintaining oneself as an independent person and (re)constructing space to (re)create a home environment. To maintain themselves as independent older people participants reported keeping busy to avoid a label of being old; adapting occupations and attempting to anticipate and plan for future possibilities and uncertainties. With regard to their home environments participants were focused on maintaining the physical and symbolic aspects of their environments in order to meet personal and social expectations of an acceptable home. To achieve this goal participants focused on maintaining the structural and aesthetic integrity of the home and frequently adjusted their ways of using space within the home. While practices of ageing in place were mostly invisible at certain times (conceptualized as tipping points) participants were required to attend more closely to the person –environment relationship thus rendering the practice of ageing in place temporarily visible. Tipping points included changes in personal status (e.g. acquisition of disability) or changes in the wider social environment (e.g welfare reform).

Am I free to leave my nursing home?

Author/s: Marta Woolford[1]; <u>Lyndal Bugeja[1]</u>; Joseph E. Ibrahim[1]; Carolina Weller[1]

[1]*Department of Forensic Medicine, Monash University, Clayton, Victoria, Australia*

Practical and/or theoretical implications of this presentation: How dignity of risk principles, such as independence, choice and rights versus risk is understood exerts a major influence on the policies, programs and practices implemented within nursing home services. The presentation can identify areas of research, guide direction and begin discussion on a topic that has received little attention.

Abstract: We take it for granted that we are free to come and go as we please. However, that is not the case if I am an older person living in a residential aged care service (RACS). I have to ask permission and sometimes I am locked in for 'my own good'. The 'risk versus rights' debate has received limited attention.

There is substantial research on 'dignity' in care which focuses on interventions and audit tools to promote and assess the construct. Similarly, there is extensive research defining 'risk' and developing tools to assess, measure and mitigate it. However, there is a paucity of information on how the 'dignity of risk' (DoR) principle is understood and assessed.

DoR respects individuals' autonomy and self-determination (or "dignity") to make choices and take risks with the aim of enhancing quality of life, promoting independence, and maintaining individual identity. The context in which DoR is perceived and understood exerts a major influence on the way people and organisations respond to it, how they promote or mitigate it, and the policies, programs, practices and procedures implemented for RACS residents.

This tabletop discussion explores 'absconding' from a RACS using the construct of the DoR principle. This is one component of a comprehensive PhD research program investigating the facilitators and barriers to changing policy in RACS to promote DoR principles.

The research program is utilising a mixed and multi-methods framework that includes a systematic literature review, development of a DoR assessment tool, qualitative interviews with field experts (guided by Interpretive Phenomenological Analysis), an analysis of coroners' recommendations, semi-structured interviews with field experts (guardians from Office of Public Advocates), and finally, a mixed-methods cross-sectional survey of front line workers and managers from Commonwealth accredited RACS in Australia. The intention is that all research will be published in peer-review journals.

CDC: Friend or foe to older people with communication difficulty

Author/s: Michelle Bennett[1]; Jade Cartwright[2]

[1]*Australian Catholic University, MacKillop Campus, North Sydney, New South Wales, Australia*
[2]*University of Melbourne, Parkville, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation has direct implications for the implementation of consumer directed care (CDC) in Australia's aged care system. Clarity and discussion surrounding additional supports and practical strategies to support older Australians with cognitive and/or communication impairment to execute adequate choice and control will constitute central elements of CDC.

Abstract: Consistent with international trends, Australia's aged care system has undergone significant reform seeing increased legislative focus on participation, choice, and autonomy, and a move towards consumer directed care (CDC). CDC is intended to facilitate choice and active decision making in healthcare, and incentivise best practice through market competition. Hinging on the ability of consumers to make and express informed decisions regarding their healthcare, concern is raised in implementing CDC in residential aged care, where the majority of 'consumers' experience communication and/or cognitive difficulty.

To explore aged care sector knowledge of, and concerns regarding services to facilitate communication within this population, an online survey was disseminated to Australian residential aged care management, nursing, and care staff. Data from the survey were analysed alongside preliminary knowledge of services provided to older people who experience communication and/or cognitive difficulties and best practice guidelines, to identify future service needs.

Results indicated limited present services to meet communication needs in residential aged care with current services limited by resource, knowledge, and attitudinal barriers. Findings of the study reinforce the concern raised and highlight the need for explicit consideration of additional supports required to implement CDC among populations with high rate of cognitive and/or communication difficulty.

By providing consumers with a healthcare system based on choice and services meeting both assessed need and client preferences, CDC provides valuable opportunity to give older Australians a 'voice', honouring communication as a basic human right. While the strategic intent of CDC in wider health literature is well versed, to facilitate consumer directed aged care, clarity is needed regarding the intent of CDC for older Australians with cognitive and/or communication impairment and the daily implementation of CDC in complex aged care settings.

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OWN NSW and the Prevention of Violence Against Older Women

Author/s: Nicole Laurance[1]; Jane Mears[1]

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Practical and/or theoretical implications of this presentation: This research compares and contrasts the organisation and management of 6 OWN Wellness Centres and the role they play on older women's wellbeing, particularly older women who experience(d) violence. The findings point to sustainable policies and practices that have widespread implications that can be adopted by wider-community based organisations.

Abstract: Violence against older women (VAOW) is not well researched. 'Older women fade away in the databases of homelessness, refuge residents, medical screening and any number of other critical indices' (OWN, 2009).

The Older Women's Network (OWN) NSW is a grass roots, activist organisation dedicated to promoting the full realisation of older women's human rights. OWN adopts a human rights position that everyone has the right to be free from any form of violence and exploitation. In working to prevent VAOW, OWN recognises that older women, throughout the course of their lives, are more vulnerable to abuse and violence, on a structural and interpersonal level.

A number of factors have contributed to the sidelining of VAOW. These include: a focus by domestic and family violence services on younger women and their children; the hindrance the term 'elder abuse' brings as it does not capture the intersectionality of older women, domestic and gender-based violence, ethnicity, disability and chronic illness; and the lack of collaborative service delivery between aged, health and domestic, family violence services.

There are 6 OWN Wellness Centres that aim to provide a safe and supportive environment for older women, offering appropriate support and assistance which in turn enables older women to talk about and share their experiences (including violence and abuse) with other older women.

This research is part of a larger research project and builds on knowledge, findings and previous research while working with OWN NSW and OWN Wellness Centres. Researchers will report on initial findings from an analysis of 6 interviews with the Wellness Centres' coordinators and what the coordinators see the role is of the OWN Wellness Centres in dealing with and preventing violence against older women.

Grading frailty in Australian residential aged care facilities

Author/s: Olga Theou[1]; Edwin CK. Tan[2]; J. Simon Bell[2]; Janet K. Sluggett[2]; Tina Emery[3]; Leonie Robson[3]; John E. Morley[4]; Kenneth Rockwood[1]; Renuka Visvanathan[5]

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[4]*School of Medicine, Saint Louis University, St. Louis, Missouri, USA*
[5]*School of Medicine, University of Adelaide, Adelaide, South Australia, Australia*

Practical and/or theoretical implications of this presentation: Measuring frailty in residential aged care facilities using the Frailty Index and FRAIL-NH scale may help identify those residents who are the most vulnerable to adverse health outcomes such as mortality, hospitalization and poor quality of life.

Abstract: Many frail people, especially those who are the most frail, require residential care. However, the evidence about the measurement and management of frailty in this setting is limited. The objectives of this study were to (a) measure frailty levels in six Australian residential aged care facilities using the Frailty Index and the newly developed FRAIL-NH scale and (b) examine the ability of the two scales to predict clinical outcomes. A total of 383 permanent residents (87.5 ± 6.2 years, 77.5% females) of six facilities participated in the study. The FRAIL-NH scale and a 66-item item Frailty Index were used to assess frailty. The mean Frailty Index score was 0.35 ± 0.13 and the mean FRAIL NH score was 4.7 ± 4.1. The proportion of residents classified as most frail was 24.4% for the Frailty Index and 35.9% for the FRAIL-NH. Both tools were associated with care needs, dementia, resident satisfaction with care, neuropsychiatric symptoms, and professional caregiver burden. Current analyses will investigate the ability of the two frailty tools to predict mortality, hospitalization, and falls at the 12-month follow up.

Aged care changes in Australia - Increasing consumer choice

Author/s: Paul Linden[1]; Rachel Balmanno[1]

[1]*Aged Care Reform Taskforce, Department of Health, Canberra, Australian Capital Territory, Australia*

Practical and/or theoretical implications of this presentation: This session will support aged care stakeholders, including allied health workers and gerontology specialists in understanding recent and upcoming changes to the aged care system and how these changes support greater consumer choice driving a market-based, sustainable system of the future.

Abstract: Consumer choice empowers older people in the decision making process and throughout their care journey. The aged care system in Australia has undergone significant change over the past few years – designed to provide increased flexibility and choice for older people.

The next step in building an aged care system will begin with the introduction of the Increasing Choice in Home Care measure on 27 February 2017. The Increasing Choice in Home Care measure allows home care package consumers to direct government funding to the provider of their choice, and establishes a consistent national system for prioritising access to home care. These changes to the system offer an increasingly diverse consumer population the opportunity to choose who provides their care and support.

An essential component supporting greater consumer choice is the availability of information to support consumers to make the best choices for themselves and their families. As the main entry point to the aged care system, My Aged Care provides information, assessment and linkages to service providers. In the future, My Aged Care will also publish information on the quality of services, building on the information already available for consumers, and continue to adapt to offer the support consumers need to make informed choices.

As we move to an increasingly market-based aged care system, consumer choice will play a vital role in driving innovation and change to deliver a system that meets the needs of older Australians now and into the future.

Planning for residential care in Australia: What do people want?

Author/s: <u>Rachel Milte</u>[1, 2]; Julie Ratcliffe[3]; Gang Chen[3]; Maria Crotty[1,2]

[1]*Department of Rehabilitation, Aged and Extended Care, Flinders University, Adelaide, South Australia, Australia*
[2]*National Health and Medical Research Council Cognitive Decline Partnership Centre, University of Sydney, Sydney, New South Wales, Australia*
[3]*Flinders Health Economics Group, Flinders University, Adelaide, South Australia, Australia*

Practical and/or theoretical implications of this presentation: This study indicates that people considered feeling at home in their own room as the most highly valued characteristic of a residential care facility, but that flexibility in care routines and staff spending adequate time with residents were also highly important.

Abstract: There are few empirical studies of the preferences of older adults for long-term care services, such as residential care. Therefore, while there is information available on general satisfaction with residential care services, there is limited empirical knowledge on which characteristics a residential care facility are the most or least attractive to consumers. Therefore, the aim of this study was to utilize a discrete choice experiment (DCE) methodology to determine the preferences of the general population for both environmental and care characteristics of long-term residential care services.

A DCE survey administered to 701 members of the general population including 335 (48%) over the age of 60 years. The DCE data were analysed using a mixed logit model that takes participants' preference heterogeneity into account. The findings indicate that all six attributes investigated were statistically significant factors for participants. The room set up in the long-term residential care always makes them feel at home was the most important characteristics. Staff being very flexible in care routines, care staff being able to spend enough time with residents, and having access to outside and gardens whenever they wanted were also highly preferred by participants. The least preferred characteristic was a room that rarely made them feel at home. This study provides important information on the characteristics of residential care that are most preferred by consumers to be considered in the planning and design of services in the future.

Because I can: Wellness and resilience workshop for older people

Author/s: Sally-Ann Warnes[1]; Lui L. DiVenuto[1]

[1]*City of Onkaparinga, Adelaide, South Australia, Australia*

Practical and/or theoretical implications of this presentation: Because I Can develops self-efficacy in older people enabling them to take control of their lives and have a voice to choose what is right for them as they age. The workshop supports the current aged care reform agenda of wellness, choice and control.

Abstract: The Southern Services Reform Group (SSRG) has partnered with the Eastern Collaborative Project and the City of Onkaparinga to develop a workshop to promote consumer independence, well-being, quality of life and capacity to remain living in a community of choice.

The workshop is based on principles which reflect a self-management model, client-centred practice, managing your own care and support, partnership and active participation, informed decision making and goal orientated practice embedded into a solution focused approach. The champion of the course is a 'driving wheel', symbolising being in the driver's seat and contains a summary of the course content which is referred to throughout the delivery of the program. The trial period involved delivering the workshop eight times to over 90 people using an action research model, culminating in the development of a train the trainer package. Workshop evaluations included both quantitative and qualitative evaluation tools and identified an increase in self-reported wellbeing amongst participants.

The City of Onkaparinga is committed to the development and implementation of a suite of wellness and resilience resources for older people to ensure they age well in their community of choice. The Because I Can program is a key element under-pinning the wellness approach and supports the current aged care reform agenda.

Living well in the community: Building dementia-inclusive communities

Author/s: Seuwandi Wickramasinghe[1]

[1]*Brotherhood of St Laurence Research and Policy Centre, Fitzroy, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation draws on a broader understandings of inclusive communities to offer a holistic and refreshing perspective/approach to inform practitioners about the criteria to consider when building a dementia-inclusive community.

Abstract: There has been a tremendous shift in both dementia policy and practice from a focus on the delimiting factors of dementia towards an emphasis on supporting the strengths and capabilities of People Living with Dementia (PLWD). There is wider recognition that social environmental factors can positively transform the experience of dementia for PLWDs (Kitwood & Bredin1992). Building dementia-friendly communities is one significant movement that challenges the narratives of disempowerment and loss that have long dominated dementia care and policy. This presentation is based on an evidence review that examined both national and international models of dementia friendly communities. It explored different ways of thinking about dementia friendly communities by examining the theoretical frameworks and principles that underpin inclusive communities from social justice, human rights and community development perspectives. The aim of this review is to understand what an inclusive community means in relation to people with dementia and how to build communities that are truly inclusive of people living with dementia and other conditions. It draws on this information from Australia and overseas, particularly the UK, to inform the Brotherhood's Aged Care Services to create a context specific approach to developing a dementia inclusive community. This presentation will draw on this review to examine features of a dementia-inclusive community model.

Kitwood, T & Bredin, K 1992, 'Towards a Theory of Dementia Care: Personhood and Well-being', Ageing & Society, vol. 12, Issue 3, pp 269-287

Trends in older adult falls: Residence and temporal trends

Author/s: Stephen Burgess[1, 2, 3, 4]; Kate Cantwell[3, 4, 5]; Amee Morgans[7, 8]; Karen Smith[4, 6, 9]; Michael Livingston[10, 11]; Paul Dietze[5, 6]

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[11]Centre for Alcohol Policy Research, La Trobe University, Victoria, Australia

Practical and/or theoretical implications of this presentation: Temporal fall patterns should inform policy and practice. Referral to falls programs should enable timely referral outside business hours. Knowing temporal patterns of falls by older people provides new evidence for RACF providers to structure operational practices and staffing to lessen future falls cases.

Abstract:

Background:
Injury due to falls is a major public health problem, especially for older people. We describe variation in ambulance service demand for falls cases involving older adults over time and by residence type.

Method:
We obtained all ambulance case records for January 2008 to December 2011 for adults aged 65 or over in Melbourne. We examined temporal variations and compared community-dwelling and Residential Aged Care Facility cases. We used negative binomial regression to compare counts and trigonometric regression to compare temporal variation patterns.

Results:
77,891 falls cases involved older adults. The RACF population was older (87, IQR 82-91 years' vs 82, IQR 76-87 years), had higher hospital transport rates (89.5% vs 75.8%) and a higher incidence of falls than the community-dwelling population. Fall cases peaked between 6:00 and 12:00 but RACFs showed another peak between 17:00 and 20:00.

Conclusion:
This study provides new information on the characteristics and temporal patterns associated with falls by older adults and the differences when analysed by residence type. Cases from RACFs were older, with a higher incidence of falls at any age and higher associated transportation rates than for the community-dwelling population. Falls cases for both residence types peaked between 6:00 and 12:00, but falls cases from RACFs showed an additional peak in the evening between 17:00 and 20:00. There were statistically significant difference in both populations by day of week.

Promoting sexual health/positivity amongst older adults using a narrative approach

Author/s: Sue Malta[1, 2]; D. Dempsey[2]; Hayley Mowat[2]; Karen Farquharson[2]; James Verdon[2]

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[2]*Swinburne University of Technology, Hawthorne, Victoria, Australia*

Practical and/or theoretical implications of this presentation: This presentation highlights the effectiveness of using a health narrative approach to promoting what can be a potentially difficult subject: safe and positive sexual expression amongst older adults.

Abstract: Structural ageing and increased longevity mean there are more older people than at any other time in history. Increasing divorce rates also means that many are single and turning to the Internet to find new partners. Many of these new partnerships are sexual and long-term, but others are more transient. The health and well-being benefits of late-life sexual expression are well known. However, evidence from Western countries indicates that sexually transmitted infections amongst older adults are steadily rising, due to a perceived lack of need to use condoms for contraceptive purposes, and bodily changes associated with ageing making transmission more likely to occur. Yet older adults have historically been omitted from sexual health campaigns. Education is therefore urgently needed to assist older people to negotiate safe sexual practices that reduce the risk of infection while still encouraging sexual expression.

There is increasing evidence that using a narrative approach in health promotion interventions is particularly effective. Further, videos that take a narrative/fictional (acted) story approach are more effective than traditional education or public health announcement videos. Sexual health is an issue that can benefit from this approach, particularly among older adults, as it is fraught with outmoded ageist assumptions and cultural connotations of shame, stigma, privacy and gendered issues. However, very little research exists regarding using narrative approaches to promote sexual health among older adult populations.

This presentation outlines a preliminary pilot study undertaken in Melbourne, Australia, which showcased a live and video-taped script reading by actors of a short, sexual health and sexual positivity message to groups of older women and men. The readings were followed by focus groups designed to test the clarity of the sexual health messages. An extended, larger project aims to test the effectiveness of the health narrative approach versus a traditional public health approach.

Workforce crisis in residential aged care: Insights from older workers

Author/s: Suzanne Hodgkin[1]

[1]*College of Science, Health and Engineering, La Trobe University, Bundoora, Victoria, Australia*

Practical and/or theoretical implications of this presentation: Current shortfalls in residential aged care are set to worsen with the retirement of a generation of women who have provided the backbone of the workforce. This qualitative study examines workers' experience of both intrinsic and extrinsic reward in order to understand how this workforce can be retained.

Abstract: In Australia, workforce shortages in residential aged care present a significant challenge for the aged care industry. The growing demand for workers in aged care, combined with the shrinking supply of younger workers entering the field, highlights a future workforce crisis. Commissioned work has predicted a future workforce crisis in both community and residential aged care in Australia, with conservative estimates highlighting the need for a tripling of the current aged care workforce by 2050 to meet projected care needs. These staggering numbers indicate the need for well-constructed and sustained action. Yet since 2013 industry reform and strategy development have stalled because of the repeal of the Workforce Compact in 2013, subsequent policy changes and fiscal constraint.

The problem is set to worsen with the retirement of a generation of women who have provided the backbone of the workforce. Targeted retention of this cohort of workers may partially alleviate the overall problem. However, to date, there is little available research to guide this strategy and ensure that it meets the needs of this cohort, as well as broader aims for a sustainable workforce. The qualitative study reported on in this presentation, addresses this gap by exploring factors related to job satisfaction of women aged 55 and over working in a sample of publically funded rurally located residential aged care facilities. The participants in this study depict their care of aged and frail elders as skilled, demanding and, necessarily virtuous work. Findings indicate that the retention of this cohort requires a balanced and productive focus on both the intrinsic (vocation) and extrinsic factors (working conditions and remuneration) associated with job satisfaction in residential aged care. It is concluded that solutions for a sustainable workforce into the future rest on genuine attention to each and all of these elements.

Developing assistive mobility technology in response to lived experience

Author/s: Tamantha Stutchbury[1]; Eliza de Vet; Lorna Moxham; Geoffrey Spinks; Leanne Taylor; Mark Sewell; Nicky Sloan; Victoria Traynor

[1]University of Wollongong, Wollongong, New South Wales, Australia

Practical and/or theoretical implications of this presentation: This paper demonstrates the value of consulting people with lived experience as part of research and development (R&D). It is anticipated a marketable product will be the end result. The paper elucidates the Enablilise project by drawing on insights generated by people over 55 and their support networks.

Abstract: This paper will present a collaborative research project, known as Enabilise. Enabilise, is an interdisciplinary end-user directed project established to respond to an identified need from the aged and community services sector. The aims of Enabilise are to engage with people over 55 to identify key issues with assistive mobility technology (AMT) and then to engage with manufacturers to develop improved products. Acknowledging a culture of technology-driven advancements in AMT and the need for greater end-user consultation, Enabilise sought direction and insight from those with lived experience. Adopting an action research approach, the three stage project sought to: 1) document unmet AMT need; 2) use data collected in stage one to identify the most significant and prevalent issues; and then 3) respond to significant issues by stimulating creative design for future AMT products.

The issues identified in the stage one focus groups are currently being refined by the survey responses from stage two. Emergent issues indicate that participants suggest there are limitations to the functional capacities of walkers, walking sticks, wheelchairs and scooters, inclusive of their manoeuvrability and transportability. AMT aesthetics was also a noted significant barrier to appropriate AMT use and user self-esteem. Additionally, Activity of Daily Living issues were diverse and, ranged from toileting challenges to individuals' ability to go on holidays and partake in leisure activities.

As indicated above, Enabilise has engaged with end-users from the outset, to value and harness their lived experience in order to identify prominent mobility issues. The issues outlined previously could potentially be alleviated through specialised AMT designs. Data gathered thus far will inform the design brief necessary for phase three of the project. While the new product design stage has yet to commence, evidence demonstrates the value of incorporating the experiences of those who encounter the phenomena under investigation into research.

Rethinking the age care facility from the foundations up!

Author/s: Tania Smellie[1]; Linda Robertson[1]

[1]*School of Occupational Therapy, Otago Polytechnic, Otago, New Zealand*

Practical and/or theoretical implications of this presentation: Rethinking age care from the foundations up! We will challenge the traditional model of age care design! Talk about the design of this environment, how to lay the rights foundations to enable individuals to successfully participate occupations that have personal meaning! Facilities can be a viable option for baby-boomers!

Abstract: Often when people enter residential care, they lose the many activities that make up daily routine, and give life meaning. For example, cooking, cleaning, and laundry are all done for them. Yet residents need the opportunity to engage in activity/ occupations and roles that are meaningful.
Limiting the activities / occupations / roles to accepted visions of what older people can and should do is common place and needs to be challenged, because it is counter to the spirit of active aging. A slowing down and a reduction of interest in doing are currently accepted as ""normal"" and part of the aging process. In addition, we continue to design and build facilities that limit consumers' ability to engage in daily life. I am keen to challenge this vision.

By carefully considering the design of the built environment you are laying the foundations that will enable you to create environments that support every individual to successfully participate in those activities and occupations that have personal meaning.

If you want to remain relevant to the surge of baby-boomers coming into age care services; firstly, as carers and advocates for their own parents, and then for themselves, it is clear that you need to carefully consider how your facility is designed, as this is the first step towards creating individualised consumer directed care.

Reflecting on the impact of housing modifications on clients' occupations

Author/s: Tania Smellie[1]; Linda Robertson[1]

[1]*School of Occupational Therapy, Otago Polytechnic, Otago, New Zealand*

Practical and/or theoretical implications of this presentation: We will explore how changing the structure of a house can impact on what people do, how they do it and how they feel about themselves. Through a better understanding of the client's experiences, more informed decisions can be made when occupational therapists and other professionals are working with clients.

Abstract: The number of people with functional limitations living in their own home is increasing in New Zealand as disability and impaired mobility rises with an ageing population. There is considerable pressure on public funds for house modifications that will allow disabled people and their families to optimise their independence.

Objectives: The purpose of this study was to explore client's experience of housing modifications. In particular, how changing the structure of a house can impact on what people do and how they do it.

Method / Approach: Using an interpretive phenomenological approach, this study was developed to capture the stories of people who received housing modifications funded by ministry of health, through Enable Processing New Zealand. Four clients due to receive modifications were interviewed about their anticipation of receiving housing modifications and were then reinterviewed 12 - 18 months later to enable them to reflect on how the modification had influenced their participation in roles and occupations of daily life.

Results / Practice Implication: Themes that arose include the different perspectives of those who received this service; the influence of the timing of the modification on the person's mental, and/ or physical health; how a successful completion of a housing modification can enable the person to return to completing their activities of daily living to resume 'normality'. And finally, the power the therapist (and Enable New Zealand) holds over the person's ability to participate in occupations.

Conclusion:
If we fail to examine the effectiveness or otherwise of housing modifications from the point of view of those who have to live with them, the result may be the provision of services that do not meet occupational needs resulting in frustration for both clients, and providers of services including therapists.

How older frail people can flourish through innovative intergenerational partnerships

Author/s: Vanessa Leane [1]; Emma Waites[1]

[1]*St John Flourishing Life Program, Unley, South Australia, Australia*

Practical and/or theoretical implications of this presentation: This presentation highlights the application of a strength based approach though adaptive social processes to construct opportunities to empower the well-being of older people. New unique inter-generational partnerships have emerged between university students, volunteers and older participants enabling the fulfilment of purposeful engagement, meaningful goals, generating psycho-social and educational resources.**"**

Abstract: "People think that because you are old that you are losing your marbles don't they? That's the impression I get when I go out in public, that I am senile and decrepit." William's words spoken at the age of 95 reveal a yearning for dignity and honour and represent an unprecedented social challenge to value and empower an ageing population, many of whom will live longer in an increased state of frailty and dependency and are at risk of living a life of no purpose, isolation, and quiet despair. This presentation describes an innovative intergenerational community program with a focus on empowering the accumulated character strengths and capacities of older people through a partnership between older people, volunteers, social work and psychology students on placement to enhance wellbeing (Peterson & Seligman, 2004). The program is underpinned by social work and psychology strength-based theories and enables students to apply theory in practice with older people.

Inspirational case studies will be presented to demonstrate how a strength-based assessment and adaptive social projects such as Treasured Stories, Living libraries, Cultural Life Experience, Computer Companion, Pen Pal, Meaningful Moments, Discovery Companion generate wellbeing resources in the lives of older people and their community. Shared life stories of war, migration and DV survivors provide profound insights and inspiration from a lived experience, multi-linguistic stories in English and Chinese enhance understanding and honour, adaptive engagement with technology fulfill learning, curiosity, appreciation and delightful class projects between young and old.

A key emphasis is on creating strength-based intergenerational, multicultural partnerships between older people, students and volunteers to enable older people to contribute as valued citizens of their community (Saleebey, 2009).

Peterson, C., & Seligman, M.E.P. (2004). Character Strengths and Virtues. New York: Oxford University Press.

Saleebey, D. (2009).The Strengths Perspective in Social Work Practice. Boston: Pearson Education.

An unprecedented disruption - Reforms to the home care sector

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Practical and/or theoretical implications of this presentation: This presentation raises some important considerations for aged care consumers and providers. Given the scale of reform, some in the aged care sector are predicting that a large proportion of providers may disappear entirely from the sector in future years.

Abstract: By attending this session, delegates will gain a comprehensive understanding of the major reforms that are taking place in the home care sector through to June 2018.

The Commonwealth aged care system has undergone and will continue to experience significant change. Consumers are now on an aged care continuum where they start receiving entry level services through the Commonwealth Home Support Programme (CHSP), then move onto a Home Care Package (HCP) where care is delivered on a consumer directed care basis, before entering residential care. In changes coming in early 2017, Home Care Packages are moving away from government funding to a retail market and package portability. Consumers will be allocated their Home Care Package which is easily transferable should they move geographic regions or change providers. With this change, providers will have to be more customer-focused in every aspect of their business.

These reforms are having considerable impacts on both aged care consumers and aged care providers. Providers will now have to compete for customers in the open market place bringing both organisational and cultural challenges.