



**Australian Association of Gerontology  
50<sup>th</sup> Annual Conference – “Ageing – the Golden Opportunity”  
Communique:  
Highlights from the conference**

**27 November 2017**

AAG’s 50<sup>th</sup> Annual Conference “Ageing – the Golden Opportunity” was held in Perth from the 8-10 November.

AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia’s peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

AAG’s 50<sup>th</sup> Annual Conference opened with plenary session on Aboriginal and Torres Strait Islander ageing featuring The Hon Ken Wyatt AO, MP, Minister for Aged Care and Indigenous Health and Mr Mark Elliott, Chair of AAG’s Aboriginal and Torres Strait Islander Ageing Advisory Group. The opening plenary speakers also included Mr Graham Aitken, Ms Dawn Bessarab and Ms Gail Daylight who provided updates on Aboriginal and Torres Strait Islander Elder issues in South Australia, Western Australia and New South Wales, respectively. AAG has received an influx of positive comments on this opening plenary session, including several comments from conference registrants that it was the first time they had attended a ‘mainstream’ conference with an Indigenous-specific opening plenary exclusively featuring Aboriginal and Torres Strait Islander speakers.

AAG released its first communique on the key messages from the conference on 21 November 2017. This communique, focussing on assuring equity of access and quality outcomes for Aboriginal and Torres Strait people, can be found here:

[AAG Conference Communique: Assuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander People](#)

The AAG 2017 Gary Andrews International Fellow Professor Sube Banerjee from the Centre for Dementia Studies at the University of Sussex stressed that multimorbidity is the rule rather than the exception in dementia and that failing to deal with complexity means failing those with dementia. Professor Banerjee presented the evidence of dementia comorbidity with mental disorders, including his study published in *The Lancet* in 2011 which recommended that “Because of the absence of benefit compared with placebo and increased risk of adverse events, the present practice of use of these antidepressants [sertraline and mirtazapine], with usual care, for first-line treatment of depression in Alzheimer’s disease should be reconsidered.” “The rules are different in dementia”, depression and psychosis are different in dementia, as is psychopharmacology, said Professor Banerjee. Professor Banerjee reminded attendees that multimorbidity is multiplicative rather than additive.

“Giving voice and choice within an established set of rules and processes is not person centeredness, it is simply allowing the senior to participate”, said Dr Michael Preece, a Director on the Community Boards of Alzheimer’s Australia WA, Aged and Community Services Australia WA and Alzheimer’s Australia Dementia Research Foundation. According to Dr Preece, person centred care is much more than this, it is two and even three-way partnerships, it is building lasting relationships and most importantly, person centred care involves unconditional trust.

## **AAG Presidential Symposium: The economic opportunities of an ageing population – how much do we value the golden goose?**

This year’s Presidential Symposium hosted by Dr Helen Barrie explored AAG’s 2017 Hot Topic “[The economic opportunities of an ageing population – how much do we value the golden goose?](#)” and at the same time honoured three of our past AAG Presidents. Some of the most important barriers to developing good public policy on ageing are pervasive misconceptions, negative attitudes and assumptions about older people. Although there is substantial evidence about the many contributions that older people make to their societies and communities, they are frequently stereotyped as dependent, frail, out of touch, or a burden. These ageist attitudes can limit older people’s freedom to live the lives they choose and inhibit our capacity to capitalise on the great human resource that older people represent.

Professor Julie Byles from the University of Newcastle used data from the Australian Longitudinal Study on Women’s Health, and from the Sax Institute 45 and Up study, to examine intergenerational changes in women’s work, and what these mean for women in their later lives. Professor Byles noted that throughout our lives, we have value beyond our participation in paid work. “While women’s workforce participation should be encouraged and valued, we should also value and support our other productive activity as part of our national social and economic wealth”, said Professor Byles.

Australia is a middle-ageing rather than an ageing society with the years between 50 and 75 the “peak” years of life and policy reform should recognise this, argued Briony Dow, Director of the National Ageing Research Institute (NARI) and Associate Professor of Ageing at the University of Melbourne.

Barbara Squires, Consultant in Seniors' Housing, Housing Action Network, spoke from her personal experience of realising she still held ageist views in spite of many years working in the field of ageing. She spoke of how hard we often find it to not be patronising or over-protective of people in their 80s and 90s whose bodies and brains may be failing, and how we all need to come to terms with our own mortality.

## **AAG 50<sup>th</sup> Conference explores ageing and aged care from a Culturally and Linguistically Diverse perspective**

AAG’s Culturally and Linguistically Diverse (CALD) Special Interest Group (SIG) explored data and innovations in ageing CALD research by asking: How representative is a population-based survey from a CALD perspective? How do CALD residents compare to non-CALD in residential aged care? And, how might we service older CALD people in cost-effective and innovative ways? Lee-Fay Low, Associate Professor in Ageing and Health at the University of Sydney presented the results of a study based on Australian Institute of Health and Welfare data which showed that, compared to residents born in English speaking countries, residents from non-English speaking countries were significantly younger, lived in larger facilities, were more likely to be male and live in an urban area, and had higher levels of behavioural and complex care needs. Residents from non-English speaking backgrounds living in ethno-specific facilities also had higher levels of behavioural and complex care needs. Dr Sarang Kim, Postdoctoral Fellow at Australian National University highlighted that, due to funding restrictions, population based surveys are conducted in English, which may not be the native language of CALD groups. Population based studies should be representative of the population to which the researcher intends to extend his or her findings, but how representative is a population-based survey from a CALD perspective, asked Dr Kim.

Dr Catherine Joyce, Research and Innovation Manager at Benetas, presented results of a study describing the prevalence of people living in residential aged care facilities who are born in non-English-speaking countries and/or have a preferred language other than English. Dr Joyce concluded that niche aged care providers specialising in services for a specific ethnic or language group (sometimes called “ethno-specific” services) are

no longer a sufficient response. People from CALD backgrounds are widely dispersed across facilities and regions. For example, in metropolitan Victoria, the percentage of residents of facilities who have a non-English speaking country of birth ranges from 24 % - 42 % in the different regions. Therefore, all residential aged care facilities need to embed inclusive practice approaches to effectively address the needs and preferences of all residents, including those who were born in a non-English-speaking country or prefer to speak a language other than English.

## **AAG Ageing Workforce Education Special Interest Group (AWESIG) inaugural symposium explored evidence as to how to build health and aged care workforces**

Robin Harvey, Lecturer in Gerontology at Charles Sturt University and Chair of the AAG Ageing Workforce Education Special Interest Group (AWESIG) opened the symposium, stating that the 'golden opportunity' in ageing workforce education and development is to overcome current workforce shortages and multi-sectoral barriers in order to build capability to meet the diverse health and social challenges of Australia's ageing population.

Dr Suzanne Hodgkin, Senior Research Fellow and Deputy Director of the John Richard's Initiative spoke about studies of rurality and gender perspectives on community and residential care workforce challenges. "Findings illustrate a system over-reliant upon the labour of a generation of women who are themselves ageing", said Dr Hodgkin. Dr Hodgkin noted that services have limited capacity to redefine aged care work as a 'good job' as they are currently structured.

Dr Linda Isherwood, Karmel Foundation Research Fellow from the National Institute of Labour Studies at Flinders University presented a study exploring men's representation in Australian aged care workforce. Dr Isherwood's study found that male aged care workers typically come from diverse employment backgrounds with little previous experience of care roles. Men experience aged care work as being both integrative and segregative, said Dr Isherwood. Men working in aged care also reported concerns about the gendering of the workplace, the sexualisation of care and unfavourable working conditions, said Dr Isherwood.

Dr Katrina Radford, Lecturer at Griffith University and Robin Harvey, Lecturer in Gerontology at Charles Sturt University, explored the transition to aged care middle management roles by health workers. "New pathways are needed to challenge the status quo and retain talent within this sector", said Dr Katrina Radford and Robin Harvey.

Dr Ralph Hampson, Senior Lecturer at the University of Melbourne, addressed the issue of the reluctance of allied health professionals to work in ageing on graduation. Dr Hampson used the Master of Social Work degree and development of the interdisciplinary Master of Ageing at the University of Melbourne as a case-study to explore teaching and learning practices that are being developed to engage tertiary students and reduce barriers to working with older adults.

### **Media contact:**

Michael Tan  
Membership and Marketing Manager, AAG  
[mtan@aag.asn.au](mailto:mtan@aag.asn.au)  
+61 3 8506 0525