# 2018 AAG Conference Oral Presentations - Abstracts

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“Battle” of the baby-boomer bulge: a population health approach

Ms Marianna Pisani1, Ms Clare Thurman, Ms Catherine Thompson

1Victorian Department Of Health And Human Services

We are familiar with the data of the increasing ageing of the population within Australia and indeed globally. In Victoria alone, the number of people aged 65 and above is likely to treble over the next forty years from 900,000 people aged 65 and above in 2016 (14 per cent of the total Victorian population) to 2.2 million (21.5 per cent of the population in 2051). Within this data exists a ‘bulge’ of ageing baby boomers (53 - 71 years old) placing a significant demand for primary, secondary and acute health services.

There is an urgent need to rethink approaches to the ageing population - to one of ‘active and healthy’ ageing within a population health framework.

This presentation will outline the Victorian Department of Health and Human Services (DHHS) Active and Healthy Ageing (AHA) initiative. This initiative commencing in June 2016, focuses on maintaining the health and wellbeing of people 50 years and older (40 years for Aboriginal and Torres Strait Islander populations). The AHA initiative aligns with the approaches and priorities of the Victorian Public Health and Wellbeing Plan.

The DHHS North Division catchment will be used as a case study to demonstrate how the AHA initiative has promoted, built and supported the health and wellbeing of older people in Victoria, particularly those experiencing disadvantage and social isolation. Multiple strategies across a range of settings to support organisational change, workforce development and partnerships to maximise sustainability and impact of this program will be described. This includes supporting liveability and age friendly communities; development of a 50+ years data profile; development of a Divisional AHA Framework; aligning effort in priority areas such as elder abuse; identifying research opportunities; and the dissemination of good practice/evidence particularly in the areas of physical activity and social inclusion.

Resources:
‘Matter of Trust’: learnings from an elder abuse prevention program

Ms Teresa Donegan¹, Ms Dilnaz Billimoria¹
¹Eastern Community Legal Centre

Introduction:
The Eastern Community Legal Centre (ECLC) has extensive experience in elder abuse case management and community awareness raising and education; including the coordination of the largest elder abuse prevention network in Australia.

‘Based on available evidence, WHO estimates that 15.7% of people 60 years and older are subjected to abuse.’ (WHO: website, current: 7 May 2018).

The anecdotal experience of ECLC is that financial elder abuse in a number of culturally and linguistically diverse communities is increasing in prevalence. In an effort to respond to this growing area of need the ECLC’s Partnerships and Community Development Department decided to develop an education and community awareness raising program targeting culturally and linguistically diverse communities (CaLD) to improve the experience and wellbeing of elders in CaLD communities.

Method:
ECLC employed a codeisgn model as the method to develop the program and due to the frequent reference of ‘trust’ as being a component of elder abuse the program title of “Matter of Trust’ was born!

The Matter of Trust Program offers a smorgasbord of program options: a workshop on “Respecting Elders Forum”, including a panel of service providers discussing their experiences of elder abuse and the option of a story building technique to construct a fictitious family situation aimed at discussion about preventative action and service referral options.

Results:
The learnings from this program are extensive and at the very least provide further anecdotal evidence base that elder abuse is prevalent within a number of culturally and linguistically diverse communities.
‘Sharpening up a little’: evaluation of a memory improvement program

Ms Indra Arunachalam2, Ms Helga Merl3, A/Prof Christine Stirling4, Ms Helga Merl3, Ms
Ashlee Turner1, Dr Carolyn King1

1University Of Tasmania, 2integratedliving Inc., 3University of Newcastle

Introduction: Lifestyle and chronic condition risk factors such as poor nutrition, smoking, alcohol overuse,
high or low blood pressure, blood glucose and cholesterol levels, and the presence of other chronic
conditions are known dementia risk factors. We evaluated a national community based ‘memory wellness’
program aimed to assist older people to embrace relevant behaviour modifications using group education
and technology.

Method: This mixed methods evaluation collected pre and post clinical data from 179 participants across
thirteen locations in three states of Australia. Additionally, 15 interviews were undertaken in Tasmania.
Participants received an eight-week group training program using IPADs that focused on addressing risk
factors for dementia, and a further 1 month of self-directed goal focused activity using the IPAD. Post data
collection was carried out three months after commencing the program. Paired t-tests were carried out on
all clinical data.

Results: There were no changes between participant’s pre and post weight, BMI, BGL or blood pressure, but
there were statistically significant changes in ACE-III (t 3.42, ES 2.63 [medium] p>.001), DASS –Anxiety (t -
2.4, ES 0.752 [large], p >.05) and DASS – Stress (t -2.61, ES 0.851 [large] p>.05) scores. Overall interviewees
were happy with the program, in particular working in a group and peer support.

Conclusion: This community-based program evaluation demonstrated increases in cognitive function and
decreases in anxiety and stress over a three-month program. While the evaluation did not have the full
control of a randomised control trial, the medium to large effect sizes and statistically significant results
suggest that further research is warranted in how well community programs can improve memory and
mental health in the older population.
‘I still enjoy life’: using research poetry in aged care

**A/Prof Evonne Miller**, Prof Laurie Buys, Ms Geraldine Donoghue

1Queensland University of Technology

I STILL ENJOY LIFE
I used to imagine
you’d sit in a corner,
with a book and watch TV.

But we don't sit alone much -
activities keeps us occupied.
It's exciting, in a way -
there is always something to do.

breakfast is half past 7
exercise is 9
walk is half past 9
bingo is half past 10
lunch quarter past 12
nail polish at half past 1
“catch-up” at 4 o'clock
and then dinner
there’s concerts, happy hour
with beer or wine
or ginger ale or lemonade

It's exciting, in a way -
no time to think or worry.
I know we’re going to die here
but we have fun while waiting.
I still enjoy life
Jean, age 72

This poem was created using the transcript of an interview with an older woman living in residential aged care, through a process known as ‘found’ poetry, research poetry or poetic transcription. The poem authentically conveys Jean’s unique speech patterns and personality, with the recital of her hour-by-hour activity schedule illustrating the fun she has while waiting for death. In this presentation, I will (1) outline the processes, opportunities and challenges of engaging with this creative arts-based methodology; (2) share and reflect on the process of creating six poems depicting resident's aged care experience; and (3) discuss the potential of research poetry to reach policy-makers, industry and the wider community, reflecting on our experience with a recent public exhibition.

Keywords: aged care, qualitative, research poetry

Acknowledgements: Research was funded through an Australian Research Council Linkage Grant (LP130100036).

References:
A Normative Narrative Model of Practice in Age Care Settings

Mr Mark Silver¹, Associate Professor Sunil Bhar¹
¹Swinburne University Of Technology

The Swinburne Wellbeing Clinic for Older Adults, developed in 2011 as a partnership between the University Psychology Department and Age Care Services, provides an outreach counselling program to older adults, especially in residential care; as well as providing a practicum based mental health training program to post graduate Counselling, Psychology and Social Work students. Emotional wellbeing needs in aged care have been sadly neglected with a lack of services and a lack of specialised training of Mental Health Practitioners.

Over the years, the Clinic has developed a "Normative Narrative framework of practice". “Normative Practice” refers to understanding a person’s situation as a “normal” consequence of life changes; rather than defined as abnormal or pathological. “Treatment” is also approached within the person’s own concepts and definitions, language and environment. “Narrative” highlights the focus on inviting the person to share their life story and on “Reminiscence” as the process of interaction. The importance of the “Relationship and Use of Self “is the main tool of engagement and intervention rather than any particular therapy in itself. Staff and family are an integral part of this “Systemic Approach” and the “Relational” elements of the person within his/her environment are identified and addressed. The recognition of the power and empowering nature of “Groups” has also been instrumental in including carer and reminiscence groups as a major part of the program. Lastly there has been an important “Intergenerational” component of the clinic’s work. This has involved older adults sharing the experiences with both Tertiary and Secondary students, featuring “Digital Storytelling” work.

This presentation will outline the basic principles of our framework, providing examples and looking at approaches and outcomes in residential settings but also in a local community transition to retirement program.

We will conclude by discussing the feasibility of replicating such practices more generally.
Accessibility of psychological services by older adults in regional areas

Prof Bob Knight1, Sonya Winterbotham

1University of Southern Queensland

Depression and anxiety can be threats to quality of life for older Australians. Older adults have often been thought to avoid psychological services due to stigma. Research in the US has suggested that the barrier is more related to failure to recognize depression and anxiety.

Qualitative analysis of interviews with 21 older Australians from urban and regional areas found that most thought that stigma was a thing of the past, but that high value on self-sufficiency was a barrier to seeking help. While most were aware of their GP as the path to psychological services and described mental health professionals’ qualifications accurately, there was a lack of clarity about the severity of emotional distress that would lead them to seek psychological treatment.

Tele-mental health service provision has been suggested as a way to extend services to regional and remote areas. We found that respondents in outer suburbs of metropolitan areas also found services difficult to access. In general, interviewees were comfortable using the internet, but expressed a strong preference for face to face contact. If that was not an option or overly difficult, video links over the internet were seen as a good option. They were sceptical of health and mental health information online and had diverse opinions about the value of online treatment protocols, with those expressing negative opinions feeling that the information would not be specific enough.

These findings suggest that older adults are more aware of mental health services and more open to internet-based contact than is often thought. Stigma appears to be less of an issue than a strong ethic of self-sufficiency. These findings could inform approaches to extend psychological services to older adults.
Acculturation of older CALD people ageing in a foreign land

**A/Prof Shuang Liu**, Professor Catherine Haslam, Professor Jolanda Jetten, Emeritus Professor Cindy Gallois, **Mrs Vivienne MMdonald**, Dr Sharon Dane, Ms Tran Le Nghi Tran

1University of Queensland, 2Diversicare

Provision of care for older people from culturally and linguistically diverse background (CALD) is becoming increasingly important given the diverse ageing population. This study adopts a grounded theory approach to explore different acculturation pathways that older immigrants choose to follow as they live and age in a foreign land, Australia. Dominant theories rely on Berry’s fourfold taxonomy of acculturation orientations or strategies. In practice, however, life in two or more cultural worlds is not as clear-cut as the dichotomous model defines. Rather, the acculturation processes are complex, and what immigrants do as they navigate through life in the two cultural worlds might not fit neatly in “Berry’s boxes”. Drawing upon data from 29 semi-structured in-depth interviews with older people who are first generation immigrants from nine cultural groups in Australia, this study advances understanding of acculturation processes through the eyes of immigrants themselves. The findings revealed three main acculturation pathways: shifting between two cultures to keep each intact; blending two cultures to form a hybrid cultural practice; and adhering to heritage culture the Australian way. The findings provide support to previous research which indicates differentiated roles of home culture and host culture in defining identity and belonging. As well, seemingly incompatible acculturation orientations such as assimilation and separation may be adopted by the same older CALD person in different contexts. This study highlights the importance of context-based and process-oriented approach in researching on the cross-cultural adaptation of older CALD people ageing in a foreign land.

Acknowledgment
This research is funded by the Australian Research Council (Grant LP160100374).

Provision of care for older people from culturally and linguistically diverse background (CALD) is becoming.
Achieving a skilled and sustainable aged care workforce for Australia

A/Prof Stephane Mahuteau1, Professor Kostas Mavromaras1, Dr Linda Isherwood1, Dr Zhang Wei1

1University Of Adelaide

Demand for aged care services in Australia are at record levels and are set to rise further due to population ageing. In addition to needing to provide more care services, the sector is also expanding models of consumer directed care and seeking to improve quality of care. These changes are intensifying pressures on training providers, aged care providers and workers, to ensure that sufficient numbers of skilled workers are available to meet rapidly expanding service requirements. But will current training provision be able to meet these skill requirements? Our contribution aims to present new evidence on the relationships between aged care training and employment.

We use quantitative data from three waves of the National Student Outcomes Survey (2007, 2013 and 2016). Total observations are available for 114,148 students in the vocational education and training (VET) system. Comparing aged care training graduates with those undertaking other care and non-care courses, we examine trends in student numbers, the levels of qualifications undertaken and the characteristics of students. We explore students’ previous employment histories and their reasons for undertaking aged care training in order to identify whether those undertaking aged care training are new to the sector or are current workers using the VET system to up-skill. Finally, we examine outcomes following aged care training including whether these students subsequently enter employment in the care sector and the perceived benefits of this training.

This study provides key evidence as to who is undertaking aged care training, the reasons why they seek to do the training, their outcomes following training and how this is changing over time. The evidence enables aged care organisations and policymakers to better identify and address potential skill shortages, which is now, and will remain, a core concern as demand for aged care services grows.

Demand for aged care services in Australia are at record levels and are set to rise further due to population ageing. In addition to needing to provide more care services, the sector is also expanding models of consumer directed care and seeking to improve quality of care. These changes are intensifying pressures on training providers, aged care providers and workers, to ensure that sufficient numbers of skilled workers are available to meet rapidly expanding service requirements. But will current training provision be able to meet these skill requirements? Our contribution aims to present new evidence on the relationships between aged care training and employment.
Adult Safeguarding Legislation - Developed from the ground up

Ms Cassie Mason¹
¹Department For Health And Wellbeing

Recently, there has been a focus on tackling elder abuse through a number of state and national inquiries, including the Independent Commissioner Against Corruption’s investigation into the Oakden Older Persons Mental Health Service, the South Australian Joint Committee on Matters Relating to Elder Abuse, and the Australian Law Reform Commission National Inquiry into Protecting the Rights of Older Australians from Abuse. The South Australian Government firmly believes that the abuse of an older person is unacceptable. It is never justified.

Age alone does not make a person vulnerable to abuse, neglect or harm. Advanced age, combined with other factors such as ill health, disability, social isolation, or dependence on others, is what makes an adult potentially vulnerable to abuse or harm. That is why the South Australian Government has committed to progressing legislation to create a rights-based legal framework for the prevention of abuse and neglect of vulnerable adults; safeguarding the rights of adults who may not be able to safeguard their own rights, or need someone to ‘walk alongside them’ to do so.

The first of its kind in Australia, this new legislation will establish a South Australian Adult Safeguarding Unit with statutory responsibility and accountability for responding to concerns of abuse or neglect. Whilst the principal role of both the legislation and the Unit will be to focus on the prevention of abuse through early intervention, community awareness and education, the Unit will also be empowered to conduct investigations of concerns raised and coordinate multiagency and multidisciplinary responses.

This oral presentation will discuss the South Australian approach to safeguarding the rights of older people and other vulnerable adults, culminating in the development of rights-based adult safeguarding legislation, informed by the recommendations of the state and national inquiries, and the views of the community and other key stakeholders.
AGED CARE KNOW HOW: Peer Support to Navigate the System

Ms Soula Houndalas¹, Ms Debra Lewis¹
¹Cota Tasmania

The advent of Consumer Directed Care in home-based service delivery has been a great boon for older people, their families and the fabric of communities. Yet while older people are embracing My Aged Care, they are confronting real barriers in navigating the new system and are often disenfranchised when making choices.

COTA Tasmania’s community engagement work has revealed that consumers are the least empowered people navigating My Aged Care. Unlike service providers and other government funded stakeholders, older people receive little or no training in the system, yet to realise the benefits they need to become active consumers rather than passive beneficiaries.

The Aged Care Know How pilot program developed by COTA Tasmania is an extension of the peer education model; supported by help sheets, powered by a telephone help line offering general and independent information (but not advice). Personalised face to face support is also available via peer volunteers and staff alike. Phone support along with printed help sheets most often suffice, but early evidence points to face to face support being the critical variable for more vulnerable people.

Aged Care Know How is underpinned by an intensive, two-day training program for volunteer peer supporters who also bring their own wealth of experience. Training covers all key areas, but due to complexities of the My Aged Care system, refresher courses and forums for debriefing and shared learnings are essential. Recruiting the right volunteers, providing targeted information, and “screening” consumers are all critical variables.

There is a whole of sector imperative, with workforce and productivity implications, when considering the education or empowerment of consumers to choose or direct their care. This current gap in service delivery to consumers and the apparent paucity in consumer empowerment presents both opportunities and risks for governments and the aged care sector.
Aged Care Service Literacy and what to do about it

Prof John McCallum¹, Ms Michelle Bell², Mrs Ellen Bereded-Samuel³, Dr Karen Rees⁴, Dr Troy Speirs⁴

¹National Seniors Australia, ²KNC, ³Australian Unity, ⁴LASA

Introduction and background:
As consumer choice expands, quality and safety frameworks are restructured, eligibility and application processes remain complex and new providers with different business models enter the industry, there has never been a stronger need for consumer service literacy and related access to information. LASA has assessed the maturing open, dynamic aged care market in its early phase in which service providers, like KNC, are operating. National Seniors conducted community forums in 2017 and in-depth investigation of service and computer literacy in a survey of approximately 5,500 members in 2018. This explored consumer literacy in particular for MyAgedCare, RAS or ACAT assessments, Consumer Directed Care, means and asset eligibilities, complaint options, knowledge of agencies and charters, and digital literacy. Australian Unity has worked on similar literacy issues within CaLD groups including new arrivals and refugees.

The open, dynamic, aged care market requires more education and learning to empower consumers. A proliferation of advisors and planners have arisen around these issues but access to quality information remains the key, basic and scarce resource. The starting point of the challenge for older people is the digitisation of information resources which are critical to full civic participation.

Purpose and aims:
The purpose of this Symposium is to explore the scope and issues related to service literacy in a digital age. It will provide both quantitative and qualitative data for discussion, including results from a large sample survey, in-depth text analysis from multiple other sources, and on-the-ground experiences of providers. It also aims to assess options that are available for improving service literacy.

Learning outcomes:
Outcomes include: Access to new research and practical knowledge in the field; ability to assess its true dimensions and patterns, and best options available for improving literacy in the older population.
Ageism in Australian society: Insights from Australian Social Attitudes Survey

**Associate Professor Rafat Hussain,** Emeritus Professor Hal Kendig, Associate Professor Kate O'Loughlin

1Australian National University, 2Centre for Excellence in Population Ageing Research (CEPAR), University of NSW, 3University of Sydney

The aim of this presentation is to highlight perceptions of various dimensions of ageism in Australian society using data from a recent nationally-representative study of adults aged 18 years and over.

The findings are based on the ‘Attitudes to Ageing in Australia’ component of the biennial multi-modular Australian Survey of Social Attitudes (2015-17, n=2174). The specific focus is on three distinct questions: perceptions regarding age discrimination in general; respect for people 65 years of age and over; and respondents experience of one or more instances of being subjected to disrespectful and/or patronising behaviour in the 12-months preceding the survey.

Results show that age discrimination is pervasive, with 44% of respondents perceiving it to be common/very common compared to only 20% who thought it was uncommon/very uncommon and 34% giving neutral responses. For the question on the amount of respect people over 65 years get compared to younger people, 66% thought that older people received too little respect, 34% provided neutral response (neither too little/or too much) but not a single respondent thought older people received too much respect. With regards to specific instances of age discrimination in the 12-months preceding the survey, two-thirds (66%) of respondents reported experiencing one or more instances of disrespectful and/or patronising behaviour due to their age. Across all three outcomes of interest, variation in responses was found by age, gender, educational status and self-perceived societal ranking. Additional results including findings of multivariable regression modelling will be provided in the full presentation.

The findings will be discussed in the context of socio-demographic differences within the study cohort including inter- and intra-intergenerational variations, as well as recent empirical evidence of ageism from gerontological literature and recent reports by advocacy organisations. The implications of ageism in relation to health, self-esteem and locus of control will also be highlighted.
Agents of change: empowering clinicians to deliver quality dementia care

Dr Monica Cations\textsuperscript{1,2}, Professor Maria Crotty\textsuperscript{1,2}, Professor Susan Kurrle\textsuperscript{2,3}, Prof Anneke Fitzgerald\textsuperscript{2,4}, Professor Ian Cameron\textsuperscript{2,3}, Associate Professor Craig Whitehead\textsuperscript{1,2}, Dr Jane Thompson\textsuperscript{2}, Associate Professor Billingsley Kaambwa\textsuperscript{1}, Ms Gorjana Radisic\textsuperscript{1,2}, Ms Lenore de la Perrelle\textsuperscript{1,2}, Dr Kate Laver\textsuperscript{1,2}

\textsuperscript{1}Flinders University, \textsuperscript{2}Cognitive Decline Partnership Centre, \textsuperscript{3}The University of Sydney, \textsuperscript{4}Griffith University

Introduction:
The quality of dementia care in Australia is heavily dependent on the clinician involved and the extent to which they apply best available evidence in their practice. The 2016 Clinical Practice Guidelines for Dementia in Australia (the Guidelines) provided comprehensive guidance for clinicians about the standards of care that should be provided to people with dementia and their supporters, but dissemination of guidance in this form is generally insufficient alone to achieve tangible improvements in practice.

Method:
The Agents of Change project is an implementation research study that aims to improve clinician adherence to three key recommendations from the Guidelines. Three national Quality Improvement Collaboratives (QICs) of 10 clinicians including physicians, nurses, occupational therapists, social workers, physiotherapists, and dieticians from all states of Australia were established. The clinicians participated in a training program and were supported to develop a quality improvement plan unique to their service context. Clinicians met regularly with their QIC to facilitate benchmarking and problem-solving, and updated their plan iteratively using plan-do-study-act cycles. Outcomes and project feasibility were assessed with a process evaluation and regular triangulated reporting of practice from clinicians and the people with dementia and supporters with whom they were working.

Results:
The participating clinicians were highly experienced and leaders within their service. Organisational mapping indicated many bureaucratic barriers to best practice including restrictive policies and a lack of consumer and clinician consultation in organisational decision making. QIC work has helped clinicians to brainstorm and develop strategies to overcome barriers. This presentation will include preliminary findings regarding the impact of this work on adherence to guideline recommendations and outcomes for people with dementia and their supporters.

Conclusions:
Agents of Change is an innovative translational research project highlighting key elements of collaborative quality improvement efforts among clinicians working with people with dementia and their supporters.
An avatar with dementia has been admitted to FSFHG

Miss Jane Hopkins¹, Ms Susan Alexander¹, Associate Professor Janet Beilby², Ms Ann-Marie Haygarth²

¹Fiona Stanley, Fremantle Hospitals Group (FSFHG), ²Curtin University

The Cognitive Impairment Project was established by the Fiona Stanley Fremantle Hospitals Group (FSFHG) Executive Team on the 08/01/2018. Its aim is to improve the early recognition of, and response to, patients with cognitive impairment to ensure they receive safe and high quality care in hospital. This multifaceted project has expanded the simulated educational approach of role playing to actually practising communication by interacting with the patient avatar ‘Jim’ in a virtual setting. He is operated by a clinical educator via uniquely designed software on a laptop. Jim’s responses are representative of a patient with dementia or delirium in terms of their possible agitation, despair, frustration and memory and confusion.

The Virtual Learning Environment (VLE) communications training tool and the Empathy Simulator has been created by Associate Professor Janet Beilby and a team of researchers from the School of Occupational Therapy, Social Work and Speech Pathology at Curtin University in partnership with a technology and design team from Citrine Technologies in Atlanta, Georgia. The Empathy Simulator project and Jim have effectively assisted students and community carer workers to develop and improve their empathy and communication skills when interacting with people with dementia. As with many people over the age of 80, Jim has now been admitted to an acute hospital (FSFHG). He is actively helping hospital based staff to refine their verbal and nonverbal communication skills. His aim is to be part of an effective admission and to help multidisciplinary staff gain knowledge and skills in communicating with people with dementia and delirium.

This presentation will discuss Jim’s background, the project implementation considerations to ensure acute care education needs were met and the results of this educational project at FSFHG. A dialogue on the potential for increased scope and recommendations for the future will be made.
An electronic frailty index for Australian general practice

Ms Rachel Ambagtsheer¹,², Prof Justin Beilby¹,², Dr Elsa Dent²,³
¹National Health and Medical Research Council of Australia Centre of Research Excellence Frailty Transdisciplinary Research to Achieve Healthy Ageing, ²Torrens University, ³Baker Heart and Diabetes Research Institute

Background:
Frailty is a highly prevalent although often hidden condition among older Australians. Emerging research indicates that frailty may be reversible, but that it needs to be identified within the general practice context in a timely and cost-effective manner. One possible method for systematically identifying frailty is to derive an electronic Frailty Index (eFI) from electronic health records (EHRs).

Aims:
The two aims of this study were to (1) identify baseline data items for extraction of supporting data from general practice EHRs; and (2) develop and test the feasibility (time and difficulty) of an eFI within Australian general practice.

Methods:
We derived an eFI for patients aged 75+ from routine medical record data extracted from a single rural practice within South Australia. Feasibility and accuracy (against the Fried Phenotype) were assessed. Potential barriers to the generation of the eFI were also identified.

Results:
Mean (SD) age of participants was 80.2 (4.8) years, and 36 (60.0%) were female (n=60). Frailty prevalence was 21.7% for the Phenotype against 35.0% for the eFI. Regarding feasibility, almost half of all records (45.0%) were deemed easy to extract, with only 15% classified as 'difficult'. A number of complications in data extraction were identified in Patient EHRs listing multiple health problems and/or where the majority of data items were located other than on the summary problem list for the patient.

Discussion:
This study demonstrated that using an eFI to identify frailty within an Australian general practice was feasible. Additionally, we outlined a process for optimal extraction of required eFI data from general practice EHRs. Results from this study can inform the development of automated eFIs derived from EHRs, including which items are most feasible for extraction.
Antibiotic prescribing before and after respiratory PCR in aged care

Ms Leslie Dowson1,2, A/Prof Rhonda L. Stuart2,3,4,5, A/Prof Caroline Marshall2,6,7,8, A/Prof Kirsty Buising2,6,7, A/Prof N. Deborah Friedman2,9,10, Dr David C. M. Kong1,2,11
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Objective:
To assess changes to antibiotic prescribing for respiratory tract infections (RTIs) in aged care homes (ACHs) after the introduction of nurse-initiated respiratory multiplex polymerase chain reaction (PCR) testing.

Methods:
This was a pragmatic before and after intervention involving three ACHs (181 beds). Standing-orders were introduced for nurse-initiated PCR testing using nasopharyngeal swabs from residents with new onset respiratory symptoms. Twelve-months of RTI antibiotic prescribing data were collected from medical records from the start of the intervention and compared to the prior 12-months of infection surveillance data.

Preliminary results were analysed using a Poisson regression with Occupied Bed Days (OBDs) as the offset and controlling for clustering within ACHs and total numbers of RTIs.

Results:
Respiratory viruses were frequently detected by PCR; 50.7% (34/67) of swabs were virus positive [29.9% (20/67) positive for rhinovirus and/or enterovirus, 20.9% (14/67) positive for influenza A], and 49.3% (33/67) were virus negative. The mean time to a PCR result after specimen collection was 1.5 days (range: same day to 5 days) during the intervention. Empiric antibiotic prescribing was common with 37.3% (25/67) of residents prescribed antibiotics prior to the PCR result.

Infection surveillance data revealed that 56.1% (74/132) of antibiotic courses prescribed for RTIs were potentially inappropriate (for indications that did not meet the McGeer Criteria for pneumonia or lower RTI) in the 12-months prior to the intervention. During the intervention, 53.2% (74/139) of courses were potentially inappropriate. The difference in potentially inappropriate antibiotic courses before, and after, the intervention was not significant (p = 0.331).

Conclusions:
Whilst PCR testing is informative in terms of illness causation, it alone appears to be limited in its usefulness on influencing appropriate antibiotic prescribing in ACHs. Further work is required to ensure ACH prescribers respond appropriately to respiratory PCR results.
Approaches to promote the safety of older Aboriginal people

Ms Cathy Duncan, Ms Janet Stajic\textsuperscript{1}, Ms Anna Dowling\textsuperscript{4}, Professor Annette Braunack-Mayer\textsuperscript{1,2}, Dr Rebecca Tooher\textsuperscript{3}, Ms Kathy Williams\textsuperscript{4}, Ms Kathy Mott\textsuperscript{1}

\begin{flushleft}
\textsuperscript{1}South Australian Health and Medical Research Institute, \textsuperscript{2}University of Wollongong, \textsuperscript{3}University of Adelaide, \textsuperscript{4}SA Health, Department for Health and Ageing
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Aboriginal peoples’ life expectancy and the number of persons aged over 50 years (eligibility for aged care services) are increasing. These increases have resulted in challenges including keeping people safe from elder mistreatment.\textsuperscript{2} For many Aboriginal people, safety incorporates culture, country and community as well as physical and psychological aspects.\textsuperscript{3}

SAHMRI Wardliparingga Aboriginal Research Unit has partnered with the SA Office for the Ageing to develop resources that will assist in promoting the safety of older Aboriginal people.

We undertook a systematic literature review to identify existing strategies and interventions used to safeguard against or prevent elder abuse among Indigenous peoples (50 years+) from Australia, New Zealand, Canada and USA.

Aboriginal community members and relevant service providers participated in interviews and focus groups. We asked participants to comment on the systematic review findings and make suggestions for what might work to prevent elder mistreatment among Aboriginal people and communities.

The qualitative data was analysed thematically to identify emergent themes aligning with the research questions to add local context and richness to the outcomes of the systematic review.

The results will be discussed at this conference.

1. Australian Institute of Health and Welfare. The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 147. Canberra: AIHW2015
Attraction and retention of aged care nurses and care workers

**Dr Linda Isherwood¹**, Prof Kostas Mavromaras¹, Dr Megan Moskos¹

¹Future of Employment and Skills Research Centre, University Of Adelaide

The aged care workforce is facing several challenges. Firstly the number of older people requiring aged care services is increasing. Secondly, the sector is facing increased competition with other care sectors for skilled workers. Thirdly, reform within the sector is leading to changes for the workforce. In order to address these issues the aged care sector needs to attract greater numbers of skilled workers and better retain the existing workforce. However, the workforce is struggling to keep apace with required growth, skill shortages are present and, compared to the general Australian workforce, the aged care workforce is an older workforce (Mavromaras, Knight, Isherwood et al. 2017). It is therefore important to understand the issues influencing the attraction and retention of the aged care workforce.

An analysis of 100 qualitative interviews conducted for the 2016 National Aged Care Workforce Census and Survey was undertaken to identify similarities and differences in the factors influencing the attraction and retention of nurses and care workers. The analysis explored pathways into aged care, reasons why workers want to work in aged care and for a particular organisation, future work plans, and factors which influence job satisfaction and retention.

Nurses and care workers were found to have different pathways into the aged care sector. While some between-group differences were found in their reasons for entering aged care, most workers had actively chosen to work in the sector. Although a majority of nurses and care workers wanted to remain in the sector, factors contributing to job dissatisfaction were identified. These primarily related to high workloads, working conditions, and the physical and emotional toll of aged care work. The implications of the findings on the attraction and retention of nurses and care workers are outlined and specific strategies for the future development of the aged care workforce presented.
Becoming and being a Masters athlete

A/Prof Anthea Vreugdenhil¹, Professor Catherine Palmer¹, Dr Casey Mainsbridge², Dr Nicholas Hookway³

¹School of Social Sciences, University of Tasmania, ²Faculty of Education, University of Tasmania, ³School of Social Sciences, University of Tasmania

This research aims to understand the life trajectory of becoming and being a Masters Games athlete and explores how competitive sports participation can be a context for empowering older adults. To do this, physical activity engagement in later life is viewed through an ‘active ageing’ lens, focusing on the enabling factors for mature-age competitive sports participation rather than the deficit-based approach which dominates existing research and policy.

Athletes competing in the 2017 Australian Masters Games were invited to participate in a survey about their experiences, training and motivations for participation in the Games. The survey questionnaire included the 40-item ‘Physical Activity and Leisure Motivations Scale’ (PALMS) and also asked questions about challenges and enablers in becoming and being a Masters athlete. In all, 271 athletes completed the survey and this presentation focuses on the responses from respondents aged 50 years and over (N=163).

The majority of participants were women (62%) with 47% aged between 50-59 years, 39% aged between 60-69 years and 14% aged 70 and over. They competed in a range of team and individual events from dragon boat racing through to athletics. For 47% of respondents, this was their first Masters Games. Using the scores on the PALMS subscales, the most important motivations for competing in Masters sports were physical condition and enjoyment; the least important motivation was the expectations (and advice) of others. There were gender differences, with men rating competition as more important than women (p=0.031), and women rating affiliation and enjoyment as more important than men (p=0.003; p=0.008 respectively). A range of enablers were identified as helpful, with involvement with a local club/association and the fun of participating with others rated most highly.

Findings from this study will help inform how we understand and address the issue of physical activity participation in later life.
Behind-the-wheel: Process evaluation of a safe-transport program for older drivers

**Dr Kristy Coxon**[^1], Dr Kate Hunter[^2], Dr Anna Chevalier[^2], Associate Professor Julie Brown, Dr Elizabeth Clarke[^4], Dr Kris Rogers[^2], Dr Soufiane Boufous[^5], Professor Rebecca Ivers[^2], Associate Professor Lisa Keay[^2]


**Objective:**
To explore relationships between quality of intervention implementation and program outcomes of the ‘Behind the Wheel’ safe-transport program for older drivers, delivered in a randomised controlled trial.

**Methods:**
380 older drivers (≥75 years) from Northwest Sydney participated in the randomised controlled trial. Data from the 190 participants randomised to the intervention group were analysed for the process evaluation. Program outcomes were self-reported driving regulation and objectively measured driving exposure. Process measures included program fidelity, acceptability, dose delivered and received. Relationships between process measures and program outcomes were explored using multivariate linear regression. A logic model was built from the data to explain inputs, outputs and outcomes of this program.

**Results:**
A homogeneous program was delivered to 96% of the intervention group. Participants who developed a retirement from driving plan for sustained community mobility, on average, reduced their distance driven/week (p=0.02, 95%CI:-7.5 to -68.7km) and night driving/week (p<0.001, 95%CI:-3.5 to -10.4km). Both understanding content (p=0.03, 95%CI:0.2 to 4.1) and devising a safe mobility plan (p=0.003, 95%CI:1.2 to 5.5) were important to increased engagement in self-regulation. Drivers with poorer function (OR=1.2, 95%CI:1.04 to 1.3) and worse health (OR=1.2, 95%CI:1.02 to 1.5) were more likely to develop safe mobility plans, while older drivers (OR=1.1, 95%CI:1.05 to 1.3) were more likely to develop retirement from driving plans. Women were over three times more likely to understand program content (OR: 3.4, 95%CI:1.5 to 7.8) than men.

**Conclusions:**
Older drivers who took ownership by planning their driving exposure and transport alternatives for community mobility, were more likely to reduce their driving exposure. A stronger program message was delivered as intended to older drivers with lower function and poorer health. Results suggest ‘Behind the Wheel’ may have greater impact with older, lower functioning drivers through planning for community mobility before retirement from driving.
Benevolent care or person centred care? Do we recognise the difference?

Mrs Alison Campbell

Flinders University

Background: People with advanced dementia encounter particular challenges in communicating their experiences of care provided or how the environment impacts on them. Similarly, residential care staff encounter challenges in understanding what is being communicated by people with advanced dementia. Our personal context influences how we navigate this. This study identified a balancing dilemma between agency and structure as individuals interact, negotiate, manipulate and create their “place”, within an institutional setting, which often “sets the conditions for actions”. Even in an aged care home with a strong person-centred approach to care across the organisation, the recognition of agency in people with dementia is not seen from within a context of care provision.

Methods: A mixed method study design was used, with predominant ethnography being observation. Person centred principles were used to guide the research process as well as inclusionary consent method (Dewing 2007). Guided reflective practice was the cornerstone of the inquiry.

Results: Staff participating in this pilot study showed changes in their perception and orientation in several areas: understanding embodied communication; identifying patterns leading to states of wellbeing; seeing care environment as being co-created; and after several reflection sessions on possible meaning behind the actions, staff gained an appreciation of people with dementia as people with agency, who exert influence over their care environment.

Conclusions: This study indicates that an aged care home can have a strong base of person centred care across the organisation but be disempowering in interactions as in the benevolent care culture personal agency of people with dementia is invisible. It is not the non-existence of agency, but rather the lack of recognition. Until there is recognition of agency from people with dementia, a benevolent care culture will prevail over an enabling and empowering care culture; with all the best of intentions.
Care settings as micro-communities - enabling residents as active agents

Dr Sanetta Du Toit¹,²
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The right to access and engage in what a person considers to be meaningful is termed occupational justice. Despite culture change and resident-directed care initiatives, residents (especially those living with advanced dementia) in care settings are still prone to experience disengagement and isolation. It appears as if best efforts amount to a state of occupational 'disownment' – engagement dependent on the initiative of others. Staff education and various approaches to address ‘challenging behaviours’ contribute to an attitude where staff view situations to find a quick ‘fix’, so that they can carry on with care tasks. These dementia care approaches have impacted on the definition and interpretation of meaningful engagement and need closer consideration. This presentation will critically consider meaningful engagement associated with advanced dementia care. As the wellbeing of older people with dementia is closely connected to the quality of their doing and belonging, care facilities needs to be considered as micro-communities – i.e. a place where independence and interdependence is part of a continuum. Factors for facilitating a community of care where all living and working in the specific social habitat make a contribution will be highlighted. This presentation will explore the use of two assessment tools, the Residential Environmental Impact Scale (REIS) and the Assessment tool for Social and Occupational Engagement (ATOSE), recently used in feasibility studies to promote co-occupation and shared doing for collective settings (group/micro-community). Doing and belonging associated with access to a range of everyday activities should enable older adults, including residents with dementia to embrace continuing opportunities for agency and promote occupational justice in residential dementia care.
Caregiving preparedness: a phenomenological study of regional family palliative carers

**Mrs Naomi Mason**, Dr Suzanne Hodgkin

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The care of people with life limiting illness is increasingly moving away from the acute setting into the community, with the role of family caregiver growing in significance and complexity (McMillan, 2005). The importance of preparing and supporting family carers has been well established, however less is known about the impact of rurality on caregiver preparedness and how preparedness shapes the entire caregiving continuum inclusive of bereavement. The aim of this study, conducted in 2017, was to explore how regional Victorian family palliative carers described their preparedness for caregiving. Interpretative phenomenological analysis was employed following semi-structured interviews with four women and six men (N=10) aged between 55 and 87 years. These participants were recruited voluntarily through their past engagement with a Regional Specialist Palliative Care Service in Victoria. Bereavement occurred between 3-13 months prior to interview.

The experiences of caregivers illuminated a lack of preparedness for the role and were characterised by three major themes: into the unknown, into the battle and into the void. The unknown was associated with a lack of knowledge and skills, fear, prognostic communication, exclusion, emotional distress and grief experience. Battles were fought at intrapsychic, interpersonal and systemic levels. The void was felt during isolation in caregiving; in relinquishing the role; in bereavement; and in feeling abandoned by service providers. Positive experiences, such as being valued, included and connected to supports, as well as experiencing closer relationships and deeper meaning, occurred less frequently but appeared to temporarily buffer against the negative aspects of the unknown, battle and void. Implications from this study for policy and practice centre on frequent, purposeful & genuine engagement of caregivers. Services and clinicians are encouraged to enhance communication practices, promote meaningful inclusion, address access issues and improve understanding and support when carers relinquish the caregiving role.
CareSearch and palliAGED – putting evidence into everyday practice

Mrs Susan Gravier¹, Dr Lauren Miller-Lewis¹, **Ms Rosie Bonnin¹**, Dr Katrina Erny-Albrecht¹, Professor Jennifer Tieman¹

¹Flinders University

The need for palliative care will affect all of us at some stage in our life as a patient, carer, family member, friend, or health professional.

With increases in life expectancy and in chronic disease prevalence, the proportion of older people who could benefit from palliative care is expected to grow. This will place increasing demands on available resources. The use of evidence to guide practice and decision making in health and aged care is strongly promoted to ensure sustainable quality care. However, the volume of research evidence available is often overwhelming and for many represents a barrier to use. Reliable sources of synthesised evidence in the form of practical guidelines and summaries helps to address this.

CareSearch provides plain language, information and resources for health and aged care practitioners as well as patients, carers and families. For aged care practitioners, additional evidence-based guidance is provided through the palliAGED website. Launched in 2017, palliAGED was developed by the CareSearch Team at Flinders University. palliAGED content is based on expansion and updating of the evidence-based guidelines for a Palliative Approach in Residential and Community Aged Care.

The palliAGED site includes an Evidence Centre with evidence summaries on a range of care and service topics, and a companion Practice Centre with practical information highlighting how evidence can be used in every day practice with links to useful tools and resources. Both websites were developed and written in consultation with key stakeholders. External evaluation has demonstrated the major contribution of CareSearch to building links and cohesiveness across related programs and the sector generally, with potential to improve the experiences at end of life for consumers.

Here we present information on how these freely available resources can be used to actively support and engage in informed decision making related to end of life.
Caring for carers of people with dementia: baseline outcome measures

Prof Lynne Parkinson¹, Dr Annie Banbury², Ms Anne Livingstone³, Professor Denise Wood⁴, Dr Steven Gordon⁵
¹Australasian Journal on Ageing, ²Prevention First, ³Global Community Resourcing, ⁴Central Queensland University, ⁵Central Queensland University

In rural Australia, knowledge and utilization of support by informal carers is not optimal. Multiple factors affect the lived experience of carers during caregiving, and the success of transitioning through the post-care period. During the caregiving period, socioemotional support from family and friends plays an important role in sustaining caregiving activities. Post-care, these social networks facilitate adjustment to role change and dealing with grief. Developing and improving access to peer support to enable carers to effectively cope with the challenges of caring may positively influence their caring experience. The primary objective of this project is to examine the response of isolated rural carers for older people with dementia to a 6-week videoconferencing peer support and information program. Main outcome measures are quality of life, mental health, and self-efficacy.

The repeated measures, randomized wait list project design follows a 15-week cycle: 1-week baseline assessment, 6 weeks active intervention/waitlist, week 8 mid assessment, 6 weeks post intervention/active intervention, and week 15 post-test; with a total of 30 groups of 6 participants. The trial timeframe is from May 2018 to June 2019.

This talk will consider baseline measures of self-reported quality of life, mental health and self-efficacy for the first 50 participants from this sample of rural carers. Quality of life is measured with the Short Form 12 Health Outcomes Scale (SF-12®), which can generate Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Psychological distress is measured using the Kessler Psychological Distress Scale (K10) a widely recommended as a simple measure of psychological distress. Self-efficacy is measured using the short form Generalized Self-Efficacy scale. These variables will be discussed in relation to social isolation and demographic characteristics of the sample.
Challenges in behaviour management – What behaviours? Whose challenges?

Ms Anita Westera¹, Ms Cathy Duncan¹
¹University Of Wollongong

The capacity of health and aged care sectors to support people with dementia, including those with behavioural and psychological symptoms (BPSD), has been a major consideration within aged care policy, research and service delivery over recent decades. There have been significant investments by governments to assist aged care services better support people with dementia, including those experiencing behaviours: educational, skills development and knowledge translation initiatives; innovative service models developed; and, new programs established. But what defines ‘behaviour’ – and for whom is it a challenge?

This presentation draws on the learnings of several major evaluation and service development research projects within aged care settings that have been undertaken by the Centre for Health Service Development at the University of Wollongong in recent years. The vast majority of policy and program development has been premised on the ‘behaviours’ as being a function of the cognitive impairment of the individual with dementia. The onus on person-centred care, whilst admittedly a very positive development, unfortunately also reinforces this paradigm.

However, our research has repeatedly highlighted the organisational factors that contribute to behaviours, including the built environment, care practices, organisational culture and absence of meaningful activities. These are all extraneous to the individual - so why the continued focus on the individual in the narrative around ‘behaviours’?

A number of parallel paradigms currently frame the discourse around dementia. These include the dominance of the medical model, which ‘pathologises’ dementia; the neo-liberal philosophy that underpins modern public policy; and the vested interests that support the status quo. Unpacking these three elements will be important factors if we are to reframe, and reshape, our support of people with dementia into the future.
Challenging stereotypes – street art in Hobart: “Piecing it Together”

Ms Sue Leitch

Beliefs and perceptions of other generations lead to assumptions and inferences that may be incorrect. At its worst, this manifests as ageism, which is experienced by any generation. Swift et al use the Risks of Ageism Model to show how ageism and stereotypes can influence, be a barrier and negatively impact the ageing experience, the authors recommend including “closer attention to reducing ageism and negative attitudes towards age” and following this to the “promotion of positive intergenerational contact”.

Aiming to challenge stereotypes, COTA Tasmania was inspired by Lata 65, a graffiti project in Portugal, to develop a pilot street art project in which teenagers and people over 55 years worked together to create a street mural, under guidance from the established street artist Jamin. The project, called Piecing it Together (PiT), also included young volunteers filming, editing and producing a project video journal.

PiT was designed to create social spaces, narratives, joint learning and opportunities for interaction across generations COTA Tasmania managed the project which was funded by a community grant from the Hobart City Council.

PiT aligned with the Tasmanian Government’s Strong Liveable Communities –Active Ageing Plan 2017-2022, specifically to the action to; “provide opportunities for diverse groups to share skills and knowledge” and “address ageism and combat age related stereotypes”. Community development based on intergenerational practice is growing, and PiT was a successful example of how this can occur.

Choice and control in RACF: what do residents want?

Ms Jessica Byers¹, Prof Marita McCabe¹, Dr Michelle Bennett²

¹Swinburne University of Technology, ²Australian Catholic University

Introduction:
Residential aged care in Australia is quickly shifting from the traditional provider-driven, medical model to one directed by the resident. This shift recognises the long-established connection between autonomy and the wellbeing of older adults, which is further reinforced by the new single quality framework’s emphasis on “consumer dignity and choice”. Many providers are unprepared for this change; they are unsure what residents will request and fear being unable to meet resident needs. This study aims to describe choice as expressed by residents, to further inform provider preparation for a consumer-driven model of care.

Method:
A series of interviews were conducted with 96 residents in six Australian Residential Aged Care Facilities (RACFs). Interviews addressed 16 activities of daily living (ADLs), with residents describing their preferences for each activity.

Results:
Resident discussions about their ADL preferences encompassed four themes. (i) Non-response: this captures the vague, positive evaluations of staff and the RACF, often related to fear of being “difficult” and a desire to maintain good relationships with care staff; (ii) Care approach: residents felt rushed during care tasks and would prefer staff be more gentle and personable; (iii) Care involvement: resident would like to contribute to ADL decisions, with many residents either not consulted or ill-informed about options and therefore unable to participate in decision-making; (iv) Social connectedness: residents requested greater opportunity for meaningful conversations, activities and relationships.

Conclusion:
These interviews highlight resident desire for greater choice and control. A consumer-directed care model includes reviewing organisational processes to allow effective collection of, and response to resident preferences, along with changes to care routines and staff approaches to care to promote resident choice and control. Most importantly, care staff need to become skilled communicators to empower residents to share their true preferences, while learning to respond creatively and flexibly to resident choice.
Cognitive impairment in a tertiary hospital: prevalence and carer experience

Mrs Prue McRae, Ms Elise Treleaven, Mrs Margaret Cahill, Ms Karen Lee-Steere, Prof Alison Mudge

Introduction: Cognitive impairment (CI) is common in older hospital inpatients and associated with poorer outcomes. High quality care requires partnership between patients, healthcare professionals and carers. Hospitalisation can be a stressful experience for people with CI and their carers. The aims of this study were to: 1) To identify the prevalence of CI in patients aged 65 and older; 2) Explore the carers’ experience of involvement in hospital care for patients identified with CI.

Methods: This observational study was conducted at Royal Brisbane and Women’s Hospital on March 14, 2018. We performed a cross-sectional study of all ward inpatients (excluding intensive care, emergency department and mental health units) aged 65 years or older using the 4As test, a validated measure of cognitive impairment. We defined score ≥1 as CI, with score ≥4 likely to be delirium. For patients identified with CI, we undertook a brief structured survey of carers, in person or by telephone within 3 days of the audit date.

Results: We screened 218 older patients in 21 wards; 90 (41%) screened positive for CI, with 45 of these likely delirium. Fifty-two (58%) carers completed the survey; most were spouse or child, and 41 (79%) identified as a main carer for the participant. Most carers (44/52, 85%) strongly agreed they felt welcome on the ward (44/52, 85%) and confident leaving their family member on the ward, and 35 (67%) definitely agreed that they were listened to by staff. Only 28 (54%) had been asked about change in cognition and only 8 (15%) had received information on delirium prevention.

Conclusion: CI was prevalent across a broad range of acute and subacute wards. Understanding the carers’ experience will inform strategies to enhance their involvement in delirium prevention and management for their family member in partnership with clinical staff.
Conversations for change: advocating for older people through conversations

**Mr Phillip Wohlers**, Ms Penny Underwood

Conversations for Change is the Old Colonists’ Association of Victoria’s (OCAV) contribution to thought leadership about ageing in Victoria. The Association marks its 150th anniversary in 2019.

Each Conversation is focusing on a different topic relevant to ageing and older people in the community. The initiative is a central platform in OCAV’s Vision 2020. Its aim is three-fold: to contribute to policy and attitude change towards older people, to frame its future housing and support plans for older Victorians in need, and to bring like-minded people together to collaborate and form partnerships with and for the organisation.

The first Conversation for Change brought together policy makers, researchers, philanthropists and older Victorians to discuss what an age-friendly community should look like in 2050. The conversation has resulted in a publication, launched by the Victorian Minister for Planning, together with a series of meetings and discussions with local councils and politicians on positive ageing. Several research projects and partnerships are in early stages and will involve older residents in place making and using technology to break down social isolation.

The second Conversation focused on retiring the word and the notion of retirement and was delivered by Australia’s Age Discrimination Commissioner. The title was deliberately chosen to coincide with debate about the aged care workforce, changing workplace demographics, and superannuation.

This presentation will demonstrate how it is possible to conduct non-adversarial advocacy for change and deliver results at the same time.
Costs of hospital-acquired complications for older people

Dr Kasia Bail¹, Dr Laurie Grealish², Dr Helen Berry³, Dr John Goss⁴, Dr Diane Gibson¹
¹University of Canberra, ²Griffith University, ³University of Sydney

Background:
Increased length of stay and high rates of adverse clinical events in hospitalised patients with dementia is stimulating interest and debate about what costs may be associated, and potentially avoided, with this population.

Methods:
A retrospective cohort study was designed to identify and compare costs for older people in relation to hospital-acquired complications and dementia. Australia’s most populous state provided a census sample of 426,276 discharged overnight public hospital episodes for patients aged 50+ in the 2006-07 financial year. Four common hospital-acquired complications (urinary tract infections, pressure areas, pneumonia, and delirium) were risk-adjusted at the episode level. Extra costs were attributed to patient length of stay above the average for each patient’s Diagnosis Related Group, with separate identification of fixed and variable costs (all in Australian dollars).

Results:
These four complications were found to be associated with 24.7% of the extra cost of above-average length of stay spent in hospital for older patients, costing the state A$226 million in a single financial year. Dementia patients were more likely than non-dementia patients to have complications (RR 2.5, p<0.001) and comprised 22.0% of the extra costs (A$49 million), despite only accounting for 10.4% of the hospital episodes. The complications were found to be associated with an increased length of stay of 3.6 days and a mean episode cost of A$16,403 for patients with and without dementia.

Conclusion:
Urinary tract infections, pressure areas, pneumonia and delirium are potentially preventable hospital-acquired complications. This research shows that their occurrence demonstrates a burdensome financial cost and reveals that they are key in understanding increased length of stay and costs in older and complex patients. Research on models of care, nurse skill-mix and healthy work environments show promise in prevention of these complications for both dementia and non-dementia patients.
Creating an age-friendly community through an Australian Intergenerational Learning Program

Prof Anneke Fitzgerald¹, Dr Xanthe Golenko¹, Dr Katrina Radford¹, Dr Nerina Vecchio¹

¹Griffith Business School

An intergenerational care program provides purposeful interaction between older adults and children. This presentation provides a summary of research that focuses on the sustainability of intergenerational care models in terms of legislation, workforce, educational programs and service models that would underpin a program in Australia. Some of the findings include confirmation that intergenerational programs fit the current legislative framework and that there is opportunity to create new career paths connecting child care and aged care certifications between the two workforces. In addition, there is an opportunity to develop a new evidence-based educational framework designed specifically to offer meaningful reciprocal interactions between older adults and children. Furthermore, there is an established demand for intergenerational care among the Australian community.

The next phase of our research focuses on the implementation and evaluation of an intergenerational learning program within two models of care. One model of care being the shared campus model where aged care and child care centres are located on the same site with shared infrastructure and facilities. The intergenerational learning program is delivered in a multi-function room common to both aged care and child care facilities. The other model is the visiting campus model where centres are located separately and either children or older people are transported to the other site and intergenerational activities are held on that site. Our research is conducted in four intervention sites and two control sites across Queensland and NSW.

Our research will generate the evidence to inform the development of operational guidelines for the development and implementation of an intergenerational learning program in Australia. We believe that creating an intergenerational program will provide purpose, improve the overall experience of ageing and create age friendly communities, resulting in a range of benefits for children, the elderly, their carers, the workforce and society as a whole.
Crisis or competent? Reframing aged care through the mainstream media

Ms Rose Capp

School Of Nursing and Health Sciences, Flinders University

The public perception of aged care facilities in Australia is arguably at an historical nadir. Mainstream media reportage regularly focuses on sensational cases of abuse and mismanagement while ignoring the competent and compassionate care delivered in most of Australia’s 2700 residential facilities. The current Federal Aged Care minister’s recent (erroneous) claim ‘that up to 40 per cent of people in residential aged care have no visitors 365 days of the year’ reinforces an enduring view that the average aged care facility is an inhumane geriatric dumping ground.

Australian popular culture has often been equally unhelpful in representing what celebrated comedian Barry Humphries memorably referred to as ‘maximum security twilight homes’. From darkly comic references to nursing homes in the ABC TV series Mother and Son to the mordant depiction of the lives of ‘Pleasant Paddocks’ inmates’ in Adam Elliot’s Academy Award-winning Harvie Krumpet, the on screen milieu of residential aged care has been presented as a resolutely bleak picture.

This unfavourable vision of aged care ignores the reality of the changing face of a sector confronting exponential demand for residential care places in future decades. Acknowledging some of the key shifts underpinning those changes, from ageing in place and the group home model to more ‘alternative’ alternatives including eco-retreats, communes and collectives, this paper will argue that rather than a destabilizing influence, the Australian mainstream media can be an enabler in this context. Drawing on local and international examples from Packed to the Rafters to Derek, it will be argued that screen culture in particular can play an important role in offering more considered representations that affirm the possibility of positive experiences of residential aged care.
Defining the sexual experience of older adults: A conceptual model

Ms Ashley Macleod¹, Professor Marita McCabe¹
¹Swinburne University

Sexuality is widely recognised as an important factor in quality-of-life and personal well-being throughout the lifespan. Despite this, the sexuality of adults in the latter half of life remains under-researched, and there is currently little consensus on how sexuality in mid and later-life is defined and measured. In an ageing population, it is important to recognise the sexuality of those in mid and later-life, and to respond to their unique sexual health needs. This presentation will introduce a new conceptual model that reflects the different aspects and factors associated with sexuality for heterosexual adults in mid and later-life, and outline the development of a new measurement scale.

Group concept mapping methodology was used to develop a conceptual model of sexuality for older adults. Eight themes were identified in this study. These were (in order of their average importance): partner compatibility, intimacy and pleasure, determinants of sexual desire, sexual expression, determinants of sexual expression, barriers to intimacy, sexual urges, and barriers to sexual expression. The knowledge reflected in this new conceptual model will help to promote greater understanding of sexuality in mid and later-life, and facilitate efforts to improve the sexual expression, sense of self, and the quality-of-life of older adults both within the community and across aged care facilities.

This model provides a mechanism for health professionals to identify areas of importance for older people who seek assistance for later-life sexual problems. It can also be used to help enhance interventions that focus on improving sexual satisfaction and quality-of-life beyond the more traditional ideas of sexual functioning, such as erection rigidity or intercourse frequency. To assist with this, a new measurement scale was developed for use with adults in mid and later-life that assesses the eight themes identified in the model.
Delirium in aged-care facilities: A major challenge for health professionals

Mr Ray Jauny1, Dr John Parsons2
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Introduction:
Delirium is a serious life-threatening condition and a rather common occurrence among aged-care residents with co-morbidity. Delirium is also challenging and costly to manage because of the complex interplay of physical and psychiatric symptoms associated with this condition. With the awareness of risk factors and adequate delirium education, aged-care staff can play a vital role in early identification and treatment; but most importantly to improve quality of life of aged-care residents. Hence, this study explored the views of aged-care nurses in assessing and managing delirium.

Method:
A mixed method design was utilized to establish delirium incidence of aged-care residents (aged 65+) admitted to an emergency department (ED) of Auckland New Zealand. A cross-sectional audit explored all cases of suspected delirium and data were further restricted to specific diagnoses, proximity to the ED, age, gender, ethnicity, and reoccurrences of delirium over one year. Subsequently, 10 focus groups with aged-care nurses from standardised presentations of the top 5 and the bottom 5 aged-care facilities to identify their success and barriers in the assessment and management of delirium cases.

Results:
Delirium-related admissions was 6.7% from 40 aged-care facilities. Standardised presentations were (0.04) 1.6% to (1.174) 38.1%, compared by bed numbers per day. Data is comparable to other studies, though Auckland’s has a significantly ethnically and culturally diverse population. Focus group findings identified gaps in delirium education, difficulty in managing complex delirium, need for intravenous treatments, the intricacy of handling family dynamics and dealing with challenging behaviours of residents with severe delirium.

Conclusion: The implications are that preventing unnecessary referrals to the unfamiliar environment of an ED is of prime importance. This study also provides an opportunity to cultivate delirium awareness and its manifestation in aged-care facilities and prompt development of adequate resources to better support educational needs of aged-care nurses.
Dementia prevalence and survival with dementia in residential aged care

Dr Stephanie L Harrison¹²³, A/Prof Craig Whitehead², Prof Maria Crotty²³, Prof Julie Ratcliffe⁴, A/Prof Maria Inacio¹⁵

¹South Australian Health and Medical Research Institute, ²Flinders University, ³Cognitive Decline Partnership Centre, ⁴Institute for Choice, University of South Australia, ⁵Sansom Institute for Health Research, University of South Australia

Introduction:
Previous evidence on trends in dementia prevalence has been inconsistent between countries, with some studies reporting a decline, some reporting an increase and others indicate a stable prevalence. The objectives of this study were to examine trends in the prevalence of dementia and the survival of those with dementia when entering residential aged care in Australia.

Methods:
A retrospective study using the national historical cohort of the Registry of Older South Australians (ROSA) was conducted. This cohort includes information on aged care recipients from the National Aged Care Data Clearinghouse linked with NationalDeath Index data. The study sample (2008-2014) included people who started permanent residential aged care and dementia was identified according to the person’s most recent Aged Care Assessment Team (ACAT) or Aged Care Funding Instrument (ACFI) assessment. Generalized linear models adjusted for age and sex were used to estimate risk of mortality for people with dementia.

Results:
Between 2008 and 2014, 351,694 people entered residential aged care and had an available ACAT or ACFI assessment. The prevalence of dementia declined by an estimated -0.7% each year (95% confidence interval (CI) -0.8, -0.6, p<0.001) for the overall cohort. State-specific estimates showed this declining trend remained significant for New South Wales, Victoria, Queensland and Tasmania only. One-year mortality rates increased from 2008 to 2014 for females living with dementia (0.2% each year 95%CI 0.1, 0.4, p=0.001). People living with dementia had a lower risk of 30-day, 90-day and one-year mortality (Risk Ratio for one-year mortality (95%CI): 0.86 (0.85, 0.87), p<0.001).

Conclusions:
In Australia, for people entering residential aged care, dementia prevalence is declining and one-year mortality rates for women living with dementia are increasing. People living with dementia have a reduced risk of death in the first year of entering residential aged care compared to those without dementia.
Dementia’s impact on workforce participation: insights from people living with dementia

Dr Lyn Phillipson\textsuperscript{2}, \textbf{Ms Catherine Andrew}\textsuperscript{1, 2}, Dr Lynnaire Sheridan\textsuperscript{2}

\textsuperscript{1}Australian Catholic University, \textsuperscript{2}University of Wollongong

\textbf{Introduction:} Transitioning from paid employment to retirement often requires considerable adjustment as a person’s identity becomes redefined. This transition is of even greater significance for those experiencing an often abrupt and unplanned disconnection from their worker role due to symptoms of dementia. In response an ageing global population, government policies in developed economies are focused on increasing workforce participation for workers over 45 years and raising the age of eligibility for retirement pensions. One likely consequence is an increase in the impact of dementia among working populations for both older workers and those presenting with younger onset dementia. However, research exploring the impact of dementia on occupational engagement through paid work is extremely limited.

\textbf{Objectives:} To explore: (i) workers’ experiences of presenting with symptoms of dementia at work; (ii) the extent to which reasonable adjustment practices are applied to extend workforce participation; and (iii) the subsequent impact of dementia on the experience of transitioning away from the paid worker role.

\textbf{Method:} Qualitative interviews were conducted with male (n= 4) and female (n= 6) Australians, aged 48 to 67 living with a dementia, who were working at the time of onset of their dementia symptoms.

\textbf{Results:} Key issues faced by people in paid employment were reported including dealing with pre-diagnosis changes in performance; seeking ‘reasonable adjustment’ to remain working following diagnosis; and separating from the worker role due to dementia progression.

\textbf{Conclusion:} Targeted workplace policies and practices must be implemented to more successfully manage the impact of dementia on workforce participation. Strategies to identify and address onset of potential signs and symptoms; provide ‘reasonable adjustment’ opportunities to extend engagement in paid work; and support a gradual transition to a dignified retirement are recommended.
Depth of field: exploring stroke recovery

Dr Gabrielle Brand¹,², Ms Ashlee Osborne¹, Mr Steve Wise³, Ms Collette Issac³, Associate Professor Christopher Etherton-Beer¹,³

¹The University Of Western Australia, ²Monash University, ³Royal Perth Hospital Bentley Group

Background:
Where is the patient’s voice in the health care conversation? Witnessing people’s stories encourages health professionals to enter the world of patients, to see and interpret these worlds from the patient’s point of view. ‘Depth of Field’ (DOF) is a growing body of health humanities research that uses documentary style photographs, MRI images and audio-narrated film of patients to bridge clinical and human experiences of illness.

Aims:
The purpose of this qualitative research was to explore new stroke patients, their families and staff from Bentley Stroke Rehabilitation unit (BSRU) perceptions towards a series of artefacts (MRI images, poetry, photographs and audio-recorded narratives of 4 stroke survivors and their family) to address the following research questions:

- What are the perceptions of a group of stroke survivors, their family members and BSRU staff towards the artefacts?
- How do the artefacts assist patients and their family navigate the stroke recovery journey and/or encourage health service staff to deliver patient centred care?

Methods:
Qualitative data was collected from a series of focus groups and individual interviews with staff, patients and their family.

Conclusions:
The new understandings from the research will serve both research and pedagogical purposes to inform an evidence-based educational tool to educate, inspire and challenge three key groups. First, it will be used as a therapeutic resource by social work, nursing and AHP’s for new stroke patients (peer-to-peer) and their family members across the WA health care sector; Second, as a professional development tool for health professionals who care for stroke patients (e.g. new staff orientation); Third, to facilitate reflective learning in health professions students to move “beyond stroke diagnosis” to more human-centred approach to care.
Design for Dementia: An Analysis of Care Home Layouts

Mr Martin Quirke1,2, Professor Michael Ostwald2, Professor Mark Taylor3, Professor Richard Fleming4, Professor Anthony Williams5
1University Of Stirling, 2University of Newcastle, 3Swinburne University of Technology, 4University of Wollongong, 5Avondale College

Informed by the dementia-specific Environmental Audit Tool (Fleming et al 2013) and the space-behaviour analysis techniques of Space Syntax (Hillier 1984), this PhD project included the development of a new floorplan-based design dementia assessment tool, the Plan-EAT. Analyses were undertaken of 94 Residential Aged Care (RAC) units recruited from New South Wales, Australia; and a further 90 internationally located units, sourced from specialist publications on design for ageing (Anderzhon et al. 2012; Cohen and Day 1993).

Initial assessment results, categorised into ten dementia design principles (DDPs) (Fleming, Forbes, and Bennett 2003), found that most units were strong under the DDPs of Helpful Stimuli (#5), Community (#9) and Ordinary Life (#10). The RAC units recruited from NSW tended to be weaker overall with significant room for improvement under the DDPs of Human Scale (#2), Visual Access (#3) and Garden and Wandering (#6).

Several further insights were gained from more detailed analyses, including a positive correlation between design assessment score and floor area available per resident (+0.54% per additional sqm); and, conversely, negative correlation between design score and the number of bed spaces provided (-0.75% per bed space). With the RAC units in the study constructed over four decades, assessment scores (average +5.4% p.a.) suggested an improvement in design quality over time. The overall study helped to identify a series of spatial configurations and floorplan types most likely to benefit the health and wellbeing of RAC residents with dementia.
Designing for people with dementia: the evolution of Australian principles

Prof Richard Fleming¹, Kirsty Bennett²
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In 1987 a set of principles was published that had been used in the design of the units for the confused and disturbed elderly (CADE units) used by NSW Health to accommodate the long stay patients with dementia who had been affected by the partial closure of the state psychiatric hospitals. (Fleming and Bowles, 1987). In 1995 these principles were used in the design of HammondCare’s pioneering dementia specific cottage’s, specifically The Meadows (Anderzhon et al., 2012). In 2017 the principles were used in the design of the state of the art Scalabrini Village, opened in Sydney in 2018.

While the principles used in 2017 were essentially the same as those used in 1987 the language used to express them and the physical results of their application, have evolved to reflect the changes in our understanding of the needs of people living with dementia.

This presentation will use the CADE Units, The Meadows and Scalabrini Village to illustrate the role of the physical environment in expressing the changes in the paradigms of care for people living with dementia that have occurred over the last thirty years. It will show that an understanding of the basic principles enables designers to be confident in their response to the changes in our understanding of the needs of people living with dementia and it will pose the question, will these principles remain relevant in the age of the dementia friendly community?

Designing parks to promote active visits among older adults

Professor Kylie Ball\textsuperscript{1}, Professor Benedicte Deforche\textsuperscript{2}, Professor Anna Timperio\textsuperscript{1}, \textbf{Dr Jenny Veitch}\textsuperscript{1}

\textsuperscript{1}Deakin University, \textsuperscript{2}University of Ghent

Neighbourhood parks are important settings for older adults (65+ years) to engage in physical activity and interact with others; however, little is known about what park features are important to promote park visitation among this age group. The aim of this study was to gain an in-depth understanding of what park features would encourage older adults to visit parks and be active and engage with others during their park visit.

Qualitative one-on-one walk-along interviews were completed between October 2017- February 2018 with 30 older adults (female=17) in nine parks of varying size and amenity in low, middle and high socio-economic status areas of Melbourne, Australia. Participants shared experiences and opinions as they walked through the park regarding characteristics that may encourage or discourage their visitation, park-based physical activity and social interactions.

Preliminary analysis revealed that older adults value a peaceful and relaxing amenity with gardens and landscaping, seating, paths, café facilities, a water feature, interesting things to see and the presence of other people. A location that is close to their home and other services such as libraries and shops is also important. These findings will help inform planning and re-design of parks to optimise visitation for older adults.
Developing a new quality of life instrument with older Australians

Prof Julie Ratcliffe¹, Prof Ian Cameron², Prof Emily Lancsar³, Dr Ruth Walker⁴, Dr Rachel Milte¹
¹University Of South Australia, ²University of Sydney, ³Australian National University, ⁴Flinders University

The ageing of Australia’s population represents a significant challenge for aged care. New methods, techniques and evaluative frameworks are needed to overcome resource constraints while maximising the quality of life and wellbeing of older Australians. Economic evaluation offers a rigorous, systematic and transparent framework for measuring quality and efficiency, but there is currently no composite mechanism for incorporating the values of older Australian’s into the measurement and valuation of quality of life for quality assessment and economic evaluation. In addition, to date relatively few economic evaluations have been conducted in the Australian aged care sector or internationally despite the large potential benefits associated with their application. Our recently funded ARC linkage project brings together project research leaders with expertise in quality of life research, health economics, choice modelling, aged and dementia care policy and practice and five partner aged care organisations (ECH, Helping Hand, Uniting AgeWell, Uniting ACT NSW and Presbyterian Aged Care) operating across five Australian states. We will use state of the art methods, employing both qualitative and quantitative methodologies to develop the Values in Quality Of Life instrument for older people (VQoL). A particular strength of our project is its inclusivity. We will build on our collective research and practical stakeholder experience to incorporate the preferences of older people from a variety of care settings (including those with mild cognitive impairment and mild dementia, previously excluded from health economics research of this nature) in the development, validation and valuation of the VQoL instrument. This new decision support tool will represent the first preference based older person specific quality of life instrument developed in Australia from its inception with older people. The VQoL will have wide applicability in quality assessment and aged care system decision making, ultimately improving the quality of life and wellbeing of older Australians.
Developing a spatial socio-environment healthy ageing index

**Dr Danielle Taylor**¹,², Dr Olga Theou¹,³, Dr Helen Barrie¹,⁴, Mr Jarrod Lange⁴, Prof Renuka Visvanathan¹,²,⁵

¹National Health and Medical Research Council (NHMRC) Centre of Research Excellence: Frailty and Healthy Ageing, University of Adelaide, ²Adelaide Geriatrics Training and Research with Aged Care Centre, Adelaide Medical School, University of Adelaide, ³Division of Geriatric Medicine, Dalhousie University, ⁴ugo Centre for Migration and Population Research, School of Social Sciences, University of Adelaide, ⁵Aged and Extended Care Services, The Queen Elizabeth Hospital, Central Adelaide Local Health Network

The World Health Organisation has identified that healthy ageing is dependent on a person’s ‘functional ability’ which comprises not only an individual’s intrinsic capacity, but also influences of their environment. Disparities in environmental characteristics, such as an area’s socio-economic resources, or access to nearby services can influence an individual’s functional ability and therefore their ability to age well. This research uses a geospatial approach to integrate social, demographic and environmental characteristics of areas to develop a comparative socio-environmental healthy ageing index for South Australia. The index quantifies and identifies disparities between areas scoring highly (those that are most age friendly) grading through to those that are most vulnerable. The modelling approach is based on the deficit accumulation model, using spatial area level data. The index is broader in its scope than social vulnerability indices, as it is calculated from area level rather than individual level data and also incorporates environmental measures of geographic access and aspects of the physical characteristics of areas such as greenness. The results of the mapped index indicate area level differences can be identified and the index has the potential to become a valuable planning tool, which can inform resource and service allocations and support the development of age friendly neighbourhoods. Inequalities between areas can be measured and monitored. Areas with low index scores can be targeted for improvement. The index also provides a useful way to visualise and report data and identify relationships between socio-environmental characteristics and the health and wellbeing of older populations. Future research seeks to further refine the index and establish its relationship to health outcome data, such as frailty index scores and wellness indicators.
Digital citizenship and social wellbeing of culturally diverse older Australians

**Associate Professor Raelene Wilding**, Professor Loretta Baldassar

*La Trobe University, University of Western Australia*

Social isolation among older people is a persistent problem, yet one that is increasingly difficult to accept in a social world full of diverse connective devices and communication platforms. Online opportunities enable families and friends to stay in touch, information to be accessed immediately, and services to be identified and evaluated within minutes. Yet, the digital divide of age remains particularly strong, with only half as many older adults as younger adults accessing the internet. In this presentation, we report on the cumulative findings of a series of small projects that have shared a central aim: to improve the social engagement and wellbeing of older people by supporting and enhancing their digital citizenship. The projects have worked with older people from diverse cultural and linguistic backgrounds who live in diverse contexts – in cities and towns, from independent homes to full time residential care. They also involve trials of various models of high and low levels of digital engagement, including online communities of practice, supported sit-move activities and life story initiatives. In the course of these projects we have identified a series of key factors that older people say supports and enhances their digital engagement, thereby improve wellbeing and social participation. We have also identified approaches that older people reject as unhelpful or undesirable. We conclude this presentation with recommendations for enhancing older people’s online engagement across a range of familial, community and residential contexts.
Documentation patterns of care preferences at the end of life

Ms Sue Williams\(^1\), Mr Kerry Hwang\(^1\), Dr Anita Panayiotou\(^1\), Dr Frances Batchelor\(^1\), Ms Christel Lemmon\(^1\), Ms Fran Gore\(^2\), Ms Carol Perich\(^3\), Mr James Watt\(^4\), Dr Barbara Hayes\(^4\), Mr Drew Aras\(^4\), Ms Sarah O'Leary\(^5\), Ms Kerrie Cunningham\(^6\), Ms Jane Newbound\(^7\), Dr Bianca Brijnath\(^1\)

\(^1\)National Ageing Research Institute, \(^2\)Mercy Health, \(^3\)Western Health, \(^4\)Northern Health, \(^5\)North Western Melbourne Primary Care Network, \(^6\)Banksia Palliative Care Services, \(^7\)Southern Metropolitan region Palliative Care Consortium

Introduction
How and where people die, the concept of a good death, and the need to plan to die well requires respect for preferences, and open and effective communication. But how patient’s preferences for future care and support communication are recorded in routine practice remains unclear. Addressing this gap, this study investigated how, when, and where older people’s care preferences towards the end of life were recorded.

Method
Thirty health information records of deceased people aged >75 who died in hospital, residential care, or community settings were analysed. Care preferences of the older person and/or their families for the 6 months prior to death were documented.

Results
In 28 (93%) records care preferences were documented in either advance care directives (4/30 (13%)), institution-specific forms (17/30 (57%)), and/or staff notes (11/30 (37%)). Only 5 (16%) records had the preferences documented in more than one recording location. Care preferences changed in 14/30 (47%) records during an episode of care (EOC), most frequently <15 days before the date of death, and were most frequently recorded as changes in preferences of the family, not the older person themselves. Where there was a change of preference, 15/26 (58%) were noted on institution-specific forms and 10/26 (38%) on staff notes.

Conclusions
There is considerable variation in where end of life care preferences are recorded, which may limit services’ capacity to implement older people and families’ preferences. An added complexity is that care preferences may rapidly change closer to death, often at the request of the family. Consistency in where preferences are recorded is an important first step to supporting communication and implementation of preferences for both older people and families as part of routine care.
Does CDC provide a fair future to low-income older renters?

Dr Victoria Cornell¹
¹University Of Adelaide, ²ECH Inc

Biography:
Victoria Cornell is a Postdoctoral Research Fellow in the Centre for Housing, Urban and Regional Planning at the University of Adelaide. Victoria has a strong belief in social justice and how older people are often overlooked in terms of their aged care and housing needs. Her current research is focused on issues of ageing, community based aged care service provision and housing for vulnerable groups. Victoria is a member of the Australian Association of Gerontology.

Initiatives to promote consumer choice are increasingly a feature of Australian welfare policies and programmes. Consumer Directed Care (CDC) for older people and the National Disability Insurance Scheme for people aged under 65 years with a disability are two examples of this move towards consumer choice in policy and programme development. The ability for service users to benefit from these programmes is premised on the fact that their housing is stable and suitable. Yet there is evidence that this is not the case, and many older people and people with disabilities experience significant housing challenges and stress.

This presentation will discuss the results of a study that considered CDC and its implications for an under-researched group of older people – low-income renters. Do they have a fair future, with the ability to remain active players in access to, and delivery of, home care packages under a CDC model?

Low income older renters and service providers of both housing and in-home aged care were engaged in interviews and focus groups, in South Australia, Victoria and New South Wales. The older renters reported both positive and negative experiences with their housing and in-home care situations, which fell in to four themes – autonomy and independence, accessibility and affordability, change and continuity, and security and isolation. An issue that cut across all themes was language and terminology. Service providers expressed concerns about equity, sustainability, and suitability of in-home aged care and housing service assistance under a CDC model. These findings will be discussed, as will implications for policy and practice, to ensure that low income older renters benefit equally from the choice and control envisaged with the CDC model and can remain active in their communities.
Does health literacy level influence older adults’ attitude toward deprescribing?

Mrs Robyn Gillespie1, Associate Professor Judy Mullan1,2, Dr Lindsey Harrison3
1School of Medicine, University Of Wollongong, 2Centre for Health Research Illawarra Shoalhaven Population (CHRISP) Australian Health Services Research Institute., 3School of Health and Society, University of Wollongong

Background
Many older adults have lower health literacy, which has been associated with poor knowledge and understanding of medications. It is possible, therefore, that older adults with lower health literacy, may not understand and/or recognise the potential benefits of discontinuing or deprescribing to reduce polypharmacy (concurrent use of ≥5 medications). However, any association between deprescribing and health literacy in older adults has not been studied.

Methods
Independent, community living older adults from regional NSW, aged ≥65 years, taking ≥five prescribed medications, were invited to complete an anonymous 42 item survey investigating their health literacy and attitudes toward deprescribing, between October 2015-November 2016. Health literacy was measured across three subscales, functional, communicative and critical using the All Aspects of Health Literacy Scale.

Results
Based on the 137 completed surveys, respondents (median age 76 years) took a median of 7 medications (range 5-25). Their health literacy scores were high across functional and communicative health literacy items, but lower across the critical health literacy items. Higher overall health literacy scores correlated with a greater understanding of the reasons for their current medications. Similarly, those with higher overall scores were more likely to be involved in medication decision-making with their doctors. Those with higher scores on the critical health literacy subscale were more likely to be willing to consider deprescribing.

Conclusions
The study findings are novel because they highlight that some aspects of health literacy influence older adults’ attitudes toward deprescribing. For instance, older adults with higher critical health literacy may be more willing to consider deprescribing. Higher overall health literacy may enable older adults to understand the reasons for their medications, allowing them greater confidence to engage in decision-making, including discussing deprescribing. Further research in this area is warranted.
Effectiveness of a Health Justice Partnership to address elder abuse

Ms Jess Eastwood

This paper presents key findings from the evaluation of a Health Justice Partnership (HJP) to address elder abuse. Since 2015, a lawyer from Justice Connect has been located at a number of cohealth (a large community health centre) sites four days a week. The service offers different levels of response according to the needs of clients.

• The lawyer is available to discuss de-identified matters, frame key legal issues and provide legal information to a health professional who has concerns about their client. In addition to helping clients, these “secondary consultations” help to build the capacity of the health professionals to identify and respond to potential elder abuse.

• A client may be eligible for advice and casework for discrete legal matters from the lawyer; or a referral to Justice Connect’s network of pro bono lawyers. The role of the lawyer in “triaging” referrals is important, ensuring the most appropriate use of the legal resources offered by pro bono lawyers.

The evaluation also aims to capture the important role health professionals in supporting clients to seek legal help and demonstrate the importance of multi-disciplinary collaboration.

After three years of operation, the HJP has proven to be a highly effective model for reaching older people at risk of, or experiencing, elder abuse. By incorporating a lawyer into a health care team, the partners have been able to improve legal and health outcomes for older clients by responding to complex elder abuse matters with a combination of legal and non-legal interventions.

There has been a strong demand for the service, with a range of legal issues emerging. This presentation will summarise the kinds of issues that have arisen through the service, and how the design of the service has been able to address the complex situations that are being faced by many older people.
Effectiveness of a Health Justice Partnership to address elder abuse

A/Prof Virginia Lewis², Faith Hawthorne¹, Deb Barrow³, Jess Eastwood³, Lauren Adamson¹

¹Justice Connect, ²La Trobe University, ³Co-Health

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- The lawyer is available to discuss de-identified matters, frame key legal issues and provide legal information to a health professional who has concerns about their client. In addition to helping clients, these “secondary consultations” help to build the capacity of the health professionals to identify and respond to potential elder abuse.
- A client may be eligible for advice and casework for discrete legal matters from the lawyer; or a referral to Justice Connect’s network of pro bono lawyers. The role of the lawyer in “triaging” referrals is important, ensuring the most appropriate use of the legal resources offered by pro bono lawyers.

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ELDAC: innovations in care at the end of life

Prof Deborah Parker¹, Professor Jennifer Tieman²
¹University of Technology Sydney, ²Flinders University of South Australia

Introduction and Background: End of Life Directions in Aged Care (ELDAC) is a nationally funded project to improve palliative care and advance care planning for older Australians. Specifically the aims of the program are to:

1. Provide specialist palliative care and advance care planning advice to aged care providers and GPs providing health care for recipients of aged care services;
2. Improve linkages between aged care services and palliative care services;
3. Improve the palliative care skills and advance care planning expertise of aged care service staff and GPs providing health care for recipients of aged care services; and,
4. Improve the quality of care for aged care recipients, prevent unnecessary hospital admissions, and shorten hospital stays.

Aim of the session: This session will explore how to use and apply the innovative ELDAC solutions that are designed to improve end of life care for older people in Australia.

Methods: The ELDAC project commenced in June 2017 and includes four inter-related streams of work. This presentation will focus specifically on the end of life technological solutions being developed and evaluated for staff working in aged care services. This includes online toolkits, the identification of palliative care quality indicators, mapping of palliative care and advance care planning across electronic health record platforms and development of a palliative care digital dashboard.

Expected learning outcomes for audience members:

1. Understand the role of ELDAC in supporting older Australians to improve end of life care.
2. Understand how technological clinical solutions can improve end of life care for older Australians.
Elder abuse prevention and treatment services - a family model

Ms Jenni Dickson¹
¹Fmc Mediation And Counselling Victoria

Elder abuse in our community is pervasive and hidden from view. The most challenging aspect of elder abuse is that it is significantly under-reported and most often perpetrated by people closest to the victim, such as adult children, spouses or care givers. Elder abuse can take many forms and frequently involve a family member or a person very close to the older person. To date most approaches in managing Elder Abuse involve a legal framework.

The victim of elder abuse often wants to maintain relationships with the whole family, including the perpetrator. Whilst legal intervention can be necessary in elder Abuse s older people are reluctant to commence a legal pathway for fear of losing the relationship.

More often than not, older people experience more than one type of abuse, with psychological and financial abuse being the most common. The most distressing element of elder abuse is that the abuser is often someone close to the victim and they

We have developed a model for managing conflict for older Australians and preventing financial and emotional abuse of older people. Our Respecting Elders service (established in 2017), built within a framework of mediation and counselling, provides a prevention and early intervention response, which ultimately seeks to address conflict before it escalates and causes harm.
Embedding social connection within a new healthy ageing program

**Ms Carolyn Loton**

*Juntos Marketing*

**Background**

78% of people aged 65 or over have at least one chronic condition. (1) Older people who are socially isolated or excluded are more likely to have poorer health (2) and the likelihood of loneliness increases with age. (3) Simple lifestyle changes such as increasing physical activity can improve mental and physical health outcomes, as well as quality of life. (1)

**Methods**

Based on foundational research, including six focus groups (n=36) and six indepth interviews with health professionals, the program outline was established. Materials reference government guidelines, respected systematic reviews and meta analyses and incorporate Michie’s behaviour change wheel as a framework for long-term behaviour change.

Four pilot group programs tested the program’s efficacy and appeal to participants.

**Results**

Participants’ awareness improved, particularly in understanding links between better health outcomes and improved social connection, increases in physical activity and appropriate nutrition. Participants in pilot programs responded positively to the physical activity components of the program, with a significant proportion committing to incremental physical activity after completing the program. Participants report respecting information provided by health professionals and responded well to a group-based format with holistic content. Some participants planned to stay in touch with each other.

**Conclusions**

Many older Australians are interested in learning more about actively maintaining their health and mobility. Participants in 60+ andActive pilot programs reported motivation to make changes to improve their own health outcomes, and found the information and experiences were informative. Social inclusion and connectedness can be effectively promoted via group wellbeing programs.

**References**

Emergency transfers from subacute to acute care: prospective case-time-control study

**Prof Julie Considine**¹,², Dr Maryann Street¹, Alfred Deakin Professor Tracey Bucknall¹,², Dr Helen Rawson¹,², A/Prof Ana Hutchinson¹,², Professor Trisha Dunning¹,², Alfred Deakin Professor Mari Botti¹,², Alfred Deakin Professor Maxine Duke¹,², Dr Mohammadreza Mohebbi³, Prof Alison Hutchinson¹,²

¹Deakin University, School of Nursing and Midwifery, ²Deakin University, Centre for Quality and Patient Safety Research (including Eastern Health, Alfred Health, Monash Health, Epworth HealthCare and Barwon Health Partnerships), ³Deakin University, Faculty of Health

Introduction
Emergency interhospital transfers from subacute to acute care increase clinical risk, cause patient distress, are expensive and resource intensive; yet the risk factors for these transfers are poorly understood. The aims of this study were to describe characteristics and outcomes of emergency interhospital transfers from subacute to acute care, and to develop an internally validated predictive model to identify features associated with high risk of emergency interhospital transfer.

Method
A prospective case-time-control study was conducted in five Victorian health services. Cases were patients with an emergency interhospital transfer from subacute to acute hospital care. For every case, two inpatients from the same subacute care ward on the same day of emergency transfer were randomly selected as controls. Admission episode was the unit of measurement and data were collected prospectively.

Results
Data were collected for 603 transfers (557 patients) and 1160 control patients. When adjusted for health service, the factors associated with increased risk of transfer were: serious adverse events (cardiac arrest or rapid response team call) during subacute care admission (OR=4.8, 95%CI:3.2-7.3); vital sign assessments ≥3 times/day in 24-hours preceding transfer time (OR=2.9, 95%CI:2.1-3.9); vital sign assessments ≥4-hourly during last 24-hours of first acute care admission (OR=1.6, 95%CI:1.1-2.5); decreasing functional independence measure on subacute care admission (OR=1.6 to 1.9); birth in a non-English speaking country (OR=1.6, 95%CI:1.1-2.2); and serious adverse events during first acute care admission (OR=1.5, 95%CI:1.0-2.2). Acute care readmission occurred in 81.1% of transfers. When adjusted for health service, cases had significantly higher in-patient mortality (14.9% vs 2.3%, <0.001).

Conclusions
Patients who require an emergency interhospital transfer from subacute to acute hospital care have high rates of hospital admission and in-hospital mortality. An acceptable internally validated predictive model was developed from the study data; however practical implementation of the model warrants further development and testing.
Enabling, accessible and flexible: designing age appropriate housing

**Mr Jason Burton¹**, Ms Ash Osborne¹

¹Alzheimer’s WA

Most older people want to stay independent, remain living in their own home, and stay connected to family, friends and community. Over recent years there has been a clear shift towards supporting older people, including those living with dementia, to remain living in their community, independently or with support services, providing an alternative to residential care, where appropriate.

In rural communities a move into a residential care facility can involve moving many hundreds of kilometres and can lead to a disconnection from family, friends and community connections developed over a lifetime. Ensuring older people living in rural areas receive not only support and care, but that they also have access to appropriate, enabling and accessible housing options can be a key factor in allowing them to remain in their own home.

In a pioneering project, the WA Country Health Service partnered with Alzheimer’s WA to assist rural communities in WA, building age appropriate accommodation, to ensure they consider future residents living with dementia and the other disabilities that may accompany old age, during the project design phase.

Drawing on over a decade of experience, the Enabling Environments Team at Alzheimer’s WA has worked as part of the Project Management Team across 7 rural sites, working collaboratively with architects, designers, builders, local government, community and the WA Country Health Service, to ensure evidence based principles of enabling environments were considered at all stages of the project. This included site planning, connection to the community, building design, fixtures, fittings and finishes, and landscaping. This presentation will showcase one of these project
Establishing an Australian-wide dementia research participation and public engagement platform

Prof Yun-hee Jeon¹, Mr Adam Smith², Associate Professor Piers Kotting³, Professor Martin Rossor²
¹University Of Sydney, ²University College London, ³University of Exeter

Recruiting participants in research can often be costly and time consuming. Delays in finding the right people for studies can result in funding extensions for study delivery, study samples insufficient for robust analysis and generalisation of findings, ultimately limiting the timeliness and effectiveness of research and evaluation. The problem can be especially challenging in research concerning stigmatised health conditions such as dementia. Limited support is available to facilitate a broader public engagement in dementia research. Currently, there is no systematic way for people with dementia and others to get involved in research in Australia.

The UK’s public engagement platform, Join Dementia Research (JDR), aims to address such challenges associated with public engagement in dementia research. Since 2015, JDR has attracted over 34,000 volunteers, facilitating 9,377 instances of volunteer study recruitment into 201 studies across more than 100 locations. Leveraging the experience and knowledge of JDR, in partnership with University College London and University of Exeter, we are creating and implementing a new national service to tackle the challenges in Australia. Using seed funding from the Australian Government, we aim to establish a self-sustainable service that will become an important part of Australian dementia research and facilitate broader public engagement in dementia research.

This presentation will report on the most up-to-date progress made through JDR in improving public engagement in dementia research in the UK and the early implementation processes involved in the Australian platform service. Discussion will focus on bringing about sustainable and systemic change, not only to improve research recruitment efficiency but also to improve society’s attitude towards dementia and to empower those who are directly and indirectly affected by it. We argue that this innovative service has the potential to inform and guide dementia services and research policy development, and to lead to an inclusive and integrated system.
Evaluating effectiveness of an outreach service to aged care facilities

Dr Leesa Giang¹, Dr Poorani Muruganantham¹
¹Westmead Hospital

Aims: The aim of the study is to evaluate a hospital outreach service to the local aged care facilities in the catchment area of a tertiary teaching hospital in metropolitan NSW. The outreach service was led by a nurse practitioner and governed by the geriatric medicine department.

Methods:
Setting – Aged care facilities in the catchment area of a tertiary teaching hospital in metropolitan NSW.
Participants – Aged care facility residents referred to the outreach service.
Intervention – Medical and nursing assessment and establishment of management plan.

A questionnaire also was conducted to assess the utility and feasibility of the service. Patients, their families, aged care facility staff and general practitioners who had utilised the service in the last six months were surveyed.

Results:
The service assessed 330 patients over the study period (8 months). Majority of the patients had poor functional and cognitive status and were on multiple medications. The mean Charlson comorbidity index was 6.

Intervention provided by the outreach service included wound management (43%), end of life care (30%) and management of acute/subacute illnesses (11%).

The survey revealed a high level of satisfaction by patients, their families as well as aged care facility staff. Positive aspects of the service included effective communication and reduction in hospital transfers. The aged care facility staff felt that the service improved their confidence to provide the required care to their residents. The recommendation was to expand the service to improve accessibility.

Conclusions:
The hospital outreach service provided assistance in the management of wounds, end of life care and acute/subacute medical illnesses. The service was well received by the patients, families as well as aged care facility staff.
Evaluating health promotion priorities for older, urban residents in Thailand

Mr SANYA Yueran\textsuperscript{1}, Associate Prof. Civilaiiz Wanaratwichit\textsuperscript{2}, Associate Prof. Danny Hills\textsuperscript{3}
\textsuperscript{2}Naresual University, \textsuperscript{2}Naresual University, \textsuperscript{3}Federation University

Introduction: Problems in undertaking health promotion for elderly people living in urban Thailand are complex, especially relating to the local Health Insurance Fund, which supports community health promotion. However, there appears to be insufficient attention given to health promotion in older people. The purpose of this study was to evaluate the local Health Insurance Fund priorities for and analyze problems with health promotion management for elderly people living in urban areas.

Methods: A multi-method, case study design was employed to evaluate the effectiveness of the local Health Insurance Fund management of health promotion for older people living in Yala City Municipality, Thailand. There were 49 participants in the study, including the local Health Insurance Fund Board and Committee members, elderly representatives and public health volunteers. Data were collected through document analysis, in-depth interviews and focus groups. Thematic analysis and descriptive statistics were employed.

Results: The budget allocation for health promotion in older people living in urban areas was 22.5%. The main health promotion activity for older people was health education (44.4%), followed by assessing health (27.8%), and improving physical and mental skills (11.1%). The Yala Hospital received the highest allocation of budget across all projects, while the elderly representation group received the least allocation. The main problems in the management of the local Health Insurance Fund for health promotion in older people were 1) the lack of project writing skills in elderly representatives, 2) poorer access to budget support information for the elderly, and 3) less collaboration among community members to promote health of older people.

Conclusion: The local Health Insurance Fund management of health promotion for older people has not favoured the elderly representation group. Interventions for the elderly representation group need to focus on education and training in project development and management and creating collaboration in the community.
Evaluation of a South Australian intergenerational dementia-friendly program

Ms Georgina Kamm, Miss Samantha Lai

Cognitive Ageing and Impairment Neurosciences laboratory, School of Psychology, Social Work and Social Policy, University of South Australia

Intergenerational programs purposefully bring together younger and older generations. For young children, intergenerational dementia programs aim to raise awareness and foster more positive attitudes towards dementia and ageing. For older adults, these programs provide the opportunity to engage with young people and are thought to increase quality of life in people living with dementia through increased social inclusion and engagement.

Forget Me Not, an eight-week intergenerational program, was completed in Term 1 2018. Ninety Year 4/5 students learnt about dementia and dementia-related topics. In addition, 60 of these students visited an aged care respite facility for six one-hourly interactive sessions with older adults living with dementia. Sessions included a range of shared art, music, recreational and gardening activities.

Quantitative and qualitative data were collected from both children and older adults. Sixty-five children (average age = 9.6 ± 0.5 years) completed the Kids Insight into Dementia Survey (KIDS; max score 70) and qualitative interviews (n = 11). Older adults (n=11) completed the Quality of Life in Alzheimer’s disease scale (QoL-AD; max score 52), EQ5D-5L and qualitative interviews.

Preliminary results indicate that children’s knowledge and attitudes improved after the program (KIDS score increased by 6.9 ± 7.3 points, p<.0001). Quality of life scores for the older adults were fairly high at baseline on QoL-AD (42.6 ± 5.7). Analysis of quality of life and thematic analysis of interviews post program is ongoing. Final results and themes will be presented following analysis in mid-2018.
Evaluation of a South Australian intergenerational dementia-friendly program

**Miss Samantha Lai**, **Ms Georgina Kamm**, Miss Melissa Hull, Dr Rachel Milte, Dr Jess Baker, Dr Hannah Keage, Dr Tobias Loetscher, Dr Ashleigh Smith

*1Cognitive Ageing and Impairment Neurosciences, School of Psychology, Social Work and Social Policy, University of South Australia, 2Alliance for Research in Exercise, Nutrition and Activity, School of Health Sciences, University of South Australia, 3School of Commerce, University of South Australia, 4School of Psychiatry, University of New South Wales*

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Evidence for funding reform in residential care: a fair future.

Ms Jennifer Hewitt¹
¹The University Of Sydney, ²University of Technology, ³University of Queensland

Introduction:
Falls are the leading cause of preventable deaths in residential aged care and occur three more often than in the community-dwelling setting. A randomised controlled trial of the Sunbeam Exercise Program in residential care returned a significant reduction in the rate of falls in the intervention group relative to usual care (IRR = 0.45 (95% CI 0.17 to 0.74), and an improvement in physical performance (p = 0.02) (1). The aim of this presentation is to provide an economic analysis of the program and report cost-effectiveness. This information is timely as the Aged Care Funding Instrument is currently under review.

Method:
An economic evaluation was conducted alongside a pragmatic cluster randomised controlled trial including 16 residential care facilities and 221 residents. The comparator was usual care. A stepped cost-effectiveness analysis examined the costs of providing the program and acute health service use arising from falls. Incremental cost-effectiveness ratios were calculated for the cost per fall avoided per person and for the cost per person avoiding mobility decline. Bootstrapping obtained adjusted confidence intervals.

Results.
The mean age of the participants was 86 years, the majority (65%) were female and 78% relied on a mobility aide for walking. The intervention cost $463 per-person to deliver, the incremental cost-effectiveness ratio was $22 per fall avoided with the mean bootstrapped incremental cost-effectiveness ratio $18 per fall avoided (95% CI: -$380.34 to $417.85).

Conclusions:
The Sunbeam Program is cost-effective and reduces fall rates. This work provides evidence to contribute to the health care policy debate regarding funding for evidence-based exercise in residential aged care.

References:
Exercise interventions to prevent falls among older adults with diabetes

**Dr Claudia Meyer**1,2, Dr Anna Chapman3, Professor Duncan Mortimer4, Professor Keith Hill5, Ms Emma Renehan6

1Bolton Clarke Research Institute, 2Centre for Health Communication and Participation, LaTrobe University, 3Centre for Quality and Patient Safety Research – Monash Health Partnership, Deakin University, 4Centre for Health Economics, Monash University, 5School of Physiotherapy and Exercise Science, Curtin University, 6Beyond Blue

**Introduction**
Peripheral neuropathy is one complication of diabetes mellitus (DM) affecting the sensory and motor function of the distal nervous system, impacting static and dynamic balance and gait, both mediators for increasing falls risk. Certain exercise interventions are effective at reducing falls in older people, but no studies have quantified the effectiveness of exercise interventions on falls-related outcomes among older adults with DM, nor undertaken a cost effectiveness analysis of exercise interventions for this group.

**Methods**
A systematic review was undertaken to identify available literature fitting criteria of exercise intervention/s, assessing falls-related outcomes in older adults with DM. Effect sizes were pooled using a random effects model. Positive effect sizes favoured the intervention. Cost effectiveness analyses were undertaken, developing a decision tree model to represent the experience of a typical ‘older person with diabetes at risk of falling’ on potential pathways both with and without exercise intervention.

**Results**
Ten RCTs were eligible for the meta-analyses. Exercise interventions were more effective than the control condition for static balance (0.53, 95% CI 0.13 to 0.93), lower-limb strength (0.63, 95% CI: 0.09 to 1.18), and gait (0.59, 95% CI 0.22 to 0.96). Preliminary results from the cost effectiveness analyses based on pooled effect sizes and extrapolating to lifetime gains in quality-adjusted life years (QALYs) suggest that the intervention is likely to be more effective and lower cost than existing practice.

**Conclusion**
Exercise interventions can improve certain falls-related outcomes among older adults with DM. Substantial heterogeneity and limited numbers of studies should be considered when interpreting results. Among older adults, where DM burden is increasing, exercise interventions may provide promising approaches to manage downstream costs and mortality/morbidity consequences of diabetes-related falls.
Exercise physiologist prescribed exercise in aged care: outcome evaluation

Dr Dannielle Post\textsuperscript{1,3}, Assoc Prof Gaynor Parfitt\textsuperscript{1,3}, Ms Megan Corlis\textsuperscript{2,3}, Ms Alison Penington\textsuperscript{2} \\
\textsuperscript{1}ARENA, School of Health Sciences, University of South Australia, \textsuperscript{2}Helping Hand Aged Care Organisation, \textsuperscript{3}NHMRC Cognitive Decline Partnership Centre, University of Sydney

Introduction:
Exercise has been demonstrated to be beneficial for older people with dementia, and the role of Exercise Physiologists (EP) in delivering exercise in residential aged care facilities (RACF) is becoming recognised as an important facet of allied health care. Nested within a comprehensive EP-led exercise program, implemented across three sites of a RACF, this research examines the impact of individually-targeted exercise for residents, and perceptions of impact from the perspective of their family members, and care workers.

Methods:
Participants completed a control period, followed by a 12-week EP-led exercise program. Physical (Timed-up and Go, 5-repetition sit-to-stand, Handgrip, seven-day accelerometer data) and cognitive (Addenbrooke Cognitive Examination) data were collected pre-and-post control and intervention, as were data related to quality of life and activities of daily living. Surveys related to perceptions of impact for participating residents were completed by care staff and family members.

Results:
Fifty-eight residents consented to participate in the study. Preliminary analyses indicate that perceived benefits were reported for individuals by 76\% of family members and 85\% of care staff surveyed. There was a perception among respondents that there were generally improvements in all assessed factors, with little to no deterioration perceived by family members or care staff across the program duration. Physical outcomes will be available for reporting at the time of the conference, with preliminary evidence of positive impact with respect to some physical outcomes.

Conclusion:
This EP-led exercise program for residents in a RACF has identified some unexpected outcomes for physical and behavioural factors from the perspective of family members and care staff. While physical outcomes for all participants are yet to be completed, preliminary results indicate some positive changes with respect to improved functionality for residents who participated in the program.
Exercise rehabilitation in older, sarcopenic and frail patients

A/Prof Ellen Freiberger\(^1\)
\(^{1}\)Fau-Erlangen-Nuernberg

Introduction: It is of common understanding that physical activity is an effective method to counteract the aging process. Especially exercise is playing an important role in rehabilitation. Less is known about the recruitment processes and effects of exercise programs in specific groups of older persons e.g. in frail or sarcopenic older community-dwelling persons. The presentation will give an overview of different methods of exercise for frail and sarcopenic older persons. The overview will be supported by the results of different exercise interventions (PREFALL; German SPRINTT cohort and FORMOSA) in this specific cohort.

Methods: In the PREFALL study physical limited older persons were recruited by their local general practitioners and cluster randomized to either the usual care group or the multi-component exercise group. In the FORMOSA study older sarcopenic obese females (70 years and above) were recruited by local news and information and randomized to either an Whole-Body Electromyostimulation exercise group (WB-EMS) or a WB-EMS group in combination with protein supplement or control group. In the German cohort of the EU SPRINTT project sarcopenic older persons (70 years and older) were recruited via different channels and provided a multimodal exercise training.

Result: In the PREFALL intervention the participants of the multi-component group showed significant improvements in physical function after 12 months compared to the control group and maintained this elevated function after a 24 months retention phase. In the FORMOSA study the WB-EMS group showed significant improvements compared to the control group in variables of physical function. In the ongoing SPRINTT study after 12 months positive effects of the exercise training were obtained.

Conclusion: Evidence is emerging that in older sarcopenic and frail persons exercise interventions can help restore or maintain physical function.
Exploration of job readiness of personal care workers South Australia

Miss Melanie Robinson¹, Dr Terri Gibson, Dr Cath Hall

Introduction:
This research investigated the concept of job readiness of graduates from the minimum qualification for aged care work (Certificate III in Aged Care) and the extent to which graduates have the skills and knowledge to enter the Aged Care workforce in South Australia.

Method:
A qualitative exploratory research design guided the research with data generated through a focus group and interviews with registered nurses working in residential aged care facilities in South Australia. The findings were separated into two parts, with one identifying characteristics of job readiness as identified by industry stakeholders (registered nurses who work with personal care workers) and the other comparing those characteristics with the training package curriculum content of Certificate III in Aged Care) and a government developed Certificate III in Aged Care graduate specification.

Analysis:
Thematic analysis identified four key characteristics of: the ‘person centred approach to care’ describing the individual attributes expected of a personal care worker, the ‘effective interaction with clients’ expected of graduates including the skills and understanding required to be able to interact with the elderly client group; the ‘organisational understanding’ expected of PCWs including the skills and knowledge needed to work in the aged care environment, and the final theme of ‘role performance’, which related to the personal care worker role and in particular the attributes needed to work with clients to maintain their activities of daily living.

Findings:
Many of the participants in the study expected quality graduates and expressed their disappointment in the quality of the current graduates of the Certificate III in Aged Care qualifications. The participants had mixed opinions about the attributes of a job ready graduate and this issue provides challenges to education providers when attempting to produce ‘job ready’ graduates.
Exploring Friendship in Later Life

**Dr Ralph Hampson\(^1\), Dr Alison Herron\(^2\)**

\(^1\)The University of Melbourne, \(^2\)The University of Melbourne

As we grow older we often enter closer relationships with our families, especially when we are facing some of frailties associated with old age. But are we at risk of neglecting the important role of friendship in our later years?

According to Graham Little’s theorising in his book Friendship: Being Ourselves with Others, friendship “encourages choice, change and the construction of a personal identity”, which can be subversive when it “confronts the family”. He also discusses three differing roles of friends: social friends provide companionship through shared interests, familiar friends provide support and help, and communicating friends give us space to express our inner self. Recent research by Huxhold, Miche and Schüz (2014) explored the benefits of having friends in older ages and they too identified fundamental differences between the relationships with family (obligatory) and with friends (voluntary). While family is typically the primary provider of social support in older ages, friends still provide a valued experience of companionship.

So perhaps friendship is the antidote to social isolation and loneliness, bringing joy and relief from the negative effects of ageing. Within a lifecourse framework, there are many transitions throughout the lifespan that involve change in friendship networks. The transition to retirement and transition through sudden and incremental health and mobility changes of later years can challenge established patterns of friendship. Little’s notion of social friends offers an avenue for older people to create new friendships through connection with shared interests at a time when their accustomed friendships are often dwindling.

Within this theoretical framework, our paper discusses a small pilot study undertaken by the authors to understand more about friendship and its possible benefits for older people living in the community to guard against social isolation and loneliness.
Exploring how art centres support older Aboriginal and Torres Strait Islanders – a national survey

Dr Scott Fraser1, Ms Paulene Mackell1, Dr. Jessica Cecil1, Ms Kathryn Squires1, Dr Frances Batchelor1, Assoc Prof Briony Dow1

1National Ageing Research Institute

There are 90 art centres based across remote Aboriginal and Torres Strait Islander Australia. They are widely acknowledged as very important to the social, cultural and economic well-being of their communities. To date there has been a gap in knowledge as to how art centres support older community members. This presentation will provide an overview of a survey developed within the context of a current project being led by the National Ageing Research Institute and funded by a Dementia and Aged Care Innovation Grant. The survey targeted people working in or with art centres and was distributed via art centre peak bodies including DESART, ANKAA, ARCHWA and IACA. Its aim was to explore how art centres, across remote Australia, are currently supporting older members of the community and to consider if there are opportunities to build on these strengths.

Approximately half of the artists attending art centres are over 50 years old and approximately 15% are over 70. Preliminary findings highlight a variety of ways that art centres are currently supporting older people. These included the provision of a place that facilitates social and cultural connections, a safe and supportive environment away from humbug, assistance with managing money, and an advocacy role with agencies such as Centrelink, health and legal services. Respondents identified that art centres help with meals, showering, managing medication and assisting with the mobility of older artists. Respondents reported challenges faced including access to amenities, transport and staff having a limited understanding of ageing, cognitive changes and dementia.

Respondents indicated that they believe they support older artists well and acknowledged that this may be enhanced with appropriate training on the conditions associated with ageing and the opportunity to attract additional resources and funding and that there is scope for a closer association with aged care providers.
Exploring the impact of older adults’ activity groups on health and wellbeing

Mrs Gabrielle Lindsay-Smith¹, Aspr Rochelle Eime¹,², Dr Grant O’Sullivan¹, Dr Jack Harvey¹,², Aspr Jannique van Uffelen¹,³

¹Victoria University, ²Federation University, ³KU Leuven

Introduction: Given the ageing population it is important to explore sustainable methods for improving health, wellbeing and physical activity (PA) in older adults. Community groups such as Life Activities Clubs Victoria (LACVI) may provide PA and wellbeing benefits suggested to be linked to group or social activity [1, 2], but the association has not previously been explored.

Methods: This mixed methods study explored the association between LACVI social or PA programs and health, wellbeing and PA in older adults, and possible mechanisms associated with wellbeing changes.

A survey assessed physical activity (PA) and wellbeing in new members of LACVI three times in one year (analysed using linear mixed models). Four focus groups explored the impact of involvement on health and wellbeing associated with membership of PA or social programs (analysed using thematic analysis).

Results
• PA was maintained in participants of PA programs.
• Social or PA programs appeared to maintain wellbeing.
• Wellbeing benefits attained from group participation were associated with five key psychological mediators: detachment, recovery, autonomy, mastery, meaning and affiliation (DRAMMA; [3]). Affiliation/social engagement was a particularly important mechanism mediating wellbeing in this age group.

Conclusions:
Community programs for older adults may be beneficial for maintaining PA and wellbeing. The DRAMMA model mechanisms are useful to consider when implementing community leisure programs for older adults that aim to improve wellbeing. Policy and strategies for wellbeing in older adults should emphasise long-term participation in community groups offering social and PA programs.

References
Extending and enhancing community-based physical activity opportunities for older people

Ms Genevieve Nolan¹, Assoc Prof Ben Smith², Mr Chris Alexander³, Ms Helen Koutsimanis¹, Ms Tracy Nau⁴, Ms Renee de Silva¹
¹Musculoskeletal Australia, ²University of Sydney (& Monash University), ³Fitness Australia, ⁴Monash University

Introduction and background:
The Victorian Active Ageing Partnership (VAAP) aims to increase opportunities for participation in physical activity for older Victorians. The VAAP has a focus on areas of socio-economic disadvantage and addressing the needs of socially isolated older people not currently involved in physical activity. The VAAP is a three-year project which began in late 2015 and is funded by the Victorian Government. Consideration is given to the systems that influence how older people engage in physical activity and where best to intervene for optimal health and wellbeing outcomes. The places and settings where older people spend their time and are physically and socially active are recognised as important platforms for change. The priority group of the VAAP is service providers in a range of settings and, consequently, workforce and organisational capacity-building has been a key focus.

Purpose/aims:
To inform symposium participants of the key workforce and organisational capacity-building tools and strategies developed within the VAAP to promote the initial and sustained engagement of older people in physical activity.

Expected learning outcomes for audience members:
- Research findings re: workforce and organisational factors influencing the engagement of older people in physical activity
- A self-assessment tool that they can use to review their current physical activity programs and approaches
- Strategies to better reach and engage under-represented groups of older people in physical activity
- Key elements of transition pathways governing the transition of older people from formal, supervised programs to more independent, community-based exercise
- The approach taken within a statewide initiative such as the VAAP, to promote broad stakeholder engagement
Factors associated with activity among RACF residents with dementia

Mrs Laura Tierney¹, Dr Elaine Fielding¹, Prof Elizabeth Beattie¹, AusQol Group
¹Queensland University Of Technology

Introduction
Involvement in activities is thought to contribute positively to wellbeing and quality of life for people with dementia. However, it is often reported that residential aged care facility (RACF) residents have limited activity opportunities and are often unoccupied.

Method
A cross-sectional design was used to investigate activity opportunities and participation among Australian RACF residents with dementia. Quantitative data was collected about facility characteristics, resident demographic, health and care characteristics. This analysis explored potential relationships between resident activity, facility and resident characteristics.

Results
A total of 396 residents from 53 facilities participated in the study. On average, residents had the opportunity to participate in half of the 15 specified activities. The activities residents most commonly had the opportunity to participate in included getting together with friends or family, listening to radio or watching television and being outside or going for walks. Among those with opportunities to participate in specific activities, the mean frequency of participation was 10 out of 30.

Facility characteristics, such as organisation type, dementia-friendliness of the environment and the level of person-centredness were not associated with either activity variable. Among the resident demographic characteristics, people who were not married and those whose preferred language was English displayed more opportunities and participation than those who were married or who preferred another language. The following health characteristics were associated with lower opportunities and participation: higher cognitive impairment, lower nutritional status, depression and more frequent aggressive agitated behaviour. Wandering was negatively correlated with opportunities but not participation. Greater independence in the following care needs was associated with higher opportunities and participation: nutrition, mobility, toileting and continence.

Conclusion
This study provides insight into activity opportunities and participation of RACF residents with dementia. In general, residents with poorer health and higher care needs had fewer activity opportunities and less frequent participation.
Feasibility of community care staff delivering a falls-prevention exercise program

**Dr Elissa Burton**, Prof Gill Lewin, Ms Hilary O’Connell, Mr Mark Petrich, Ms Eileen Boyle, Prof Keith Hill

1Curtin University, 2Independent Living Centre WA, 3Western Australian Department of Health

Introduction: Almost 50% of community care clients fall each year and this has not improved over the last decade. Falls prevention programs delivered within community care services are uncommon and if available are usually delivered by university trained allied health professionals. The aim of this study was to determine whether it was feasible and safe for community care staff to deliver an evidence-based falls prevention exercise program (LiFE)[1] to their clients.

Method: Ten community care organisations participated in the research, with at least two staff from each organisation completing the training. Community care staff included Regional Assessment Service (RAS) assessors and support workers. Staff were interviewed at the completion of the 8-week program and clients were surveyed anonymously.

Results: Twenty-five community care staff delivered the falls prevention program to 29 clients. The intervention was delivered safely with no adverse events recorded and the eligibility tools, and assessment documents, were completed fully by the majority of staff. RAS assessors found it difficult to fit the intervention into their schedules. Support workers however, were able to complete it within their current service delivery period, with the initial assessment taking a small amount of additional time.

Conclusion: Community care staff who completed appropriate training were able to safely deliver a falls prevention exercise program to their clients as part of their current services. Further research is required to determine whether the program reduces the falls rate for these clients.

Reference
Feasibility of recumbent bike riding in people with fractured hip

A/Prof Catherine Said1,2,3, Ms Marisa Delahunt3, Mr Andrew Hardidge3, A/Prof Susan Berney3, Mr Paul Smith3
1University of Melbourne, 2Western Health, 3Austin Health

Early mobilization after surgery is a key recommendation for people with hip fracture, however this is achieved by only 50% of people. Recumbent bike riding has been used in other populations with limited mobility, including people in intensive care, and has potential to allow early exercise in people post hip fracture. The primary aim of this pilot project is to demonstrate the feasibility of a randomised controlled trial investigating whether early recumbent bike riding improves post-operative outcomes in people with hip fracture. We plan to recruit 50 people with a hip fracture from two sites in Victoria. Participants will be randomly allocated to receive either usual care or usual care plus active recumbent bike cycling. The primary outcome will be measured seven days post-operatively, using the Modified Iowa Level of Assistance Scale (mILOA). Secondary outcomes will be measured at hospital discharge and include the mILOA, gait speed and quality of life. Adverse events, including delirium will also be monitored. To date 12 people with a hip fracture have been recruited. The intervention appears to be well tolerated, and no trial related adverse events have occurred. If feasibility is established, a fully powered RCT will be conducted to explore the effectiveness and cost efficiency of this novel intervention, which has potential to change the way care is delivered and improve outcomes for people with hip fracture.
Forming research partnerships with Aboriginal and Torres Strait Islander peoples

Mrs Quigley Rachel\textsuperscript{1, 2}, Dr Sarah Russell\textsuperscript{3}, \textbf{Mrs Betty Sagigi}\textsuperscript{3}, \textbf{Mrs Rachel Quigley}\textsuperscript{1, 2}

\textsuperscript{1}James Cook University, \textsuperscript{2}Cairns and Hinterland Hospital and Health Service, \textsuperscript{3}Torres and Cape Hospital and Health Service

Historically, non-Indigenous researchers were known for using Indigenous knowledge for their own career advancement rather than sharing their findings to benefit the communities involved. For such reasons, research and researchers continue to be regarded cautiously by Aboriginal and Torres Strait Islander communities. However, as Aboriginal and Torres Strait Islander Australians experience significantly higher rates of chronic disease and a dementia prevalence rate of more than five times higher than the Australian population, addressing such health inequities remains an important area of research. To overcome such issues, non-Indigenous researchers need to focus on building relationships within Aboriginal and Torres Strait Islander communities and involve community participation in all stages of their projects. This ensures that research is relevant to the community needs; facilitates the translation of knowledge into practice; is culturally appropriate; and recognises the cultural diversity of the communities involved. Developing effective collaborative relationships between researchers and the community is the cornerstone of community engagement but may seem daunting to new researchers unsure of how to engage in community engagement.

The aim of this paper is to outline some strategies for meaningful community engagement utilised by a small group of researchers who have been collaborating for many years with local Aboriginal and Torres Strait Islander communities to determine dementia prevalence rates in specific communities; to identify associated risk and protective factors for dementia; and to promote healthy ageing. Insights from the research team’s own experience will be presented to provide practical examples of community engagement and consultation. Pitfalls and lessons learned will also be shared.
Frailty and clinical outcomes in older patients undergoing surgery

**Dr Henry Maung¹, Dr Vana Tam¹, A/Prof Vincent Lam¹**

¹Westmead Hospital

Aims: Frailty is associated with adverse outcomes including surgical complications and mortality in elective surgery but there are limited studies in older patients in the emergency general surgical setting. The objective of this study was to investigate the association between Rockwood Clinical Frailty Scale (CFS) and clinical outcomes in emergency general surgical patients aged 70 years and above.

Methods: This was a retrospective cohort study in a tertiary teaching hospital. All patients aged 70 years or over admitted under the acute surgical unit from January to September 2017 were included. The CFS was derived by the investigator based on patients’ comorbidities and functional status prior to admission as documented in the medical records. Demographics, type of operative procedure, documentation of advance medical planning (AMP) and clinical outcomes were obtained from electronic medical records. The clinical outcomes investigated include in-hospital mortality, delirium, functional decline and infective complications (septic shock, pneumonia, surgical site and urinary tract infection).

Results: There were 212 eligible patients. The average age was 80.5 years. On the whole, 62% of patients were managed non-operatively, 7% had in-patient mortality, 16% had delirium, 15% experienced functional decline and 35% had infective complications. There was a positive association between CFS and mortality (p=0.002), delirium (p<0.001), functional decline (p=0.048) and infective complications (p<0.001). Overall 22% of patients had AMP documented and there was a positive association between CFS and AMP (p<0.001).

Conclusions: CFS in older patients is associated with significant clinical outcomes in the emergency general surgical setting.
Global prevalence and measurements of elder abuse in aged care

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Background: There has been much debate about prevalence elder abuse and neglect in long-term residential care settings. A majority of elder abuse studies in residential settings focus on resident-to-resident or resident-to-staff abuse, with a limited number examining staff-to-resident abuse [1 – 2].

Methods: A systematic review on the global prevalence of elder abuse from staff to resident within residential care settings was undertaken. Multiple electronic databases were searched for English published literature from 2005 to March 2018, supplemented by a search of the references of all relevant articles [1].

Results: From the nine hundred and twenty-one articles identified sixteen studies examine carer staff-to-resident abuse in residential care settings. Of the sixteen studies, six provided a 12-month prevalence of elder ‘abuse’ or ‘maltreatment’ from carer staff-to-resident as committed or observed and reported by a relative, friend, resident, carer staff or the general community [3 – 8]. An average annual prevalence of ‘abuse’ or ‘maltreatment’ in residential settings ranged from of 17.4 per 1,000 nursing home beds or 20.7 per 1,000 nursing home residents [5, 6, 7] as reported by the general community. ‘Observed’ abuse reported by carer staff or administrators over the last 12 months ranged from 53.5% - 65% [3, 8], while observed by residents range from 5% - 31% [3, 4, 8]. One study found 54% of the ‘carer employees’ had directly committed abuse, while 11% of residents reported experiencing direct abuse [3].

Conclusion: By performing a systematic review of the literature examining current global practices in managing elder abuse may assist in developing standardised and accurate measurements when determining global prevalence and risk factors to improve elderly care service delivery, especially among the vulnerable in residential long-term aged care settings.

SYSTEMATIC REVIEW REGISTRATION NUMBER: PROSPERO registry number: CRD42018055484.
Grandparents carers: identifying health and social service gaps and needs

Prof Ruth Marquis, Dr Barbara Blundell, Dr David Coall, Dr Christina Fernandes, Dr Mark Liddiard

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Grandparent care is the fastest growing form of out-of-home care for Australian children. In Australia, tens of thousands of children are cared for under formal out-of-home-care arrangements, including foster care and relative/kin care (usually provided by grandparents); there are also many grandparent carers who provide care informally. Numbers of grandparent carers are anticipated to rise further due to a range of social factors that have increased the number of children coming into care, including parental substance misuse, mental illness, incarceration, and child abuse and neglect. Grandparent carers are an often hidden population and enmeshed within a complex policy and service framework. Understanding the specific needs of grandparent carers is essential to inform the development of improved, appropriate and sustainable policies and practices.

This paper will describe the comprehensive methodology and preliminary results from a cross-institutional, multi-level, mixed method research project focused on grandparent carers being conducted by a partnership between Wanslea (a non-profit service provider), Edith Cowan University, and Curtin University in Western Australia. The project incorporates a state-wide survey of grandparent carers to identify and prioritise system issues faced by grandcarer families and explore the impact of caring on mental and physical health. Interviews and focus groups are also being held with service providers working with grandparent carers focused on policy and service delivery accessibility, gaps and needs. Finally, the voices of grandchildren from grandcarer families will be heard through the evaluation of leadership camps providing respite and skill development. The project has a particular focus on the needs of grandparent carers from diverse and disadvantaged backgrounds, including Aboriginal and Torres Strait Islander, culturally and linguistically diverse, people from lower socioeconomic backgrounds, rural and remote areas, and grandparents caring for children with special needs.
HEAT: The Hospital Environment Audit Tool and reshaping care

Ms Kathryn Squires¹, Ms Rachel Mckittrick¹, Ms Jess Barry¹, Ms Paulene Mackell¹, Dr Frances Batchelor¹, Ms Nicole Doran², Mr Andre Catrice²

¹National Ageing Research Institute, ²Department of Health and Human Services Victoria

Introduction:
The Hospital Environment Audit Tool (HEAT) is a new way to look at hospital environments and make improvements to enhance older people’s ability to participate in their care. Innovative, evidence-based and practical, it provides clinicians and hospital staff with a way to quickly and easily audit aspects of the environment as it suits their capacity and needs.

Method:
HEAT has been developed for the Department of Health and Human Services Victoria by the National Ageing Research Institute, in collaboration with a range of stakeholders.

It has been developed by:

- reviewing the literature
- benchmarking against existing tools
- undertaking trial audits and site visits
- consulting with older people, peak bodies, health services, consumers, engineers and architects
- piloting a sample of modules

Results:
HEAT has been designed as an online tool that can be completed on a computer or handheld device. It can also be completed in printed form. It consists of 19 brief questionnaires, each taking 5-35 minutes. They can be completed together or individually, and do not require particular expertise or training. It provides simple tips and strategies for optimising the environment without need for major refurbishment.

Conclusions:
Auditing the hospital environment and making changes accordingly is an effective way of understanding and improving the environment for older patients. However, our research showed many facilities do not have the time or financial resources to make large-scale changes. This simple, evidence-based, cost-effective tool can make tangible differences to patient experience and outcomes.

HEAT takes a broad view of the environment including policies, procedures and models of care as well as physical surroundings. It puts patients at the centre, aiming to optimise their participation in their care.

This presentation will give an overview of the development of the tool and its rationale and introduce its use.
How long do older Australians live in financial hardship?

Dr Kim Kiely

Neuroscience Research Australia (NeuRA) and, The University of New South Wales

Background:
There is growing recognition of the rising number of older adults living with financial hardship, particularly women and those who do not own their own home. This study applies the concept of a healthy life expectancy to financial health and reports novel analyses estimating social inequalities in ‘financial hardship-free life expectancies’.

Methods:
The sample comprised 6,164 respondents from the nationally representative HILDA survey aged 45-100 at baseline (2001). Financial hardship was assessed by being unable to meet the essentials of life due to a shortage of money (e.g. being unable to heat the home, missing meals, or seeking assistance from community welfare organisations). Multistate models estimated transition rates for financial hardship and mortality. Model parameters were used to calculate life expectancies, which were partitioned into years: living free from financial hardship, and years living with financial hardship. Financial hardship free life expectancies were examined by gender, housing tenure, partnership status and education.

Results:
For women at age 75: being partnered and owning their own home was associated with 0.8 years of financial hardship, reflecting 5.4% of their life expectancy. Whereas, being single and renting was associated with 2.7 years of financial hardship, reflecting 22.5% of their life expectancy. For men at age 75: being partnered and owning their own home was associated with 0.6 years of financial hardship, reflecting 5.2% of their life expectancy. Whereas, being single and renting was associated with 1.7 years of financial hardship, reflecting 20.3% of their life expectancy.

Conclusions:
International comparisons indicate that the poverty risk for older Australians is one of the highest of the OECD. This is the first study to use health expectancy methodology to estimate financial hardship-free life expectancies. Results will be discussed in the context of rising living costs, declines in home ownership, age-pension reform, and equal ageing.
IEQ perceptions of a residential aged care facility in Victoria

Dr Hing-wah Chau1, A/Prof. Clare Newton1, Assoc Prof Briony Dow1, A/Prof. Masa Noguchi2, A/Prof. Lu Aye1, Prof. Piyush Tiwari1, Dr. Jin Zhou1, Ms. Catherine Woo1
1The University Of Melbourne

In view of the disproportionate expansion of Australia’s ageing population over the coming decades, there is a boom in residential aged care facility developments. Referring to the Healthcare and Retirement Living Report published by Colliers International in 2015, the total population in Australia is projected to grow 65% from 23.9 million to 39.4 million between 2015 and 2055. However, aged population over 65 years old will be more than doubled from 3.6 million to 8.5 million over the period. To cope with these dramatic socio-demographical changes to Australia, there is a significant increase in aged care demand requiring nearly 80,000 new residential places for the elderly by 2024. Nonetheless, systematic research on the indoor environmental quality that may affect the users’ health and well-being has not been well developed as yet. In this research project, post-occupation evaluation on indoor environmental quality of a selected newly built residential aged care facility in Victoria was carried out as a pilot study concerning perceptions of indoor environmental quality (including thermal comfort and illumination level) of a residential aged care facility in Victoria among residents, day care centre users and staff through questionnaire survey. The relationship of the demographic characteristics of the users and their differing perceptions was examined. On-site measurement of physical environmental parameters in terms of dry bulb temperature, radiant temperature, relative humidity and illumination level were carried out for obtaining relevant data for drawing a comparison with the perceptions of the users. Through this research, a better understanding about the users’ perceptions of the residential aged care facility and their levels of satisfaction can be obtained.
Implementation of advance care planning in aged care

Mrs Marcia Fearn\textsuperscript{1}, Dr Frances Batchelor\textsuperscript{1}, Ms Betty Haralambous\textsuperscript{1}, Ms Paulene Mackell\textsuperscript{1}, Mr Kerry Hwang\textsuperscript{1}, Ms Linda Nolte\textsuperscript{2}, Dr Karen Detering\textsuperscript{2}

\textsuperscript{1}National Ageing Research Institute, \textsuperscript{2}Austin Health

Introduction:
Advance care planning (ACP) refers to “a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care”. Benefits of ACP include: increased adherence to a person’s preferences, higher staff satisfaction, reductions in unwanted hospitalisations and medical treatments and reduced stress and anxiety for family. Despite clear benefits, uptake of ACP has been limited in aged care settings. This research explored barriers and enablers to implementing ACP in residential and community aged care settings, from the perspectives of aged care staff and older people. The findings informed the development of a new national resource to assist aged care providers implement ACP. This study was funded by Advance Care Planning Australia and undertaken by the National Ageing Research Institute.

Method:
Focus groups and interviews with aged care staff and older people were conducted in four Australian states. Sixty staff from 15 residential and community aged care organisations and 24 older people participated. Thematic analysis was undertaken to identify facilitators and barriers.

Results:
Factors identified as impacting on the experiences and implementation of ACP included:
- knowledge and understanding
- access to education/training
- understanding of relevant legislation
- having defined roles/responsibilities
- cognitive capacity of the older person
- timing of initiating the conversation
- availability of clear policies/procedures
- engaging older people and their families
- diversity within the workforce and older people.

Conclusions:
The consultations indicated there are a range of factors that can impact on implementing ACP. All these factors may need to be considered when implementing ACP within an aged care organisation.

References:
Implementing clinical research in residential aged care: addressing the challenges

**Dr Vera Costa**, Tanya Davison, Ms Juliet Kelly, Anastasia Konis, Prof Marita McCabe

**Introduction:**
Quality of life is poor among older adults in residential care compared to their peers in the community, and symptoms of depression and anxiety, with multiple medical morbidities, are common. Older adults and their families typically find the transition to residential aged care (RAC) difficult, and report high rates of distress. RAC facilities commonly describe inadequate staffing levels and high levels of staff burnout and turnover. In this low resourced context, clinical research with a complex, high-risk population faces a number of challenges.

**Method:**
The challenges of implementing research to improve outcomes for aged care residents is illustrated through a series of observations drawn from a randomised controlled trial of a person-centred care approach. PEARL (Program to Enhance Adjustment to Residential Living) was designed to help newly admitted residents adjust to life in aged care, through the introduction of strategies into their care plans that meet their individual psychological needs.

**Results:**
Staff commonly reported assumptions that adjustment difficulties were inevitable among newly admitted aged care residents. As a result, the psychological needs of many RAC residents were poorly met, and suicidal ideation was reported by residents at higher than expected levels. To ensure that these challenges are addressed we found it essential to embed the research requirements within existing aged care procedures.

**Conclusion:**
The successful implementation of PEARL, and the success of clinical research in residential aged care more broadly, depends on the ability of the research team to understand the staff needs, and is feasible only if the demands on staff are kept manageable. The organisational challenges to person-centred care approaches within the aged care require urgent attention in order to ensure that at-risk older adults receive high quality care and address current high rates of distress.
Ingredients for success: what works when screening for elder abuse

Dr Bianca Brijnath1, Assoc Prof Briony Dow1, Ellen Gaffy1

1National Ageing Research Institute (NARI)

Background and aims:
Without an effective screening tool, accompanied by clear guidelines of what to do when elder abuse is suspected, health workers may face challenges when asking questions about elder abuse. This project aimed to find the most effective and acceptable existing elder abuse screening tool, and to create guidelines for using the tool.

Method:
A rapid review of the literature identified existing validated elder abuse screening tools. Then, five tools (selected based on their internal rigor) were presented to health professionals to assess the tools’ relevance to Australian settings. Three focus groups were held with 23 health professionals in Victoria in 2017. Data were thematically analysed.

Results:
None of the tools were deemed suitable by participants for use across Australian health settings. Criticisms of the tools included: using outdated terminology, asking binary questions, asking multiple questions at once, failure to consider the older person’s cognitive status, failure to consider how culture mediates elder abuse, and failure to outline a referral pathway if elder abuse is suspected. Participants emphasized that the screening tool must promote trust and rapport between the assessor and the older person in order to solicit a story on this sensitive subject.

Discussion:
A successful elder abuse screening tool must be concise, easy to use, account for the older person’s health and social vulnerabilities, and outline a referral pathway if elder abuse is suspected. These considerations have informed the initial stages of the development of the Australian Elder Abuse Screening Instrument (AUSI), a new elder abuse screening tool for Australian settings.
Innovating at the coalface – developing engaging exercise tools for PREhabilitation

Meggen Lowry

"The time to fix the roof is when the sun is shining", however current approaches to fall prevention in the community remain reactive in nature; usually initiated downstream after presentation to a health service for injurious falls.

General exercise guidelines don’t advise older people how to specifically address the key fall risk factors modifiable through strategic exercise: cognitive processing speed, balance and lower limb strength.

Aim:
To develop evidence based exercise tools that may appeal to older adults both upstream and downstream and empower them to proactively shape their course of ageing.

Method:
Adults aged 45-93 attending exercise classes for healthy ageing were introduced to various exercises to gauge their popularity.
The most enjoyable exercises were adapted to create structured exercise tools for independent practise.
Focus groups were recruited from within the classes to refine the tools.

Outcome:
There was common enthusiasm for exercises with overlaying cognitive challenges (‘brain games’) rather than standard balance, strength or stepping exercises alone. There was mixed preference for digital versus non-digital tools.

The following 3 novel exercise tools were developed;

- An exergame app involving multi-directional stepping that enables the individual to adjust the stepping speed and cognitive load. (Clock Yourself)
- A printed guidebook with a sequence of balance exercises for self-progression at the kitchen sink. (Balance Yourself)
- An app that embeds brain games in sit-to-stand exercises. (Sit-Stand-Think)

Proof of concept has been established with 2700 downloads of the first app in 12 months.

A further 3 exercise tools were conceptualised by the focus groups to offer them a choice of low-tech or no-tech options. They are now being beta tested in seven countries.

This presentation will explore
- the evidence that was synthesised to inform the development of the exercise tools
- plans for future research
- focus group insights transferrable to innovation projects in other disciplines.
Innovative housing solutions for regional elders: community perspectives

Mrs Kelli Dendle¹,², Associate Professor Claudia Baldwin¹
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Access to appropriate housing affects all aspects of people’s lives including their mental and physical health, finances, access to formal and informal support networks and the ability to age-in-place. It is especially relevant for older people as disability increases with age and elders spend more time in the home later in life. With a rapidly ageing global population ageing-in-place is the aim of research, policy and practice, but there is not enough appropriate housing stock in Australia to allow residents to age-in-place. Public policy and practice to address this issue are based on data gathered through disparate research sources which bring together findings from different places, jurisdictions, times and policy settings. This study investigated innovative housing solutions to support ageing-in-place in a regional Australian town. Perspectives about the aspirations and needs of older residents were gathered from support organisations and their workers, building professionals, academics, local council, relevant government departments and older residents themselves. The results provide a unique insight into the contemporary housing situation in a regional area from the perspective of key stakeholders. Implications for policy and practice are relevant in both regional and urban contexts to allow older residents to age-in-place.
Integration of emergency care for older people: a Consensus Statement

A/Prof Judy Lowthian1, A/Prof Judy Lowthian2, Dr Eddy Strivens3, Dr Eddy Strivens4, A/Prof Glenn Arendts5

1Bolton Clarke Research Institute, 2School of Public Health and Preventive Medicine, Monash University, 3Cairns and Hinterland Hospital and Health Service, 4James Cook University, 5University of Western Australia

Aims: Management of older patients at times of acute illness or injury does not occur in isolation in emergency departments, rather requires a systems approach, including: primary, pre-hospital, community, allied health, aged care and rehabilitation providers, emergency and hospital clinicians, family and other informal caregivers. Quality is often compromised by fragmented care and poor communication between providers, resulting in healthcare delivery that is ineffective, inefficient or inconsistent with patient preferences/goals. We aimed to develop a collaborative Consensus Statement that would enunciate the principles of integrated emergency care for older persons.

Methods: Briefing notes, informed by research and evidence reviews, were developed and evaluated by a Consensus Working Party comprising multiple medical and allied health fields, including Professional Colleges, providers and administrators across the care continuum, government representatives, advocacy groups and consumers. The Working Party then convened to discuss and develop the statement’s content. A sub-committee produced a draft which was reviewed and edited by the Working Party.

Results: Consensus was reached on content and ethos of the statement after three rounds of discussion; with 12 principles and 6 recommendations for how to follow these principles, including an integrated care framework for action. The Consensus Statement was subsequently endorsed by 16 Professional Colleges, service providers and peak bodies.

Conclusion: Dissemination will encourage stakeholders and associated policy bodies to embrace the principles and priorities for action, potentially leading to collaborative work practices and improvement of care during and after acute illness or injury.
Interns’ perceived competence in counselling older adults about exercise: findings from a 3-year South Australian study

Dr Agathe Daria Jadczak¹,², Prof Renuka Visvanathan¹,²,³

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Background:
Given the growing body of evidence about the health benefits of exercise to older people, the importance of exercise and physical activity (PA) advice in clinical practice is increasing. However, doctors rarely focus on exercise when recommending treatment and cite a lack of education during medical school as the main reason for not counselling their patients about exercise. The aim of this study was to report on interns’ perceived importance and competence in advising older people about exercise and to examine the sustained impact of a medical school-based physical activity (PA) intervention.

Methods:
The modified Exercise and Physical Activity Competence Questionnaire (EPACQ) was administered during an orientation lecture to 265 interns over three years (2016, 2017 and 2018) with some of the interns being previously exposed to a PA module provided during their 5th year of medical school. Responses were graded on a Likert scale ranging from 1 (not important or not competent) to 6 (very important or very competent).

Results:
While the majority of interns (n=177, 84.3%) perceived exercise for older adults as important (4.62±0.70), only 33.3% (n=70) felt competent in advising older adults about exercise (3.62±0.74). The majority of interns (72.2%, n=13) who attended the PA module (n=18) still felt competent after two years (4.21±0.66) but when compared to 5th year (4.92±0.31) their scores were significantly lower (p<0.001).

Conclusion:
Improvements to the medical teaching programs are needed to reduce education deficiencies and to ensure that our future medical workforce is appropriately skilled to advise older people about exercise. Continued professional development is likely to be a key requirement for ensuring sustainability of confidence among interns and medical practitioners in the long term.
Interprofessional collaboration to improve elder abuse screening and response

**Assoc Prof Nola Ries**

*1Faculty of Law, University of Technology Sydney*

A 2017 Australian Law Reform Commission report states that elder abuse is “everybody’s responsibility.” Numerous submissions to the Commission called for increased screening for abuse by community-based service providers, including health practitioners, home care workers, and lawyers. The coordinated involvement of health, legal and community service providers is vital to identifying and assisting older people at risk for and experiencing abuse. Yet the Law Reform Commission also stressed that older people do not want to be treated like children and value their independence and freedom. Current elder abuse policies seek to balance autonomy and protection, requiring service providers to assist older people to make their own decisions and to respect those choices, including refusals of services.

In this complex area, research is needed to understand the current practices of community-based providers in identifying various forms of abuse, the factors that help and hinder interprofessional collaboration, and how they engage in the difficult balancing of protection and autonomy.

This presentation will report on a pilot project in the Newcastle, NSW area that brings together community-based practitioners in health, aged care and legal sectors for interprofessional education on elder abuse, training in the use of a screening process to identify situations of concern, and referral pathways for follow-up actions. Qualitative data collected through practitioner interviews and focus groups will provide insights into practitioners’ role perceptions, their experiences in detecting and dealing with abuse situations, and strategies to support coordinated action that can support and empower older people.
Involving people with dementia in research: stakeholder views and implications

A/Prof Nola Ries¹, Dr Elise Mansfield², Laureate Professor Rob Sanson-Fisher²

¹University of Technology Sydney, ²University of Newcastle

Until recently, people with dementia have been routinely excluded from participating in research. They have been assumed to lack capacity to consent and concerns about their vulnerability have posed ethical and legal barriers. This exclusion has resulted in gaps in evidence to inform care for people with dementia. Strategies to support appropriate inclusion in research are needed and must be acceptable to stakeholders. This presentation will report on recent surveys of older community members and researchers on this topic.

The survey of community members (n=174) sought the views of people aged 60+ attending hospital outpatient clinics. Asked to assume they had dementia, participants were asked about: the research activities they would want to be involved in if they could not give their own consent; their preferred substitute decision-makers for research choices; and their interest in making an advance research directive (ARD) to express their preferences for future research participation. The results reveal a high level of willingness among older people in being involved in research if they lack decisional capacity and strong interest in advance research planning by making an ARD.

The researcher survey sought the views of dementia investigators across Australia. The experienced respondents (n=70) from a range of medical and health disciplines were asked about their experiences on ethical and legal aspects of involving people with cognitive impairment in research. The findings reveal strong agreement on the importance of including people at all stages of dementia in research. Yet, many researchers identified ethical and practical barriers to involving people who may not have decisional capacity.

This presentation will review the key findings of these studies. Discussion of implications will focus on ethics, law and practices to support inclusion of people with dementia in research. Suggestions for advance research planning strategies and inclusive dementia research practices will be offered.
Is social inequity increasing as result from retirement income reforms?

Ms Ilonka Guse¹
¹CDU Darwin

Many publications on ageing highlight an increase in the prevalence of healthy ageing and longevity. The 'Active Ageing' paradigm suggests productive ageing and social participation are typical for modern older people. The Intergenerational Report takes this concept further promoting work as an opportunity to stay involved and secure finances for a sufficient post-retirement lifestyle. At the same time, we are warned about a budget blow out related to the cost of ageing and the increase in the number of retirees qualifying for age pension payments. Should the answer be as simple as "live longer - work longer"? (OECD, 2006).

Life expectancies vary greatly within population groups as do levels of health, education, employment and socio-economic backgrounds. Unequal opportunities to earn a good income and to access adequate medical care based on gender, age and race are emphasized in several anti-discrimination acts. Nevertheless, the Australian Government is implementing policies that target all older workers to delay retirement and unemployed older Australians to re-engage in the workforce.

This research project is investigating whether existing social inequities are going to increase further as a result of these recent retirement income reforms. Reports from economists and financial analysts highlight existing inequity in the difference between the Official Retirement Age linked to the age pension eligibility age (65-67) and the Preservation Age (55-60) enabling some to retire earlier than others. International studies express concern about a potential return of old-age poverty.

It is planned to conduct indicative surveys with specific population sub-groups surrounding recent retirement income policies and the impact of these on retirement plans. I argue that existing inequalities need to be considered by policy developers to avoid an increase in inequities.
Keeping You Strong Framework: supporting older Aboriginal peoples’ wellbeing

Dr Carol Davy¹, Mr Stephen Harfield², Professor Annette Braunack-Mayer³, Ms Elaine Kite⁴, Mr Derik Lynch², Professor Alex Brown⁵

¹NT Primary Health Network, ²Wardliparingga Aboriginal Research Unit, SAHMRI, ³University of Wollongong, ⁴Flinders University, ⁵University of South Australia

Despite poorer health status and higher levels of socio-economic disadvantage, on average, older Aboriginal and Torres Strait Islander peoples (hereafter respectfully referred to as Aboriginal peoples) are less likely to use aged care services, in comparison to their non-Indigenous counterparts. This presentation outlines a study that aimed to identify ways in which aged care services could improve the acceptability of services by better supporting social, cultural and spiritual wellbeing of older Aboriginal peoples.

A total of 30 older Aboriginal peoples from urban, rural and remote areas in South Australia took part in semi structured interviews aimed at understanding how they conceptualised wellbeing. Two expert panels consisting of representatives from Aboriginal and mainstream aged care services then came together to identify ways in which community and residential aged care services could support these concepts of wellbeing.

Aboriginal identity, reflected in connections to family, community, other Aboriginal peoples and their culture was central to the wellbeing of older Aboriginal peoples participating in this project. The ability to maintain these connections was critical to health, dignity and happiness, irrespective of participants’ physical condition. Guided by the aged care service panel members, the Keeping You Strong framework was developed to articulate strategies within three key service levels – the right resources, the right environment and the right systems - that need to align to support this sense of wellbeing.

The challenge for aged care service providers is clear. Older Aboriginal peoples are unlikely to engage with services that do not meet their emotional, spiritual and cultural needs. The Keeping You Strong Framework provides practical guidance for supporting this sense of wellbeing. Closely aligning with the concept of cultural safety, the Framework provides pathways for improving the acceptability of community and residential aged care services for older Aboriginal peoples.
Late-life social connectedness, cognition, and depression in Aboriginal Australians

Ms Louise Lavrencic¹, Ms Gail Daylight¹, Professor Gerald Broe¹,², Dr Kylie Radford¹,², and The Koori Growing Old Well Study Team
¹Neuroscience Research Australia, ²University of New South Wales

Social engagement is related to better cognitive function and mental health in late-life. However, these associations have not been characterised in Aboriginal Australians, who are disproportionately affected by both dementia and depression. We investigated whether social and cultural engagement was associated with cognitive decline and depression in an urban/regional Aboriginal cohort.

A representative community sample of Aboriginal Australians aged 60-85 years participated, including individuals with no cognitive impairment (n=248) and mild cognitive impairment (n=38). Participants were assessed at baseline and 5-year follow-up. Social/cultural/leisure engagement, unskilled work history, and feelings of loneliness were assessed at baseline. Cognition (Mini-Mental State Examination) and depressive symptoms (modified Patient Health Questionnaire) were measured at baseline and follow-up.

Overall, there was a high degree of social and community connectedness: 78% did not live alone; 55% connected daily with someone who did not live with them; 79% felt religion/spirituality was a source of strength; and 92% felt connected to the local Aboriginal community. Only unskilled work history related to poorer cognition at follow-up, controlling for age and baseline cognition (p=.034). There were no other longitudinal associations. At baseline, feelings of loneliness associated with more depressive symptoms (p<.001); and engagement in leisure activities associated with better cognition (p=.001) and fewer depressive symptoms (p=.040).

Findings indicate that social engagement may not be a prominent risk factor for cognitive decline or depression in this population. High levels of social engagement in this cohort, which is often seen in Aboriginal communities, may account for these findings. It is possible that the typical level of social engagement in this cohort surpasses that which benefits cognitive and mental health, or that additional social engagement factors need to be taken into consideration. These findings highlight the need for culturally-relevant measures of engagement, to better understand how social factors might be beneficial in this context.
Let’s get critical! Strategies to enhance your research and practice

Ms Robin Harvey¹, Ms Belinda Cash¹
¹Charles Sturt University

Introduction and background
Health and aged care within Australian are undergoing significant and ongoing changes associated with the rapidly ageing population. Within this context, it has become increasingly important for practitioners, educators and researchers to consider the impacts of macro level shifts on older adults and their caregivers.

Critical social gerontology offers an approach that enables a better understanding of the impact changing economic and policy contexts can have on the provision of care to older adults. Several Australian researchers have discussed both the merits of this approach and its underutilisation within the Australian context (Aberdeen and Bye, 2011; Asquith, 2009; Cash, 2017). This session will introduce critical social gerontology concepts and demonstrate how these can be used to enhance research and practice.

Aims
This interactive session will provide an introduction to key strategies for taking a critical social gerontology approach to practice, teaching and research.

Overview of activities
- An overview of critical social gerontology.
- Discuss real world examples of critical social gerontology approaches in the Australian context.
- Developing strategies to utilise this approach in practice/research fields.

Expected learning outcomes
Participants will:
- Develop an understanding of how critical perspectives can be applied within gerontology research and practice.
- Engage in conversations about real world opportunities for translating critical social gerontology principles into their work.
- Develop a personal “take away” list of strategies they can implement to enhance critical approaches to their practice, teaching or research.

References
Life stories, death stories: Aged care worker's relationship with death

Ms Liana Green¹,², Dr Meredith Tavener¹,², Professor Julie Byles¹,²
¹Research Centre for Generational Health and Ageing, ²University of Newcastle

Introduction: In Australia, a large proportion of deaths occur in Residential Aged Care (RAC), with Personal Care Attendants (PCA), who represent around 2/3 of the RAC workforce, having the closest contact with those dying. These care workers draw on personal experiences to create their own unique existential meanings of death, and these inform their reactions and behaviours towards dying residents in their care. Personal meanings can promote resilience but they are often deeply ingrained and unexamined, and if incongruent with End of Life (EOL) education may override EOL knowledge acquired through modelling and education. Little is known about the capacity of PCA to incorporate palliative care concepts into their existing meaning-making constructs.

Methods: A Narrative Analysis framework was used to examine in depth the death narratives held by PCA; how their relationship with death has developed throughout their lives; how personal death narratives influence resilience and preparedness for work in the presence of death; and how these death narratives compare to organisational narratives. 12 PCA, 4 Registered Nurses, and 4 Managers were interviewed across 2 RAC facilities. Each PCA was interviewed 3 times to determine transient and enduring narratives, and how these may evolve.

Results and implications for practice: RAC workers commence work with existing death narratives and these dynamic narratives evolve in complex and unique ways as daily work sees workers facing their own mortality, the death of loved residents, and peer and organisational narratives. This study provides an in depth understanding of RAC workers existing constructs of death and how these can be used to promote resilience and address staff attrition. By understanding worker’s existing framework and how it complements or competes with palliative care concepts, grounded and reflective EOL education and mentoring can be developed that complements PCA learning styles, resilience, skill, and existing dynamic death narratives.
Local Retail Destinations and Middle-to-Older Adults’ Mobility Decline

Prof Takemi Sugiyama¹, A/Prof Theo Niyonsenga², A/Prof Neil Coffee², Prof Mark Daniel²

¹Australian Catholic University, ²University of Canberra

Introduction:
Mobility, defined here as functional ability to walk, is essential for older adults to remain independent and to facilitate ageing in place. To address mobility decline, long-term and wide-reaching prevention strategies are required. Local environments that support habitual walking are thought to assist ageing residents to sustain their mobility over time. We examined associations between the number of local retail destinations within different distances from home and mobility decline among middle-to-older aged Australian adults.

Methods:
Data from 1,397 adults (aged 50-89 years) who participated in a cohort study conducted in Adelaide were analysed. Baseline data were collected in 2000–03 with follow-up in 2005-06. Mobility was assessed using part of the physical function sub-scale (3 walking and 2 stair-climbing items) of the SF36. Mobility decline was defined as reporting a lower score in any of the items at follow-up relative to baseline. The exposure measure was the number of retail destinations within 600m, 601-800m, 801-1000m, and 1001-1200m of the participant residence. Multi-level logistic regression examined associations of mobility decline with each exposure measure, adjusting for covariates including the network distance to city centre and to closest suburban centre. All destination variables were examined simultaneously.

Results:
During the follow-up period (median: 4 years), 41% of participants reported mobility decline. Participants having more retail destinations within 600m had a lower likelihood of reporting mobility decline: each 10 additional retail destinations was associated with 8% lower odds of developing mobility decline (OR=0.92, 95%CI: 0.86, 0.99). No associations were observed for the other exposure measures.

Conclusions:
The presence of retail destinations within 600m of home, which can be walked in less than 10 minutes, may help middle-to-older aged adults to maintain mobility, regardless of the distance to city centre. These results implicate the presence of easily accessible local retail areas as supporting mobility maintenance.
Measuring the impact of the Preventing Dementia MOOC

Dr Shannon Klekociuk¹, Dr Maree Farrow¹, Mr Aidan Bindoff¹, Prof James Vickers¹

¹The Wicking Dementia Research & Education Centre (UTAS)

The Preventing Dementia Massive Open Online Course (PD MOOC) is a world-first public education program about dementia prevention. Developed by the Wicking Dementia Research and Education Centre, this free, four week, fully online course presents the latest evidence around dementia prevention and risk reduction from various experts in public health, medicine, and epidemiology.

Across the 2016-2017 deliveries, the PD MOOC has attracted 27,048 enrollees, with 13,778 (51%) completing the course. This equates to some of the highest reported completion rates of any MOOC worldwide. Whilst completion rates are a standard metric of success for MOOCs, they are often criticised as being crude, and unable to capture the nuanced nature of these non-traditional education packages. In terms of the PD MOOC, evidence of positive lifestyle changes to reduce dementia risk is arguably more meaningful as a metric of success given the aims of the course.

Analysis of feedback survey data from the 2016-2017 deliveries revealed that 84% and 87% of respondents respectively, reported the course having an impact on their behaviour and lifestyle choices, with 69% and 75% reporting to have already implemented knowledge gained from the PD MOOC. The kinds of behaviours and lifestyle changes reported include: implementing and increasing physical exercise regimes; increasing social and cognitively stimulating activities; making healthier choices with regards to diet; seeking health advice and check-ups for vascular risk factors.

Participants also report feeling more motivated to engage in risk reduction strategies and to share their knowledge to educate friends and family about dementia risk reduction. According to conventional metrics of success, the PD MOOC is one of the most successful courses of its kind. However, its capacity to positively impact behaviours and knowledge around dementia prevention adds valuable evidence of its impact and success.
Moved to care: valuing the love-labour of migrant care workers

Dr Regina Quiazon

Multicultural Centre For Women’s Health

The affective labour of carework in western countries is increasingly performed by migrant women (WHO 2017). The Australian aged care sector, influenced by global trends in ageing, migration and gendered labour, is an important setting to explore a central paradox in global health: specifically, that “women are conspicuous in the delivery of care and thus the delivery of health, but are invisible to the institutions and policies that design and implement global health strategies” (Harman 2016). In this paper, I take an intersectional feminist approach to articulating the needs of the aged care workforce with the wider issue of gender inequality. I present a practice-based case study of partnership work between the Multicultural Centre for Women’s Health (MCWH) and the aged care provider, Southern Cross Care (Vic) (SCCV). This partnership has now conducted numerous projects to promote workplace equality for migrant women aged care workers, including most recently the Equality@Work project, the first workplace program to promote gender equality and prevent violence against women in Australia specifically engaging migrant workers.

Following Lynch (2009), I ask how we can effectively resolve care-related inequality to attain equality for all women. In recent years, governments across Australia have been developing strategies to address issues of recruitment, retention and career progression within the aged care workforce, as well as a suite of separate strategies to address the issue of violence against women by promoting gender equality in various settings, including workplaces. I argue that MCWH’s approach, by considering the issues together and centring migrant women’s leadership of aged care-based workplace programs, provides an innovative model for valuing the love-labour performed by migrant women in caring for the elderly and addressing structural discrimination in the workplace.
Multicomponent psychoeducational intervention for the dementia caregiving dyad

Glynda Kinsella¹, Linda McAullife¹, Ben Ong¹
¹1 School of Psychology and Public Health, La Trobe University, Melbourne 2 Department of Psychology, Caulfield Hospital

Introduction
There is a substantial literature on psychoeducational interventions for people living with dementia and their family caregiver (the caregiving dyad), with most support for well-designed multicomponent interventions involving some form of skill building. Surprisingly, few psychoeducation studies have incorporated memory strategy training, despite family members finding memory difficulties in the person with dementia highly challenging, and despite evidence that teaching memory strategies to dementia caregivers is achievable. The aim of this study was to investigate whether a multicomponent intervention (psychoeducation + memory strategy training) provided additional benefit to that provided by psychoeducation alone in improving caregiver outcomes.

Method
A pre-test/post-test controlled trial of community-dwelling older people living with dementia and their family caregiver. Caregiving dyads enrolling in a 6-week psychoeducation group program (facilitated by Alzheimer’s Australia) were randomised to program as usual (control) or modified to involve evidence-based memory strategy training delivered by a neuropsychologist (intervention). Outcome measures included burden (ZBI-12), memory strategy use, and reaction to disruptive behaviours (RMBPC).

Results
56 caregiving dyads (31 control, 25 intervention) participated. Repeated measures ANOVA were performed using a Bonferroni adjustment (p <.005). Comparison of caregiver outcomes between groups and across time showed small, but non-significant effects for reduced burden. Both groups showed moderate-large, significant effects for memory strategy use across time, with participants increasing their use of memory strategies. Participants who received the intervention reported being less bothered or upset by the care recipient’s disruptive behaviours whereas participants in the control condition reported the reverse trend, becoming increasingly more distressed.

Conclusion
Psychoeducation about dementia delivered to caregiving dyads can increase use of memory strategies to help with everyday life. Combining psychoeducation with applied memory strategy training may further help by equipping the caregiving dyad with practical skills with the potential to reduce caregiver distress, which has implications for the longevity of caregiving.
Museums as social and intergenerational spaces of engagement and learning

Dr Alison Herron

Museums are much more than their buildings and collections - they are spaces that provide social, cultural and cognitive opportunities for their visitors. But are museums currently fulfilling their potential to offer experiences that appeal to older people and enable them to participate in cultural and community life? Experiences that could incorporate fun, learning and shared social activity, and foster health and wellbeing through engagement, social inclusion and participation. A scan of the literature revealed that the role of museums in engaging the older population is an under-researched field even though this audience is a rapidly growing demographic.

This presentation draws on two recent collaborative pilot studies between Victorian museums and the University of Melbourne to explore the perceptions and experiences of visitors aged 60+: Cultural institutions and older people and The museum multiple: understanding older visitors. The first study collected qualitative data at three Victorian museums from focus groups with 24 older visitors and interviews with 9 museum staff. The second study further explored the topic through a quantitative survey of 103 older visitors and semi-structured interviews with 39 older visitors to the Melbourne Museum.

A key finding of both studies is that museums are commonly perceived as social spaces by older people. The social dimension in combination with informal learning opportunities, underpin the reasons many people choose to visit museums. Most participants spoke of visiting the museum with family members, friends or partners and of their interest in seeing and learning something new. Museums are places that can simultaneously engage multiple generations, where everyone can find something of interest and relevance to them and where people can engage at many levels and in many roles. Visitors in grandparent mode were there to facilitate the engagement and informal learning of their grandchildren, opening up many avenues for intergenerational programming.
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Ms Lena Gan¹, Dr Alison Herron¹
¹University Of Melbourne

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National Diversity Framework towards a fairer future for CALD elderly

Ms Emma Campbell

The Hon Ken Wyatt AM MP, Minister for Aged Care and Minister for Indigenous Health, launched the Aged Care Diversity Framework in December 2017. The work was carried out by the Aged Care Sector Committee-Diversity Sub-Group. FECCA is an active player and key contributor to the Diversity Sub Group and is developing the CALD action plan (due for release May 2018).

Older people display the same diversity as the broader population across one or more attributes including race, religion, language, gender, sexuality, health, economic status and/or geographic location. It is known that older people from culturally and linguistically diverse backgrounds face several barriers when attempting to engage with the main entry point to aged care. But how fair are the outcomes for these consumers of aged care? FECCA’s work in developing the National Diversity Framework action plan for older CALD people revealed the issues which challenge older people from culturally and linguistically diverse backgrounds which include structural, cultural and service barriers. This presentation will discuss the methodologies used to conduct research for the specific action plan and explore the responses to the series of questions posed to the national audience. With close to 500 responses to the survey, and many contributions to the national workshops and consultations, FECCA was able to develop the CALD action plan through a comprehensive and detailed input from stakeholders Australia wide.
National guidelines for spiritual care – the adventure so far

Ms Ilsa Hampton¹, Ms Amy Heath²
¹Meaningful Ageing Australia, ²La Trobe University

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred”. (1) The role of spirituality to build resilience in ageing has been researched in Australia and internationally. (2) The federally funded National Guidelines for Spiritual Care in Aged Care (3) were developed by Meaningful Ageing Australia, Spiritual Health Victoria and the National Ageing Research Institute. This presentation will give insight into the development of the Guidelines (4) as well as how Meaningful Ageing has faced the strategic challenge of dissemination and implementation in the context of a sector that is in upheaval. The presentation will include data from aged care organisations who were surveyed about the Guidelines in 2016 and 2017; and information about the current project being undertaken by PhD candidate Amy Heath to evaluate the Guidelines sector-wide. Links with the new Single Aged Care Quality Standards will be discussed.

Navigating the aged care data minefield

Assoc Prof Briony Dow², Mr Mark Cooper-Stanbury¹
¹Australian Institute of Health and Welfare (AIHW), ²National Ageing Research Institute (NARI)

Navigating access to and use of aged care data can be a daunting task, especially for early career researchers or people who just want some quick facts to support a project. Understanding not just what data are available but how to both access these data and utilise them appropriately can provide users with good insights into the minefield and strategies for successfully navigating it. This session aims to introduce the types of aged care data available and pointers to access the data.
Negotiating ageing in a changing intergenerational landscape

Prof Simon Biggs¹
¹Melbourne University

The demographics of population ageing are well known, yet cultural adaptation has been slow to gain momentum beyond notions of continuing to stay as one is- either in terms of continued working, midlifestyle consumption or resisting changing lifecourse priorities. It is suggested that cultural adaptation contain at least two principal challenges: finding novel purpose and contribution from a long life that are connected to changing lifecourse priorities and negotiating a situation where generational groups are becoming approximately the same size. A number of tensions will be examined as a means of interrogating this novel landscape each of which have implications on how policies can be assessed and new forms of active engagement can be created: between positive and negative forms of discontinuity, positive forms of othering, within-age and between-age thinking, and, present and lifecourse centred perspectives. Implications social policy and intergenerational relationships will be explored.
Older adults as co-participants in research, policy and planning

**A/Prof Stephen Neville¹, A/Prof Valerie Wright-St Clair¹, Dr Jed Montayre¹, Dr Barbara McKenzie-Green²**

¹Auckland University of Technology

Policy documents in Australia and New Zealand are infused with references to ensuring the voices and perspectives of older people are evident in policy, research and community development initiatives. Although limited, research suggests the benefits of involving older people outweigh the challenges. Benefits include older people’s increased confidence and community activism resulting in direct influences on research, policy and planning agendas. However, understanding the best processes, benefits and challenges of older people as co-designers/researchers/participants has yet to be fully understood in New Zealand.

This presentation provides an example of how engaging older adults as co-participants in research, planning and policy has been operationalised in a New Zealand context. The Auckland University of Technology Centre for Active Ageing (AUTCAA) was inaugurated in 2015 as both a research and practice centre. Older adults are integral to all aspects of the functioning of AUTCAA including the setting of research priorities, participating in the research process, determining the focus of public and research events, as well as providing vital information on the key concerns impacting on older people living in New Zealand.

Engaging older adults in the AUTCAA has been both rewarding and challenging. Challenges have included how we ensure the appropriate gender and socio-cultural mix of members that reflects the composition of New Zealand older adult groups. On the other hand, successes have included attracting strong, activist voices to the Centre’s Advisory Group, such as one member being recognised in the New Year Honours List 2018 and being elected to the Auckland Council’s Senior Advisory Committee. An overview of our latest work with older adults will also be presented including research and writing for publication projects.
Older Chinese immigrants’ lived experiences of health service encounters

Ineke Crezee1, Anni Tang1, A/Prof Valerie Wright-St Clair1
1 Auckland University of Technology, New Zealand

Introduction:
Older immigrants report a lack information about and difficulties navigating health systems, may underutilise services, and have cultural reasons for not seeking healthcare. This phenomenological study explored older Chinese immigrants’ experiences of accessing mainstream health and support services in New Zealand.

Method:
People who self-identified as Chinese, were 65 or older, fluent in Mandarin, resided in Auckland, and had interacted with healthcare services in New Zealand within the last three years were eligible. Six women and four men, aged 66 to 81, who had resided in New Zealand 4-15 years were purposively recruited via community organisations frequented by older Chinese. Individual interview data were gathered in Mandarin, aimed at eliciting stories of particular moments within service encounters. Data were audio-taped, and transcribed in Mandarin by the second author. Coherent stories about the encounters were drawn from the transcripts, then translated into English. Data analysis was iterative, including re-reading, writing and re-writing about the stories.

Results:
Health service knowledge was gained mainly through everyday chatting with family, co-ethnic acquaintances and Chinese community workshops. Two main themes were evident across the stories. Being sick held moments of being satisfied with practitioners’ caring actions and caring manners, juxtaposed against the suffering of waiting, being misdiagnosed, and of the language barrier influencing health service choices. Being vulnerable showed in moments when encounters were mediated by Chinese interpreters rather than communicating directly with practitioners. Participants described feelings of insecurity when they experienced interpreters’ ways of working as mechanistic. What seemed hidden were notions of the interpreter role and prescribed code of conduct in health settings.

Conclusion:
Interactions with Chinese-speaking health professionals were preferred over those mediated by Chinese interpreters. Turning to strangers for assistance was least desirable. This suggests information about health and community support services are best disseminated through co-ethnic community groups.
Older people with disability and the NDIS

Dr Megan Moskos¹, Dr Linda Isherwood¹, Prof. Kostas Mavromaras¹, Assoc. Prof. Stephane Mahuteau¹
¹The University Of Adelaide

The National Disability Insurance Scheme (NDIS) is a new scheme designed to change the way that support and care is provided to people with disability. Entry into the NDIS is available to people with a permanent and significant disability aged 65 years and under. Existing NDIS participants who reach the age of 65 years can choose to either continue receiving services under the NDIS or transfer into the aged care system. There is currently a scarcity of evidence about how the NDIS impacts on the supports and services available to older people with disability.

This paper draws from findings of the ‘Older People Study’ which was undertaken as a part of the independent evaluation of the NDIS. A key aim of the study was to compare the supports and satisfaction of older people with disability who were part of the NDIS with those who received funding and services through the aged care system. Eighty in-depth qualitative interviews were conducted with older NDIS participants (aged 59 years and above), older people with disability who were not NDIS participants (aged 64 to 75 years), representatives from provider organisations working with older people with disability, and representatives from key disability and aged care agencies.

Although some areas for improvement were found, overall the NDIS had a positive impact on the supports of older people with disability. This included a greater focus on person-centred supports and the development of new services. Funding levels available to older people with disability were greater under the NDIS than within the aged care system. Older people with disability also experienced more satisfaction with support access and quality, opportunities for social participation, and levels of choice and control in the NDIS, leading to concerns about equity and fairness for older people with disability ineligible to join the scheme.
Older person health literacy support: a role for homecare workers?

Dr Debra Palesy¹, Ms Samantha Jakimowicz¹

¹University Of Technology Sydney

Approximately 60% of Australian adults do not have adequate levels of health literacy to manage their own health and health care. (1) There are clear links between low health literacy levels and poor health outcomes, and ‘at risk’ groups include people with cognitive impairment and the elderly. (2) One means of improvement may be found in the rapidly growing paid homecare workforce, whose direct and frequent contact with older Australians (i.e., clients) positions them to provide extensive health literacy support. This two-phase study examines homecare worker (HCW) experiences in health literacy when providing assistance to their clients. In Phase One, a self-reported cross-sectional survey collected data from 75 HCWs in two Australian homecare organisations. To further explore survey responses, one-to-one semi-structured interviews were held with nine HCWs in Phase Two. Overall, HCWs in the study reported being regularly asked by their clients for health literacy support e.g., health advice, attending appointments, health professional liaison, health system navigation. HCWs expressed concerns about their clients’ health literacy, yet were cautious about providing this kind of support and sought a more explicit articulation of their role. Health literacy levels of the HCWs themselves were unconvincing. Targeted health literacy education and training was requested by the majority of HCWs and suggestions made for a curriculum and pedagogies that might best achieve this. To promote a health literate approach to older person care, the study proposes a versatile training framework for application across a range of in-house HCW training programs.

References
OPTEACH: an innovative resource for real life teaching about ageing

A/Prof Maree Bernoth¹, Dr Denise Winkler¹, Dr Clarissa Hughes¹

¹Charles Sturt University

Introduction:
Older people are often stereotyped as dependent and having nothing to contribute to society. Such stereotypes promote learned dependency and have a negative impact on older peoples’ sense of self-worth and mental health. We conducted an innovative project called OPTEACH (Older People Training Educating Aged Care & Health) designed to involve older people in teaching about ageing, thereby reducing social isolation. Our presentation explains how our research with older people and educators informed the development of resources for the OPTEACH website, which was funded by a grant from the New South Wales Department of Family and Community Services.

Purpose:
Guided by an authentic, person-centred approach we interviewed older people in the community and in residential care, as well as teachers, lecturers, administrators, and managers of residential aged care facilities. They shared their ideas about what is needed to support older people becoming ‘partners’ in the educative process while maintaining cultural and emotional safety. The resultant resources will be showcased during the presentation, and are available free of charge on the OPTEACH website. They support students to learn both from and with older people, hear and reflect on real-life stories, and maximise opportunities to ask questions to enhance their learning. This not only benefits students of all ages, but also builds community connectedness and enhances the self-esteem of older people as they play a tangible and meaningful role in educating the aged care work force of the future.

Outcomes for audience members:
It is anticipated the outcomes with be reciprocal. Firstly, the audience will be walked through the web site enabling them to use the resources in their workplace. Secondly, we will invite feedback from the audience to improve both the site and resources, building a community of OPTEACHers to ensure the site’s ongoing usefulness.
Outdoor exercise equipment for seniors to promote physical activity
Assoc Prof Briony Dow\textsuperscript{1}, Prof Keith Hill\textsuperscript{2}, \textbf{Assoc Prof Pazit Levinger}\textsuperscript{1}
\textsuperscript{1}National Ageing Research Institute (NARI), \textsuperscript{2}Curtin University

Designing active public/urban spaces to be inclusive of all ages is important to enable older people to actively engage in safe outdoor community and physical activities. Exercising outdoor offers many mental and physical health benefits. However, there is limited outdoor exercise equipment specifically designed for older people available in public spaces in Australia. Outdoor gym equipment has become increasingly common, however most outdoor exercise equipment currently in public spaces is designed for children or younger adults. To allow wider usage of outdoor exercise equipment and provide opportunities for older people to improve key areas of function including balance, strength, mobility and dexterity, local councils should consider older people needs, space accessibility, safe surroundings and engagement with relevant experts in the field.

This presentation will overview current exercise equipment available in public spaces and its usability and suitability for older people and will provide an example of current evidence based research of the use of a unique purpose-build outdoor exercise park. Moreover, key considerations required from local authorities around safe and old-person-friendly outdoor exercise space will be discussed. Future directions for research, including exploring safe use exercise parks for older people with some balance or mobility impairments will also be discussed.
Ovens Murray model of creating age-friendly rural communities

Jacki Erkert\textsuperscript{2}, Margaret Bennett\textsuperscript{1}, Dr Kathleen Brasher\textsuperscript{1}
\textsuperscript{1}Northeast Health Wangaratta, \textsuperscript{2}Department of Health and Human Services

To create resilient, cohesive rural communities, barriers to the full participation and inclusion of older people need to be addressed. Having an ageing population is a privileged phenomenon of many communities around the globe. In northeast Victoria the number of older people is projected to double in the next decade. One in four people will be over 65 years of age and half are living outside the more urban areas of Wangaratta, Benalla and Wodonga. Creating Age-Friendly Rural Communities in Northeast Victoria will give every older person the best later life for themselves and their communities.

The Victorian public health and wellbeing plan vision is that all Victorians enjoy the highest standards of health, wellbeing and participation at every stage of life. Across the entire age continuum and service delivery that is the focus of DHHS and NHW, there is also a continuum of health promotion that is developing a systems approach to solve complex problems.

This presentation will describe the Age-Friendly Rural Communities initiative in north-east Victoria. It seeks to bring together all levels of governments, academic, public and private sectors, community and volunteer groups to strategically plan, apply evidence and build capacity to build an Age-Friendly Ovens Murray.
Progressive aged care reforms are shifting dementia care into the community. These efforts have been shown to prevent transition to residential aged care facilities and hospitals. There is a paucity of studies examining the pathways through home care services for people living with dementia. This study aims to address the current knowledge gap by describing and comparing the demographics and patterns of home care service use for people with and without dementia. A retrospective secondary data analysis was conducted using routine data prospectively collected from a cohort (n= 2,703 with dementia matched to 9,224 without dementia; total 11,927) using a community home nursing service in metropolitan Melbourne, Australia in 2014. Descriptive statistics compared individuals with and without dementia on client-level demographics, referral pathways and patterns of service use. A comparative analysis on select variables was also performed using a conditional Poisson regression to estimate risk ratios (RR). Compared to older adults without dementia, people with dementia were more likely to be born overseas (RR 1.10, 95% CI [1.03-1.19]), require an interpreter (RR 1.41 [1.26-1.59]), have an informal carer (RR 1.36 [1.28-1.44]) and live with family (RR 1.09 [1.01-1.16]). When examining an individual’s pathway through home care, people with dementia were more likely to require acute care (RR 1.07 [1.01-1.14]) and be discharged from home care with personal care services (RR 1.46 [1.24-1.72]). People with dementia were less likely to be referred from a hospital (RR 0.73 [0.69-0.77]), achieve their home care goals (RR 0.91 [0.87-0.94]), or die whilst in receipt of home care services (RR 0.82 [0.72-0.94]). This study exemplifies the value of using routine administrative data to better understand a population of home care clients. The results will guide policymakers, service providers and community health organisations to the variations in socio-demographic characteristics and care pathways for people with dementia.
Physical Activity Promotion Using Walking Maps for Japanese Older Adults

Prof Akio Kubota1,2, Dr Munehiro Matsushita1, Prof Takashi Arao3, Prof Takemi Sugiyama2
1Tokai University, 2Australian Catholic University, 3Waseda University

Introduction:
Providing information about walking routes suitable for recreational walking may be effective to encourage older adults to walk more. This study evaluated a community-based physical activity intervention using walking maps in Japanese older adults.

Methods:
The study was a non-randomized controlled trial in a regional city in Japan (population: approx. 33,000). All residents aged 65–84 years living in an intervention and control sites were invited to participate. All households in the intervention site received a walking map and were invited to take part in a walking event every month during the 21-month study period (from 2016 to 2018). Since all residents in the intervention site were exposed to the intervention, we recruited participants separately at baseline and at follow-up (1 month after the intervention). The outcomes were the change in physical activity, exercise habits, and awareness of neighbors’ exercise, which were assessed using a self-administered questionnaire.

Results:
The number of participants was 849 at baseline (365 and 484 form the intervention and control sites) and 852 at follow-up (315 and 537 from the intervention and control sites). The response rate ranged from 37% to 48%. The median time spent in physical activity and exercise habits did not differ between baseline and follow-up both in the intervention and control sites. However, participants in the intervention site reported observing more neighbors doing exercise locally at follow-up, which was not observed in the control site.

Conclusion:
The study did not detect any changes in physical activity or exercise habits after the intervention involving walking maps. However, the intervention may have raised participants’ awareness of neighbors’ exercise, which may potentially enhance their own motivation to exercise. In the presentation, we will report additionally whether the intervention worked differently between subgroups (defined according to gender, baseline activity levels, and residential location).
Physiotherapist experience and confidence in the management of vestibular disorders

Ms Melanie Godfrey¹, Dr Ann Rahmann²
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Objectives:
Physiotherapists are increasingly recognised for their holistic approach to the management of vestibular disorders. However, a number of individual and organisational factors potentially limit knowledge translation and the attainment of clinical skills in this area. This study aimed to evaluate physiotherapist experience and confidence in the management of vestibular disorders within an Australian physiotherapy context and, secondly, to identify the barriers and enablers to achieving clinical expertise across the continuum of care.

Design:
Cross-sectional, observational survey.

Setting:
Two regional hospitals and three community health centres within a public hospital and health service.

Participants:
Physiotherapists (n= 21) with various levels of vestibular experience across the continuum of care.

Results:
Clinicians most frequently performed balance and mobility interventions and management of posterior canal benign paroxysmal positional vertigo (BPPV) as part of vestibular management. The bow and lean test, Vestibular Screening Tool (VST) and positional manoeuvres for horizontal canal BPPV were least frequently performed. Frequency of vestibular assessment and treatment was significantly correlated with clinician confidence, regardless of experience. Clinical support and access to training were typically identified as key enablers to performing evidence-based practice whilst clinician skills and available time were consistent barriers.

Conclusions:
A small number of clinicians confidently provide vestibular management across the continuum of care. Strategies to increase clinician confidence should facilitate knowledge of assessment and treatment of less common types of BPPV, include frequent opportunities to manage vestibular cases and allow sufficient time for skill development.

Contribution of the Paper:
- The frequency of vestibular practice in clinical settings has a positive correlation with clinician confidence in performing management
- Enablers to providing evidence-based vestibular practice include professional support and access to formal training whilst clinician skills, access to cases and available time are consistent barriers

Keywords:
Vestibular diseases; Physiotherapist; Evidence-based practice; Translational medical research; Diagnosis, differential
Policy and practice of later-life learning in China

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Since 1980s, a series of policies and practices have been implemented in China in response to the unprecedented rate of ageing population. The paper provides a detailed narrative of what later-life learning policy discourses have been advocated and gives a description on relevant practical issues during the past three decades. Based on the discourse approach with a systematic review of the government-issued documents, it finds that the main practices taken by central government at various levels were making University of the Aged (UA) available in all urban and rural regions to consolidate the newly student enrolments; focusing social-recreational, leisure and cultural activities on 55-75 age group; and utilizing various methods including voluntary works and tourism to improve older adults' physical and mental wellness. Although there were greater achievements with 30 years of development, many problems still exist. Modifying the curriculum to meet the needs of local development, to promote older adults' contact and contribution to the community, and to enhance technical competences of those in rural areas involving in agricultural production, as well as integrating resources from all sectors of the society are among the strategies which central government should adopt to further develop later-life learning in China. The result of this paper highlights the value to promote community-based later-life learning for building a society for active ageing and ageing in place.
Poor pain assessment and management of residents with cognitive impairment

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Background and Objective:
Australia has an ageing population and the number of people with cognitive impairment living in residential aged care facilities (RACFs) is rising. It is known that a large number of this vulnerable population experience multiple pain-causing conditions. Most research in this area centres on pain assessment tools and much less on how well nurses are actually performing in assessing and managing pain for people in RACFs. This study investigated the practices of nurses in this important aspect of their role.

Method:
A retrospective exploration of the documentation pertaining to pain was undertaken in a regional RACF. The data was quantified and analysed qualitatively using inductive and deductive content analysis.

Results:
Residents with a severe cognitive impairment received less pain assessments and were more likely to not receive any assessment over a one-month period. The severely cognitively impaired residents were charted for less regular analgesia and less PRN analgesia than the mildly impaired. When assessed to have pain, the severely impaired were less likely to be receive analgesia. Inappropriate assessment methods were often used on the severely impaired. Positive pain results were more likely to be acted on from use of the verbal numerical scale than a dementia specific assessment tool.

Conclusions:
Results support existing research based on interview and questionnaire and suggest a lack of knowledge by nurses in this field, ambivalence towards recognised assessment tools and a reactive rather than proactive approach being taken. The sub-optimal pain management of residents with a cognitive impairment suggests a need for further education of nurses and further research into this important care concern for a vulnerable population of elderly Australians.
Potentially inappropriate medications identified in older people receiving home nursing

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Introduction:
Use of potentially inappropriate medications (PIMs) is associated with increased risk of medication-related problems and adverse medication events (AMEs). Older Australians receiving home nursing are at high risk of experiencing AMEs due to multiple risk factors including polypharmacy, multiple prescribers and cognitive and functional impairment. Little is known about the prevalence of PIMs in this population.

Aim:
To identify and describe PIM use in older people receiving home nursing.

Method:
This study was part of an evaluation of the TEAMM (Timely Enhanced Access to Medication Management)-Pharmacist program, implemented between July 2017-June 2018. Two clinical pharmacists employed to work within a large home nursing service in Melbourne, provided medication management support to nurses and clients. The pharmacists’ roles included home visits to obtain accurate medication histories, review and reconcile medicines, and work with clients’ GPs/specialists and community pharmacists to optimise and simplify medication regimens. PIM data were extracted from the pharmacist-verified medication histories. The American Geriatrics Society Beers criteria (adapted for the Australian setting) were applied to identify PIMs.

Results:
Of the 95 clients reviewed by pharmacists to date, 58 (61%) were females, median age was 84 years and they took a median of 11 medicines. Sixty-seven (71%) clients had ≥1 PIMs prescribed (total 108 PIMs; median 1 per client). The most common PIM drug classes identified were: gastrointestinal (53/108, 49%) and central nervous system (36/108, 33%). Common drug groups identified within these classes were: proton pump inhibitors (51/108, 47%) and benzodiazepines (21/108, 19%). Eleven of 108 (10%) drugs identified were anticholinergics. Interacting drugs were identified in 14/95 (15%) clients.

Conclusions:
The prevalence of PIMs in home nursing clients was very high. Deprescribing is an approach that can reduce PIMs. Strategies/interventions to facilitate deprescribing in this at-risk group are required.
Prioritising medicines in-line with patient goals: GP perspective on medicines reviews

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GPs play a pivotal role in optimising medicines to reduce their burden for older patients. This includes reviewing medicines to confirm they are still needed/safe and align with patient goals. The Home Medicines Review (HMR) program provides a framework to support this, aiming to address polypharmacy problems by a home-visit from a pharmacist to review medications. However, there is limited evidence and barriers to HMR uptake. It’s important to understand how GPs care for older patients to prioritise medications, if goals/preferences are taken into account and how HMRs are utilised to achieve this. Our study aims to explore how GPs discuss patient goals/preferences in relation to medicines and whether GPs consider HMRs as having any role in achieving this.

Method:
Semi-structured interviews were conducted with GPs (n=25); with varying background characteristics and experience. Transcribed audio-recordings of the interviews were coded using Framework Analysis.

Results:
Most GPs recognised the importance of getting a sense of their patient’s goals/preferences in relation to medicines. However, often these discussions were initiated by patient, GPs interpreted goals only in terms of clinical outcomes (i.e. side effects) and some GPs did not discuss goals customarily. Themes related to HMRs included: 1) the importance of patient goals/preferences being reflected in HMR recommendations; 2) doubts about HMR effectiveness, suggesting HMRs may be limited in what they can achieve as only one aspect of patient care; and 3) reviews need to be targeted to high-need patients with HMR recommendations actioned by GPs for maximum benefit.

Conclusion:
This study highlights the challenges GPs face in managing polypharmacy and providing goal-concordant medication care. GPs see an important role of the HMR program in caring for their older patients but also identified barriers to its use. Future research could explore ways to address these barriers to make HMRs more usable for GPs.
Productivist welfare and working longer: Who will be left behind?

Prof Philip Taylor¹
¹Federation University Australia

This paper considers productivist welfare from the perspective of present notions of working longer, questioning the universal efficacy of a pro-work policy approach. The premise that working longer is achievable for all, is universally beneficial and is necessarily desired by the majority of older people is contested. Simplistic arguments for the ‘right to work’, it is argued, make older people’s advocacy the unwitting bedfellow of a strong policy push to extend working lives in order to reduce welfare costs. The labour market has changed dramatically with increasing non-standard employment and the number of working poor and, as will be demonstrated, many older workers may be displaced as a consequence of what is known as the fourth industrial revolution. The paper will argue that the quality of an ageing that is defined by the degree to which an individual is economically active may mean that those for whom longer working lives are unlikely only receive advocacy in terms of what for them is probably unattainable. They are thus defined in terms of what they cannot be, with potential consequences for their wellbeing. Unretirement - in the sense of being a kind of unemployment - is a term that might be applied to those older people who may be unable to undertake paid work or fully retire, that may become commonplace as pension ages are pushed out. There is also little consideration of what under-employment means in terms of advocacy frameworks that promote successful ageing. How the unretired or under-employed will build and maintain a sense of identity and purpose are issues of importance for ageing that have received little consideration. At a time of deteriorating economic conditions for some workers, the paper challenges a blind adherence to the principle of working longer and proposes some policy solutions.
Promoting best practice to reduce BPS and minimise harm

Prof Alison Hutchinson\textsuperscript{1}, A/Prof Bernice Redley\textsuperscript{1}, Dr Helen Rawson, on behalf of the Reducing Harm to People with a Neurocognitive Disorder Knowledge Translation Group\textsuperscript{1}  
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Introduction:
Individualised interventions can reduce behavioural and psychological symptoms (BPS) related to neurocognitive disorders (e.g., dementia, delirium) and mitigate the risk of preventable harm for patients in medical wards. This paper focuses on one aspect of a multi-stage, mixed-methods study that used an integrated knowledge translation (IKT) strategy, comprising staff education, ward-based facilitation, and a decision-support app, to promote best practice in addressing BPS in medical wards. Specifically, we report on change in nurses’ use of evidence-based interventions to address BPS, in association with the IKT strategy.

Method:
The IKT strategy was implemented over a 3-month period. We conducted a pre- and post-implementation audit of a random sample of patient medical records (n=150 each phase) from two general medicine wards at one Melbourne health service. The audit captured documentary evidence of specific interventions used to reduce BPS experienced by patients, grouped under eight broad categories.

Results:
Pre-implementation, the least common intervention categories were distraction/diversional therapy (n=5, 3.3%), communication/de-escalation strategies (n=10, 6.7%) and engaging with family/carers (n=10, 6.7%); the most common were modifications to the environment (n=113, 75.3%) and use of pain management (n=78, 52.0%). There was a statistically significant increase between the pre- and post-implementation results for engaging with family members (6.7% vs 17.3%, p=.007), and use of pain management (52.0% vs 72.0%, p=.001).

Discussion:
Despite an increase in staff engagement with patients’ family/carers and pain management during the post-implementation phase, psychosocial interventions remained uncommon in the treatment of BPS for patients in the hospital setting. The most common individual interventions documented (e.g. call bell within reach) were likely implemented as routine practice, not necessarily in response to BPS. Staff may require additional assistance to think beyond routine practice in order to provide care for patients displaying BPS that is consistent with best practice recommendations.
Protein-rich food provision in residential aged care is below recommended levels

Dr Sandra Iuliano, Ms Shirley Poon

Introduction: Malnutrition is prevalent amongst older adults in residential aged-care, and provision of adequate high-protein foods is essential to reduce malnutrition risk. We aimed to determine if protein-rich foods served in residential aged-care met guidelines for portion sizes and if consumption from available menus provided sufficient protein.

Method: Standard portions of 5628 menu items from 120 randomly selected menus; 2 each from 60 Victorian residential aged-care facilities were weighed and compared to recommended portion sizes in existing menu guidelines. High-protein menu items (n=1549) were identified and categorised as meat-, fish-, poultry-, egg-, or dairy-based components in (i) hot main meals (n=475), (ii) salad platters and sandwiches (n=388), (iii) desserts (n=116), (iv) accompaniments (e.g milk on cereal) (n=487) and (v) beverages (n=83). Frequency and magnitude (%) of items below recommended were determined. Highest and lowest protein items available at each meal were selected to estimate menu provision of protein and compared to Australian recommended daily intake (RDI) for older adults (>70 years).

Results: Seventy percent of high-protein menu items did not meet portion size guidelines. For hot main meals, 66% of meat- and 53% of vegetarian-based dishes were below serving size guidelines, providing 87% (6-412%) of recommended. Eighty-five percent of protein components in salads and sandwiches were below criteria, achieving 67% (4-320%) of the recommended portion size. Majority of high-protein desserts, meal accompaniments and beverages were also served below criteria (60%, 71%, and 59% below criteria, respectively). Assuming consumption of three meals, mean (SD) provision of protein ranged from 43 (12) to 66 (17)g daily, below the RDI of 56g and 81g for women and men, respectively.

Conclusion: Improving servings sizes of protein-rich menu items to at least meet minimal guidelines can ensure protein adequacy and likely reduce malnutrition risk in older adults in residential aged-care.
Providing and needing care: insights from older Australian women

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Older women commonly provide care for others, and they also need care for themselves. These roles of “carer” and “cared for” frequently coincide in later life, with neither category representing women’s full experience of this life stage. In the Australian Longitudinal Study on Women’s Health (ALSWH), women in their 70s and 80s were twice as likely to care for another person than they were to need care for themselves, with many women who needed care also providing care. At Survey 4 when the women aged 79-84 years, 11% provided care for someone who lived with them, usually for their spouse, and 11% of these women themselves needed help with daily tasks. In this study, we analysed the free-text comments provided by the women who need care and support and who also provide care to those that depend on them. Women described caring as a central part of their lives, but also noted that this care was reciprocal, ‘we care for each other’, and framed their role within the context of long and loving relationships. They noted the toll that caring had on their own health, and their sense of failure when their own health meant they could no longer care: ‘I feel I have let him down’. Others noted the importance of formal and informal sources of support: ‘having help helps’; and the importance of housing. In time, many women lost their partners, providing insight into their post-bereavement lives. This presentation will view these comments through the lens of the “ethics of care” which recognises the special place of care within human relationships, motivational displacement, interdependency, and mutuality, but which must also take account of the carer’s own rights, needs and vulnerabilities.
Providing end-of-life dementia care: perspectives of care home staff

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Background:
In Australia, over 50% of people living in residential aged care homes are living with dementia. Residential aged care homes are key providers of end-of-life care and staff require the knowledge and skills as well as organisational and system level support to provide quality end-of-life care.

Aim:
To explore the experiences and challenges of providing end-of-life care to people with dementia living in residential aged care homes from the perspective of care home staff. The information gathered was used to inform the development of a targeted training intervention.

Methods:
Qualitative research methods were used. Focus groups were held at 4 residential aged care homes in Melbourne, Australia. Personal care attendants (PCA), nursing staff, lifestyle coordinators and managers were invited to participate. The key topics explored included important aspects of caring for a resident with dementia at the end-of-life, supporting the family of the dying resident, and managing symptoms such as pain and shortness of breath.

Results:
A total of 24 staff participated in the focus groups. Emerging themes included: (i) There are two transitions: recognising the need for a palliative care approach and the transition to end-of-life care; (ii) It’s all about the resident and their comfort, (iii) The role of care home staff and team dynamics; and (iv) Staff also experience grief and loss.

Challenges discussed included: recognising and managing changes in care needs, and addressing family misunderstandings.

Conclusion:
Residential care home staff see their role as providing comfort care and support to the resident and their family at end-of-life. The findings will be used to inform the development of a new screen-based simulation training program for staff who provide palliative and end of life care to people with dementia living in residential care homes.
Quality of life among elderly people with disability in Thailand

Asst.Prof Civilaiz Wanaratwichit¹, Associate Prof Danny Hills²

¹Narasuan University, ²Federation University

Abstract

Introduction: Thailand currently experiences a significant increase in the ageing population with a physical disability. Little is known about the quality of life of this vulnerable group of elderly people in Thailand. This study thus aimed to investigate the quality of life (QoL) of elderly people with physical disability and the relationship between QoL and a range of personal, health and well-being factors.

Method:
This cross-sectional study was undertaken with a group of 139 elderly people with a physical disability living in Noen Maprang District, Pitsanulok Province, Thailand. The data were collected by instruments including demographic and health care items, and the World Health Organization WHOQoL_BREF_THAI questionnaire, which assesses QoL across physical, psychological, social relationships and environment domains. Descriptive statistics and the Chi-square tests were undertaken.

Results:
Most respondents were found to have moderate levels of quality of life, with scores of 81.3% in the physical, 80.6% in the psychological, 70.5% in social relationships and 59.7% in the environment domains. In addition, the association between reading and writing literacy, accessing home visits from hospital, accessing nursing care at home, accessing health rehabilitation at home, and accessing environmental care was statistically significant (p<0.05). However, gender, age, religion, marital status, family members, accessing home visits from health volunteer and health centre, and underlying disease factors did not show significant associations with QoL.

Conclusions:
The quality of life of elderly people with physical disability was at the moderate level, was correlated with care at home, and social relationships, which had the lowest score. In developing the quality of life in the elderly with physical disability, emphasis needs to be given to creating social activities in the community and improving their accessibility to home-based health care, which is broadly available throughout Thailand.
Quality of life and outdoor access for aged care residents

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1Flinders University, 2NHMRC Cognitive Decline Partnership Centre, 3University of South Australia

**Background:**
Supporting independence and quality of life (QoL) for people living in nursing homes with dementia is a priority. Providing outdoor access and physical activities is now considered essential in newer models of residential care. This study examines associations between independent access to outdoor areas, the number of physical activities offered by residential aged care facilities (RACFs) and their frequency of use with QoL of the residents.

**Methods:**
A cross-sectional study including 541 participants from 17 RACFs in four different states in Australia, mean age 85 years and 84% with cognitive impairment. Associations between independent access to outdoors, frequency of going outdoors, number of physical activities offered and participation in activities and QoL (measured by the ED-5D-5L) were examined using multi-level models.

**Results:**
After adjustment for potential confounders (including number of comorbidities and staffing levels), living in a RACF with independent access to the outdoors and the number of activities offered were not significantly associated with QoL (EQ-5D-5L outdoors β=-0.048, 95%CI -0.119, 0.022; activities β= -0.008, 95% CI: -0.052, 0.035). Going outdoors daily was associated with a better QoL (EQ5D-5L β=0.145, 95%CI 0.069, 0.220; P<0.001), as was participation in walking (β=0.115, 95% CI: 0.065, 0.165; P<0.001) or physical activities (β=0.106, 95% CI: 0.057, 0.155; P<0.001) and participation in a greater number of physical activities (β=0.031, 95% CI: 0.010, 0.054; P=0.008).

**Conclusion:**
Going outdoors daily and participation in physical activities is associated with higher QoL for individuals in RACFs. However, facilities simply providing access to outdoor areas or physical activities may be insufficient to achieve the potential benefits. Staffing structures and education, optimum design of outdoor spaces and organization of suitable activities, all need to be considered to increase engagement and support residents to frequently participate in outdoor activities to maximise resident quality of life.
RACF staff, residents, their families and GPs' experience of the doctor's visit

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Introduction: This study expanded on our previous research into general practitioner (GP) attitudes to residential aged care facility (RACF) visiting (Pearson et al 2018) by investigating barriers and enablers of RACF GP visits from the point of view of all its stakeholders: residents, their families, RACF staff, and GPs.

Methods: A multi-site study was conducted at four RACFs in regional and rural Australia. Interviews were conducted with thirty-five participants (8 GPs, 9 RACF staff, 12 residents and 6 family members). The interviews were audiotaped, transcribed and analysed using thematic analysis.

Results:
Four major themes emerged from the qualitative interviews data:
• The commitment and value of continuity of resident care by permanent medical and nursing staff: was considered necessary by all stakeholders.
• The accessibility of both people and information: was important from GPs’ perspective in terms of ready access to informed RACF staff, the resident and their past/present health information and their care wishes (e.g. Advanced care directives). The RACF staff, residents and family members wanted ready access to GPs both in-hours and after-hours.
• Effective resident advocacy: a role chiefly devolving upon RACF staff but also conducted by GPs, family or residents themselves was considered paramount.
• Communication and teamwork: the importance of reliable, efficient communication between GPs and RACF staff, residents and family who exhibit mutual trust and respect was emphasised by all stakeholders.

Conclusion: We infer from our findings that satisfactory resident medical care requires the recognition and support of RACF staff provision of ongoing informed resident advocacy, the employment of systems supporting efficient communication of medical information, and the development of close teamwork and communication between stakeholders.

References:
Radio listening for well-being in later life

Dr Amanda Krause

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Background: Many older people have restricted access to social contact and are highly vulnerable to a range of socio-emotional problems including loneliness and depression. Radio can offer people aural social presence, information, and entertainment. We know that music participation benefits older people’s psychological well-being, reducing depression and anxiety symptoms through therapeutic work, and offers opportunities for social interaction which shapes sense of self and community. Can music and other forms of radio programming do the same?

Aim: The primary aim of this research was to investigate how radio programming impacts the lives of older listeners. In particular, what are older listeners’ radio listening practices, and how to these relate to their sense of well-being?

Method: Twenty Australian residents (aged 65-85) participated in semi-structured, one-to-one interviews.

Results: The results of the qualitative thematic analysis revealed three interesting themes. Firstly, individuals define their ‘relationship’ with the radio in one of two ways: either as providing background information and music or as offering companionship (regarding both the music and the presenters). Secondly, while personal preferences varied, it was clear that individuals know what they wish to hear. Thirdly, beyond established habits (e.g., listening at certain times of day, to certain programs), listener motivations vary. Some people focused solely on the enjoyment that the listening creates; however, others consciously modified their listening to affect their mood.

Conclusions: These findings provide an in-depth understanding of older Australians’ everyday radio listening practices, with broader implications when considering how the radio might be used as a widely-accessed, low-cost tool for enhancing quality of later life. Further research will integrate listener practices and desires with those of radio personnel, who have input into radio programming. Such research can lead to the development of radio programming that can be used to promote emotional regulation, community, and well-being.
Recommendations to make medication regimens SIMPLER in aged care

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Introduction:
Residents of aged care facilities (ACFs) often have complex regimens comprising multiple medications, formulations, dosing schedules and special instructions (e.g. take with food or crush tablets). Simplification of medication regimens may be possible without changing the therapeutic intent of the regimen (e.g. by consolidating administration times or changing dosing time or formulation) and may benefit residents and staff.

Objective:
To describe common recommendations to simplify complex medication regimens.

Methods:
A descriptive cross-sectional analysis of medication regimen simplification recommendations made during the implementation of the Simplification of Medications Prescribed to Long-term care Residents (SIMPLER) study, a cluster randomised controlled trial in eight South Australian ACFs, was conducted. Consenting residents from four ACFs received a pharmacist-led multidisciplinary intervention focused on identifying opportunities for simplification by applying the Medication Regimen Simplification Guide for Residential Aged Care (MRS GRACE). Prescription and non-prescription medications charted for regular daily administration were considered when determining the total number of medication administration times per day.

Results:
There were 92 recommendations made for medication regimen simplification for 62 of the 96 residents who received the intervention. At the time of intervention, residents who received a recommendation took a mean (±SD) of 10.3±3.8 regular medications and were administered 3.7±1.6 different formulations. Recommendations targeted a mean of 2.1±1.6 medications per resident. The most common recommendation was to change a medication administration time (65%), followed by change of formulation (27%). Paracetamol was the most commonly targeted medication for simplification (n=11 recommendations). If all recommendations were implemented, the mean number of daily administration times would have decreased by one administration time (decreasing from 4.6±1.6 to 3.4±1.3 times per day).

Conclusion:
Medication regimen simplification is possible for two thirds of residents, predominantly through consolidating the number of medication administration times.
Reflections on three years of the Aged Care Complaints Commissioner

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¹Aged Care Complaints Commission

On 1 January 2016 the Aged Care Complaints Commissioner became an independent government agency, available to assist people resolve concerns about Australian government funded aged care. On 1 January 2019, the new Aged Care Quality and Safety Commission will take over responsibility for the aged care complaints functions along with others.

In this presentation the Commissioner will outline her reflections on the past three years.

- What have we learned in that time?
- How has management of complaints changed?
- How have complaints impacted on aged care regulation?
- What trends have emerged?
- What might the future hold?
Reflections on walking gently together in Aboriginal ageing research

Ms Sharon Wall1, Mr Terence Donovan1, Dr Kylie Radford1, Dr Wendy Allan1, Prof G A (Tony) Broe1, Miss Alison Timbery1, Ms Ellen Finlay1, Ms Louise Lavrencic1, Mrs Lauren Poulos1

1Neuroscience Research Australia (NeuRA), University of New South Wales

The concept of collaborations and partnerships are often referred to with a great deal of rhetoric, but the reality is that much needs to be invested to have enduring, sustainable and valued outcomes.

Much of the work that takes place in and across our research group is about building partnerships between Aboriginal and non-Aboriginal people.

These partnerships are created between colleagues and co researchers as well as with community Elders, partnering organisations, community groups and associations.

This paper provides an opportunity to explore the key elements that have been reflected in our work together across cultures that lead to the development of enduring partnerships and collaborations.

It aims to explore the elements that create collegial, trusting and respectful relationships between colleagues as well as exploring the components required to build similarly enduring affiliations with culturally competent groups and organisations who become community our partners.

It will attempt to extrapolate the key and most valued elements of these relationships that have a lot to do with shared respect, shared meaning, shared knowledge and experience of working and walking and learning together with dignity and genuine respect.
Reframing Parkinson’s Disease: sociological perspectives on older Australians’ narratives

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Parkinson’s disease is generally associated with biological processes of ageing in later life; with increased longevity, the prevalence of the disease will rise and result in a greater demand for specialized support. Diagnosis and treatment of Parkinson’s disease is framed within a medical discourse that provides a clinical understanding of it as a movement disorder, with little attention given to understanding the care needs of people diagnosed and their partner-carers.

People who embody the illness or care for another body in illness construct non-clinical meanings of Parkinson’s disease in the context of reflecting on their past life, imagining the future, maintaining relationships and living socially in their environment. Through time, people diagnosed and partner-carers accumulate valuable experiential knowledge of their symptoms, treatments, capabilities, and care needs, which is simultaneously reflexive and future oriented in relation to the body-self, other, and identity.

This paper draws on a sociological study (focus groups and individual interviews) of older Australians living with idiopathic Parkinson’s disease in the Sydney metropolitan area. The findings inform a reframing of the concept of Parkinson’s disease by describing how people diagnosed and partner-carers understand their specific support needs in meaningful ways and act toward effectively managing symptomatic bodies and shared lives.

The findings show that older Australians with Parkinson disease acquire knowledge and experiences that are culturally nuanced and share a common goal for their voices to be heard, to live independently and act on minimizing the bio-psycho-social losses commonly associated with this chronic illness. Health professionals and policy makers require a more holistic framework to understand the complexity of living with Parkinson’s disease and the diversity in people’s experiences as they also enter and live through older age.
Resuscitation plans for older subacute care patients following clinical deterioration.

Dr Maryann Street¹,²,³, Professor Julie Considine¹,²,³, Deakin University QPS Research Partners¹,²,³
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Introduction
Approximately 5% of subacute care patients will experience clinical deterioration requiring inter-hospital transfer to acute care. For these patients, decisions about goals of care, resuscitation, and end-of-life care are required. The aims of this study were to describe and compare characteristics of, and outcomes for older subacute care patients requiring emergency inter-hospital transfer by resuscitation status (not for resuscitation, other limitation to medical treatment, full resuscitation).

Method
A prospective study of 557 patients (average age=76 years) who experienced clinical deterioration and required emergency inter-hospital transfer from subacute to acute care was conducted from August 2015 to October 2016 in five Victorian health services.

Results
Resuscitation status before and after transfer were: not-for-resuscitation 13.4% vs 17.1%; other limitations of medical treatment 23.1% vs 31.0%; and for full resuscitation 63.5% vs 51.8% (p<0.001). There were significant differences in the frequency and nature of limitations of medical treatment orders by health service, type of subacute care admission, patient age and acuity. Following transfer, 82.5% were readmitted to acute care and 13.5% were transferred back to subacute care. There was no significant difference in acute care hospital admission by patient resuscitation status (p=0.101). Emergency department and hospital admission length of stay were not significantly different by resuscitation status. However, in-patient mortality was significantly higher for patients with a not-for-resuscitation order (26.5%) compared to 18.2% for patients with other limitations to medical treatment, and 7.1% for patients designated for full resuscitation (p<0.001).

Conclusions
More than half the patients who experienced clinical deterioration in subacute care and required emergency inter-hospital transfer and readmission to acute care did not have limitations of medical treatment orders in place. Resuscitation status did not appear to be associated with a difference in admission rates or length of hospital stay. However, patients designated for full resuscitation had lower in-patient mortality.

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Re-thinking respite with carers of people with dementia

Dr Lyn Phillipson¹, Dr Keryn Johnson¹, Dr Elizabeth Preston¹, Dr Danika Hall¹, Associate Professor Christine Neville², Dr Elaine Fielding³, Mrs Susan Jenkins¹

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Despite consistently reporting unmet need for respite, carers and people with dementia face many barriers to using relevant services and strategies.

‘ReThink Respite’ was a multicomponent intervention conducted in NSW aimed to improve knowledge, attitudes and uptake of respite services and strategies by people with dementia and their carers. The intervention supported reconceptualisation of respite through: media and awareness raising; education; a website; and decision aids and checklists for finding and choosing respite services and strategies (Group 1). An individualised respite coaching program was offered (Group 2). A longitudinal survey evaluated changes in carer knowledge, attitudes and uptake of respite services, as well as carer need, burden and self-efficacy.

Preliminary analysis showed significant improvements for carers in Group 2 (n=18): respite knowledge ['ability to name three respite services' (Z= -2.280, p=.023)], positive attitudes ['respite services are useful and beneficial to my family member/friend' (Z= -2.157, p=.031)]; self-efficacy to gain respite ['if I want to, I can easily access the appropriate respite' (Z= -1.994, p=.046)]; intentions to use (t (17) = -2.335, p=.032); and levels of personal gain from caring (Z= -2.543, p=.011). Without coaching, Group 1(n=26) carers experienced negative changes to their beliefs that respite services are ‘useful and beneficial…’ (Z= -1.977, p=.048); and their ability to ‘find organisations that provide services in the community to help them care…’ (t (25)= 2.465, p=.021). Group 1 carers also showed a decrease in their confidence to ‘handle future care problems’ (t (25) = 1.800, p=.016), ‘keep their family member/ friend as independent as possible’ (t (25) = 1.678, p=.030) and reported higher ‘role captivity’ (t (24) = -2.092, p =.047). The study highlights the potential for individualised coaching to enhance community level activities to promote knowledge, confidence and skills relevant to achieving respite for carers of people with dementia.
Retiring “retirement”: learning, work, play and care

Mr Kieran Mckernan

Cottee Parker Architects

Unemployment for older workers is higher than for other groups. As a result, society misses out on their wisdom. It also means that a higher proportion of older people are disengaged, socially isolated and depressed. What can be done to build infrastructure that enables people of all ages and abilities?

When people leave the workforce, they too often lose their identity, lose touch with work friends, and struggle with their self-worth. At this stage, they may actively seek to live in a more structured community, downsizing out of their family home and into a village and eventually a residential care facility.

For years, providing “care” has meant providing an environment where day to day chores are done for residents. Residents are actively disempowered and many lose even more of what once gave them meaning and purpose. The Age care industry has tended to focus on the medical, physical and physiological aspects of care, however in recent years the industry has started to focus on creating meaning, purpose and a sense of community.

This presentation examines the underlying psychology behind ageing and looks at how some organisations have already begun to evolve their thinking to provide people of all ages with access to the care that they need, while empowering them be the best that they can be.
Rising diabetes prevalence among older Australian women

Mr Befikadu Wubishet¹, Dr Melissa Harris¹, Ms Danielle Lang¹, Dr Shamsunder Acharya², Professor Julie Byles¹

¹University of Newcastle, ²John Hunter Hospital, Hunter New England Local Health District

Introduction:
Worldwide age-standardised diabetes prevalence among adults has almost doubled from 1980 (4.7%) to 2014 (8.5%). Diabetes is one of the primary chronic diseases contributing to morbidity, mortality and economic burden in Australia. This study aimed to assess trends in diabetes prevalence and associated factors among cohorts of Australian women born in 1921–26 and 1946–51.

Method:
The Australian Longitudinal Study on Women’s Health is a prospective study nationally representative Australian women selected from the Medicare health insurance database. This study reports findings from six surveys among 12,432 women in the 1921–26 cohort, and seven surveys among 13,714 women in the 1946–51 cohort. The prevalence of diabetes at each survey was determined for the women who participated in that survey. Association of baseline characteristics with reporting of diabetes was assessed using Chi-square and t-test.

Results:
The prevalence of diabetes in the 1921–26 cohort increased from 9.1% (95% CI: 8.6–9.6) in 1996, when the women were aged 70–75 to 12.2% (95% CI: 11.2–13.3) in 2011. Diabetes prevalence was significantly increased in the 1946–51 cohort from 2.9% (95% CI: 2.6–3.2) by age 45–50 in 1996 to 9.0% (95% CI: 8.4–9.6) in 2013. Broadening the analysis to women who ‘ever’ reported diabetes in any one of the surveys, the prevalence increased to 16.7% (95% CI: 16.0–17.3) and 11.9% (95% CI: 11.3–12.4) in the 1921–26 and 1946–51 cohorts, respectively. There were significant associations between reporting diabetes and baseline educational status (p=<0.0001), body mass index (p=<0.0001) and difficulty to manage on income (p=<0.0001).

Conclusions:
There was a remarkable increase in diabetes prevalence with age, and over time, with a considerable increase in diabetes prevalence expected for future cohorts of older women. This indicates the need for diabetes prevention programs to reduce future disease burden and expanding health service provision to help patients better manage the disease.
Seniors are bad drivers? Addressing micro-aggression in service conversations.

Ms Anita Wynne

Our research reveals that in Australia, we apply three painful stereotypes to seniors that have a devastating impact on service delivery. They revolve around unspoken beliefs that a senior is a ‘fussy nitpicker’, who tells ‘long, boring stories’ and ‘just doesn’t get it’. In other words, they’re too cautious, too slow and too unaware. We think that because of this, they’re bad drivers and should not have the keys to their cars - or their lives.

These stereotypes are born out of implicit social, cultural norms that we take for granted. The stereotypes generate a sense of frustration and superiority, a view that we know better.

The result is that on the road, we avoid seniors, honk them, don’t let them in, tailgate them and speed past. In conversations these micro aggressions manifest in behaviours - for instance we push them along, finish their sentences and don’t listen to them because they’re too slow. And often we think they shouldn’t be driving – someone should take away their keys – because we think ‘it’s in their best interests’.

This talk focuses on the micro-aggression implicit in these three stereotypes; the language that perpetuates the micro-aggression and how shifting our thinking, understanding and conversation in these three key areas is simple, fundamental and transformative.

We present the stereotypes; their impact; the solutions and the practices that bring those solutions to life. It’s about how service providers can bring themselves to conversations with seniors, so we are better at creating space on the road for seniors to drive their own lives.
Service use by older people who frequently attend emergency departments

Mrs Debra Berry1,3, Prof Julie Considine1,2,3, Dr Maryann Street1,2,3
1Deakin University, 2Deakin University, Centre for Quality and Patient Safety Research, 3Deakin University, Centre for Quality and Patient Safety Research - Eastern Health Partnership

Introduction: Frequent attendance to emergency departments (EDs) is a common feature of health services worldwide and by all patient groups, including older people. The aims of this study were to i) identify the characteristics of older people with frequent ED use and ii) examine changes in health and community service use, and patient outcomes over a 12-month period.

Methods: A retrospective cohort study was conducted at three EDs within one large metropolitan Australian health service. Older people, aged ≥65 years, who attended the ED at least eight times in the 12-month period were included. Data analysis compared the index ED visit and last ED visit in financial year 2016-17.

Results: There were 1387 ED visits by 115 patients over the study period. The median ED visits were 11 (interquartile range=9-13). One or more community health, home or residential care services were in place for 54.8% (n=63) patients at the index ED visit and 61.4% (n=70) of patients at the last ED attendance (p=0.185). Hospital admission occurred for 73.9% (n=85) of patients at index ED visit and 76.5% (n=88) at the last ED visit (p=0.743). Hospital admissions >7 days increased from index ED visit to last ED visit (11.7% vs 20.4%, p=0.013). ED re-attendance within 28 days decreased from index to last ED attendances (58.1% vs 20.0%, p=<0.001). Hospital readmission within 30 days also decreased significantly (39.0% vs 22.8%, p=0.016). At the end of the study period, in-patient mortality was 11.3% (n=10/88).

Conclusion: Despite the availability of a comprehensive suite of support programs and services, hospital admission rates did not decrease for the older frequent ED user. However, re-visits to ED and re-admission to hospital were reduced. Initiatives to streamline the admission process for the older person who frequently visits ED should be considered.
Social engagement and wellness: Dementia friendly travel: Listening to multiple voices, creating accessible journeys

Dr Maria O'Reilly1, Ms Nicole Shepherd3, Prof Jill Franz4, Mr John Quinn, Ms Glenys Petrie
1CQUniversity, 2Dementia Centre for Research Collaboration, 3University of Queensland, 4Queensland University of Technology

Many older people enjoy travelling for leisure, and a diagnosis of dementia should not prevent this from continuing. Whereas at one time receiving a dementia diagnosis was viewed as an end to all activity, it is now known that living life as fully as possible can sustain quality of life and slow the progression of dementia’s effects. People living with dementia are increasingly joining the ranks of “active retirees”, but in order to ensure continuing engagement with the world, we need accessible environments based on inclusive design principles, dementia awareness in the general public, and a willingness to listen to the voices of those living with dementia.

In 2017, Brisbane Airport was endorsed by Alzheimer’s Australia (now Dementia Australia) as Australia’s first “Dementia Friendly Airport”. This milestone was achieved through collaborations between consumers, stakeholders, design academics and dementia researchers. These multiple voices enhanced outcomes and ensured that any changes to the airport environment or processes met the needs of travellers as well as the organisation.

Actions included changes to signage, seating and toilet accessibility, as well as staff awareness training, and a guidebook for travellers with dementia and their companions. By collaborating and interacting directly with people with dementia, airport staff and management enriched their understandings of the needs of passengers with dementia, and their engagement with travel. Further, the lived experience of dementia added a unique and authentic voice to the research.

The authors of this paper represent perspectives from health and social research, design, and importantly, consumers. We will discuss the process of creating dementia accessible airports and facilitating positive travel experiences through each unique lens. We will also discuss current moves to build on this research to develop accessibility for travellers with dementia in a regional tourist destination; also, a collaboration between researchers, consumers, and stakeholders.
Social participation discussions: capturing important information in community aged care

Dr Lindsey Brett¹, Professor Andrew Georgiou¹, Dr Joyce Siette¹, Dr Amy Nguyen¹, Professor Johanna Westbrook¹
¹Macquarie University

Introduction:
The Australian Community Participation Questionnaire (ACPQ) and the ICEpop CAPability measure for Older People (ICECAP-O) are tools that assess social participation and quality of life (QoL) for older adults respectively. The tools produce a score that indicates the level of social participation and QoL. However, an outcome of completing these questionnaires is not just the scores generated, but the consequent discussions initiated between staff and their clients which otherwise may not have occurred. The aim of this study was to discover what information generated from these discussions was considered important to community aged care staff to enhance assessments and service recommendations.

Method:
Thinktank sessions with community aged care staff (n=9) were conducted over a five-week period. Iterative discussions took place to determine what information staff gained during discussions initiated during completion of the ACPQ and ICECAP-O with clients. Several rounds of discussions were required to obtain consensus on which types of information were most valuable to inform decision making, as well as how best to record this information within client records.

Results:
By initiating conversations about social participation needs, staff reported gaining a greater understanding and connection with their clients. Staff highlighted specific types of information which was often forthcoming in such discussions e.g. learning about clients’ past experiences, and barriers to greater participation, such as access to transport and funding. Staff described how this information influenced the types of services and strategies they recommended to clients. The client feedback staff received after completing the tools and commencing new services was also perceived as important as it helped them to monitor effectiveness of services.

Conclusion:
The ACPQ and ICECAP-O helped to initiate new types of discussions between staff and clients about social participation and QoL. During discussions staff captured important information that informed decisions about community aged care provisions.
STrAtegies for RelaTives (START) On-Line

Dr Anita Panayiotou¹, Ms Jodi Chiang², A/Prof Christina Bryant², Ms Joanne Tropea³, Ms Hannah Capon¹, Ms Ellen Gaffy¹, Dr Vanessa Cropley¹, Dr Frances Batchelor¹, Dr Samantha Loi⁴, Prof Colleen Doyle¹, A/Prof Briony Dow¹, Assoc Prof Briony Dow¹

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Carers of people living with dementia (PLWD) experience depression and anxiety at high rates. Programs are needed to assist carers, particularly to understand and better manage behavioural and psychological symptoms of dementia. These programs should be accessible to carers who may find it difficult to attend a clinic because of geographic distance or time constraints. The StrAtegies for RelaTives (START) program was effective in reducing anxiety and depression amongst carers in the UK (Livingston et al., 2013). START consists of eight sessions delivered face-to-face in a one-to-one format. It includes relaxation exercises, psycho-educational support to help carers better understand and manage behaviour, and information on the service system. This study aims to investigate the feasibility, acceptability and effectiveness of the START program delivered online via videoconferencing. Videoconferencing enables close replication of the START approach and makes it more accessible for carers. Thirty-five carers of PLWD will be recruited from across Australia. Measures of health and wellbeing, including depression, anxiety and quality of life, for the carer and the person they care for will be completed at baseline and follow-up. In accord with the findings from the UK program, we are expecting a reduction in levels of depression and anxiety for Australian carers, and that carers will find a real-time videoconferencing mode of delivery acceptable and feasible. We will present findings on the feasibility, acceptability and effectiveness of the START online program, discuss the key lessons from implementing an online program, and discuss ways in which this program can be sustainably embedded into the service system.
Strengthening the evidence base: defining abuse of older people

Dr Rachel Carson

The abuse of older people is a significant issue of concern in Australia but at present, there is no agreed, nationally applicable definition of elder abuse. Following the release of the final report of the Australian Law Reform Commission inquiry - Protecting the Rights of Older Australians from Abuse in 2017, the Federal Attorney General’s Department commissioned a national research program to improve the evidence base on elder abuse in Australia.

This paper sets out the findings of the first component of the Australian Elder Abuse National Research—Stage One: Strengthening the Evidence Base which involved the development of a definition of abuse of older people to apply to research in the Australian context. This research builds on earlier research undertaken by the Australian Institute of Family Studies and informs additional components of the Elder Abuse National Research program.

Seven workshops were conducted with 78 participants who were professionals and representatives from peak bodies and four focus groups were conducted with 35 older people and people representing specific groups, including culturally and linguistically diverse older people, older people who are lesbian, gay, bisexual, and transgender, and Aboriginal elders. Consultations were conducted in every state and territory in Australia.

This presentation outlines the findings from workshops, focus groups, and interviews with both professional and lay stakeholders from around Australia. We bring together the diverse range of views and understandings of the abuse of older people in an Australian context, and subsequently proposes a definition reflecting these views and understandings. It is hoped that this national definition will guide and facilitate research about the occurrence and consequences of a range of different acts and omissions that may constitute abuse of older people, and which will in turn support further thinking about policy, practice and legal responses.

Sunbeam Trial – game changing falls prevention in residential care

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1Faculty of Health Sciences, The University of Sydney, 2Centre for Health Economic Research and Evaluation, University of Technology Sydney, 3The University of Queensland, School of Nursing and Midwifery

Introduction:

Falls are the leading cause of preventable deaths in residential aged care and occur three times more often in this setting than amongst community dwellers. Approximately 60% of every facility’s residents fall each year and this figure is rising faster than for those in the community.

Relatively little evidence is available for reducing falls among residents of aged care facilities, interventions that are effective in a community setting do not necessarily return the same outcomes in residential care. Exercise programs, for example, are considered best practice for older adults living outside care facilities, however there remains limited and inconsistent evidence for exercise inside residential care. Examination of the research however, reveals that none of the trials conducted, to date, in this setting have implemented
the type or dosage of exercise recommended in current best practice guidelines. It is possible therefore that it is not exercise itself that is ineffective, but the specific type of exercise programs tested.

Method:
A cluster RCT including 16 facilities and 221 residents tested a progressive resistance and balance program (Sunbeam program) compared to usual care. Falls and mobility outcomes were measured at baseline, 6 and 12 months [1].

Results:
Falls rate was reduced by 55% (IRR 0.45, 95%CI 0.17-0.74) in the exercise groups and there was a significant improvement in functional mobility (p=0.02).

Conclusion:
Progressive resistance and balance exercise reduced falls and improved mobility in residential aged care. This study presents evidence to challenge current policy around allied health service delivery in Australian residential aged care.

SuperAgers in an Australian cohort

Ms Janet Maccora1,2,3, Dr Ruth Peters1,2,3, Prof Kaarin Anstey1,2,3
1UNSW, 2NeuRA, 3CEPAR

Introduction
Although deterioration in memory performance is considered an inevitable part of ageing, some people in their 60s consistently score higher on tests of memory recall than people in their 20s. We measured the prevalence of people with superior memory performance, known as SuperAgers, in an Australian cohort; then investigated whether education is associated with being a SuperAger.

Method
We identified a group of SuperAgers using the PATH Through Life dataset, a prospective population-based study that has been collecting data from three age-range cohorts in Canberra and Queanbeyan every four years since 2001. To qualify as a SuperAger, participants from the 60s cohort had to have immediate and delayed recall scores on the California Verbal Learning Test equal to, or higher than, the median for participants of the same sex in the 20s cohort, in addition to a high global cognition score (Mini-Mental State Examination score of 29 or 30), for three consecutive waves. The association between risk factors and being a SuperAger was evaluated using chi-squared and t-tests and logistic regression models.

Results
71/823 females (8.6%) and 45/840 males (5.4%) were identified as SuperAgers at age 68-73. Years of education was associated with being a SuperAger for both women and men and was robust to adjustment for confounders for men but not women (OR female: 1.11, 95% CI 0.99-1.24; OR male: 1.20, 95% CI 1.04-1.39). Other factors associated with SuperAgeing and included in adjusted models were alcohol consumption, investigative activities and SES percentile for women; and social activities, depression and life satisfaction for men.

Conclusion
Not everyone over 60 experiences memory problems with age. Further research should profile these SuperAgers in detail and investigate predictive factors other than education. A better understanding of SuperAgeing may be beneficial in terms of identifying protective factors for cognitive diseases in later life.
Support for family caregivers of older hospital patients with delirium

Dr Christine Toye¹², Dr Susan Slatyer¹², Dr Pam Nichols¹, Ms Mary Bronson², Ms Jeanine Alford², Dr Samar Aoun³, Mr Andrew Hill², Dr Sean Maher²

¹Curtin University, ²Sir Charles Gairdner Hospital, ³School of Psychology and Public Health

Family caregivers of older hospital patients experiencing delirium report being shocked and saddened by the changes observed in their relatives, worried about the future, and wanting to support care. This pilot study, conducted in one ward of a tertiary hospital, aimed to scope existing practice and its outcomes for families; develop an intervention to offer additional family support; and pilot the intervention, evaluating its feasibility and appropriateness.

In Step I, existing practice was described from focus groups including 11 nurses and from a survey of 43 nurses that evaluated their knowledge of delirium and perceptions of care. Thirty family caregivers of patients with confirmed delirium reported their preparedness for caregiving at discharge and the extent to which they viewed care on the ward as ‘family-centred’. In Step II, the plan for practice change was developed based upon Step I findings, with family caregiver and nurse input. When practice change was implemented in Step III, feedback was obtained at focus groups with 16 nurses and semi-structured post-discharge interviews with 12 family caregivers of patients with delirium.

The practice change involved nurses providing an admission pack for caregivers that promoted understanding of delirium and opportunities for family input into care. Families completed the ‘Sunflower Tool’, from the New South Wales Government Agency for Clinical Innovation, so that it could inform person-centred care. Families were also invited to attend nurse-to-nurse ‘handover’ sessions to contribute information about the patient and ask questions.

This presentation explains themes emerging from the qualitative post-intervention data. These themes illustrate how, and to what extent, practice change was achieved; nurse and caregiver perceptions of the changes; and plans for the future. Findings also illuminate substantial challenges for both caregivers and nurses in this busy clinical environment and how the new practices have helped to address these challenges.
The Attitude of Living Well Leadership Programme: Training the Trainers

Ms Maria Scott-multani¹, Ms Denise Brett¹, Mrs Julia Scott¹, Ms Heather Harlow¹, Mr Bill McDonald¹
¹Arvida Group Limited

The ‘baby boomer’ generation’s aspirations for ageing presents opportunities for the way in which aged care is delivered.

Arvida Group Limited identified the need to design an innovative model of care that supported its vision of transforming the ageing experience for older New Zealanders.

Drawing on the Household Model of Care and person-centred care principles, Arvida’s Attitude of Living Well model emphasises resident autonomy, engagement and relationship-centred care, a practice culture with resident well-being at its heart, and Arvida villages as part of inclusive communities. The model has five wellness pillars – eating, thinking, resting, moving and engaging well. It aims to encourage holistic practice that provides excellent clinical care in an environment that supports living well.

Arvida has employed a Wellness Manager, responsible for working with all 29 villages to ensure the implementation of the Attitude of Living Well model. This role includes the provision of training and support with a focus on empowering staff to lead change in their respective villages. The Attitude of Living Well Leadership Programme has been adapted from Norton’s (2006) Training Guide for Self-Led Teams. It is designed to enable staff and residents to develop their interpersonal communication, team building, leadership and goal setting skills to be able to function as self-led teams.

Studies show that using a train-the-trainer model can have a positive impact on translation of knowledge and ongoing service development. This paper illustrates how a train the trainer model is being used to support staff to implement the Attitude of Living Well Leadership Programme. Trainers participate in three workshops offered over four months. Workshops are experiential; include project work and align with adult learning principles and group process. Feedback from participants highlights improved confidence; self-awareness and openness to change as a result of this workforce development.
The built environment for people with dementia in Asia

Ms Joanna Sun¹, Prof Richard Fleming¹
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This scoping review explores the characteristics of the current built environment used to accommodate people with dementia in East and Southeast Asia. It is structured around the eight principles of design found in the Environmental Audit Tool High-Care. In addition, the review examines the level of knowledge and other influences contributing to the development of nursing homes in the region.

The review was carried out utilizing the methodological framework recommended by Arksey and O'Malley. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses provided an overarching structural framework for the reporting process and the Population, Intervention, Comparison, Outcomes, and Context framework defined the scope of the review and focused on the research question. Six databases were accessed for the search, and 1,846 publications between 2001 and 2015 were retrieved.

A total of 48 articles from 9 countries met the inclusion criteria. All articles presented discussions that fundamentally included at least one principle of design and with some including all principles. The most prevailing principle discussed, found in 59% of all the articles was the need for familiarity for residents in the environmental design of facilities.

The review found that the eight principles of design, when applied with cultural sensitivity in countries in East and Southeast Asia can identify gaps in knowledge of the design for dementia enabling environments and suggest areas for improvement. An assessment tool based on the principles of design will be able to provide a guide for stakeholders in the design, development, or modification of nursing home environments.
The dementia knowledge and education needs of the Tasmanian community

Dr Claire Eccleston¹, Dr Kathleen Doherty¹, Dr Helen Courtney-Pratt¹, Ms Amber Johnstone¹, Professor Frances McInerney¹

¹Wicking Dementia Research and Education Centre, University Of Tasmania

Improving education and awareness of dementia is an important step toward creating dementia inclusive communities. In order to better understand, and therefore serve, the information needs of the broader community, this study sought to determine current dementia knowledge of a cross section of Tasmanians.

Over 400 participants were surveyed at community events and arenas around Tasmania. They completed the Dementia Knowledge Assessment Scale (DKAS 2.0; maximum score 50), which assesses a number of aspects of dementia knowledge, including causes and characteristics, prevention and risks, care considerations and communication and behavioural issues. Participants also completed a number of items relating to demographic information, education, and dementia-related experience. 372 complete cases were included in the analysis.

Linear regression analysis of survey data indicated a five factor model explaining 33% of the variance in dementia knowledge \( F(6,363) = 29.34, p<.001, R^2=.33 \). Previous dementia-specific education was a significant predictor \( t(1,363) = 5.55 \), with those who had education having higher dementia knowledge \( B=5.83 \) than those without. Working with people with dementia was also significant \( t(1,363) = 4.64 \), with those who worked with dementia having higher knowledge than those without \( B=4.70 \). Those who had experience caring for family and friends with dementia \( t(1,363) = 2.19 \) had higher knowledge than those who did not \( B=2.31 \), and those who know someone with dementia \( t(1,363) = 3.50 \) had higher knowledge than those who did not \( B=3.18 \). Previous general education was also significant \( t(2,363) = 3.59 \), with those who had at least university level qualifications demonstrating higher knowledge than those with high school level qualifications \( B=4.42 \). Income, gender and age were not significant predictors of dementia knowledge.

Dementia knowledge in the general population was related to previous education and personal experience of knowing and caring for people with the condition both at home and in the workplace. Strategies to enhance educational exposure to improve dementia knowledge are canvassed.
The impacts of leisure and wellbeing on loneliness and isolation

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Introduction: This presentation will provide results from the New Zealand Longitudinal Study of Ageing (NZLSA). The specific aim of this paper will be to explore the relationships between loneliness and social isolation on the one hand, and wellbeing and leisure on the other. As loneliness and social isolation have become increasingly accepted as being negatively associated with health and mortality (Holt-Lunstad et al. 2015), the understanding of pathways out of such states have become more urgent.

Methods: Amartya Sen’s capabilities approach has formed the conceptual basis of the theoretical framework of this research programme (Sen, 1999). An extensive survey of a national random sample of 3,015 older New Zealand citizens aged between 50 to 84 years was carried out in the second half of 2012. The survey questionnaire included scales on loneliness (De Jong Gierveld Loneliness Scale), social support (ICECAP-O) and questions developed into a scale on participation in recreational activities and the activities of clubs or organisations. These variables were tested for statistical associations with wellbeing and quality of life measures, including CASP 12, and WHOQoL 8.

Results: The results demonstrated significant relationships between each domain scale and wellbeing. Higher loneliness and social isolation scores were strongly associated with lower wellbeing scores, whereas higher social support scores were strongly associated with higher levels of wellbeing. Recreational participation and club or organisation membership were found to be significantly negatively associated with loneliness and social isolation measures, but volunteering and leadership were not.

Conclusion and Relevance: The results demonstrate the strong associations between loneliness and social isolation with wellbeing. They also importantly demonstrate the value of recreational activities, club and organisation membership in reducing loneliness and social isolation. As the need to find pathways out of these states becomes more urgent, these results point towards some achievable ways forward.
The Registry of Older South Australians (ROSA): framework and plan

A/Prof Maria Inacio1,2, Dr Sarah Bray1, Dr Stephanie Harrisson1,3, A/Prof Craig Whitehead3, Mrs Liddy Griffith1, Prof Renuka Visvanathan4, Prof Keith Evans5, Prof Steve Wesselingh1,3

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Background:
Australia is an ageing country and its ageing population puts significant demands in the aged care and health care sectors. To monitor the provision of aged care and health care services to older people in South Australia the cross-sectoral multidisciplinary Registry of Older South Australians (ROSA) was developed. This presentation describes the ROSA’s framework, current cohort, and expected impact.

Methods: Through a partnership of the 13 institutions, which included the South Australian Health and Medical Research Institute, 3 universities, the state health department and local health networks, data integrating authority, 3 aged care providers, and 2 consumer representative advocacy groups, a Registry was developed.

Results:
Framework: ROSA is built from Commonwealth and SA Health information, linked by data integrating authorities, and housed on a secured data platform. ROSA contains information on the sociodemographic, health, function, psychosocial, home and safety assessment, aged care services, general health services, medications, and mortality of people receiving aged care services. Furthermore, ROSA has a Living Laboratory, which is the infrastructure to conduct new technology evaluation and clinical trials.
Cohort: ROSA’s Retrospective (1997-2016) cohort captures 2.9m people who received 6.3m aged care services nationally. ROSA’s prospective cohort (2018-onwards) will capture 16,000 South Australians per year.

Expected Impact:
ROSA will influence the provision of aged care services through its partnerships with aged care providers, promote and facilitate medical device technology through its Living Laboratory, and demonstrate impact on the greatest health vulnerabilities of this population through its focused research.

Conclusions:
With a prospective enrolment of 16,000 participants/year throughout South Australia ROSA is an ambitious and valuable effort that can be used to monitor the under-studied and vulnerable population receiving aged care services. ROSA will create evidence needed to support future resource allocation, improve aged and health care services delivery, and support industry in promoting healthy ageing.
The role of clown doctors in an older persons unit

Dr Helen Courtney-pratt¹, Dr Karen Ford¹,², Ms Leigh Tesch¹
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Clown Doctors have a well-established presence and role in acute care paediatric settings nationally and internationally. The role of Elder Clowns has also been established in residential aged care and have been demonstrated to contribute to psychosocial wellbeing of residents and staff.

The Clown Doctors from the Humour Foundation have a proven relationship in paediatrics at the Royal Hobart Hospital. They were invited to extend their work to regularly visit the Acute Older Persons Unit at the hospital. This is a 22-bed acute ward and patients often have dementia or delirium.

In preparation for entry to this space, and in recognition of the need for different skills and ways of working with this patient group, the Clown Doctors undertook careful planning and further skill development. They were also keen for the project to be evaluated.

Observations of Clown Doctor interactions with patients, families and staff, and focus groups with staff and Clown Doctors were used to evaluate the impact of the work. Findings indicate that the Clown Doctors adapted their approach over time to meet the needs of older people, who were often experiencing impacts of dementia or delirium, and became a valued addition to the clinical team.

Music, storytelling, improvisation and comedy were evident in the adapted approach that included changes to use of props and manner of dress in order to meet the needs of older persons. Their presence provided a break from the normal routine of the acute care system, was valued by staff, and importantly supported a person-centred approach to care where individual experience, past and present, was elevated and valued.

The findings support an ongoing presence of clown doctors in older person acute care and highlight the need for further research in the area.
The Spectrum of ‘Home’ in Residential Aged Care

Ms Grace Bitner¹, Professor Jill Franz¹
¹Queensland University Of Technology

The terms ‘home’ and ‘home-like’ have been held up as ideals in the design of residential aged care facilities in Australia (Aged and Community Services Australia 2005, Fay and Owen 2012). The lived reality of these environments, however, is often a long way from being a true ‘home’ for residents.

Despite estimations that up to half the population aged 65 and over will, at some stage, reside in residential aged care (Department of Health and Ageing 2011) there is evidence of individuals avoiding residential aged care, and from those who live in these facilities complaints have historically been high (Ageing 2012). This paper presents the findings of a qualitative study which sought to address the distinct lack of research that engages directly with residents of aged care facilities (as well as staff and management) to uncover what helps and hinders residents’ feeling ‘at home’ in these environments.

Specifically, the research project used grounded theory methodology to collect and analyse data through two case studies of residential aged care facilities that varied architecturally, geographically and in management approaches. The unique combination of the differences between the case studies, as well as the distinct vantage points of the participant groups yielded valuable insights, not only at a cross-case level but also through the ability to draw comparisons between the accounts of those who live and work in these environments.

The resulting theoretical model not only sheds light on the spectrum of forces at play which support and challenge residents’ attempts to feel ‘at home’, but, equally importantly, adds to existing understandings of how these forces relate to each other and interconnect over time. Enriched with individual voices and perspectives, the theoretical model invites and supports a more sensitised and sustainable approach to the design and management of residential aged care facilities.
The use of music in Australian residential aged care

Dr Sandra Garrido

MARCS Institute for Brain, Behaviour & Development, Western Sydney University

Music is often used in residential aged care settings, becoming even more popular due to programs such as the documentary “Alive Inside” (Rossato-Bennett, 2014). Anecdotal and empirical evidence suggest that musical engagement leads to improved quality of life for older adults (Hays & Minichiello, 2005). A variety of musical activities are often observed in residential aged care. However, research indicates that some forms of musical engagement are more effective for improving the mood and quality of life of residents than others (Garrido et al., 2017). The extent to which residential aged care facilities are able to utilize music effectively is unclear.

The current study used a mixed methods approach to explore staff perceptions about the feasibility and practicality of the use of music in aged care. It also aimed to illuminate barriers to more effective music use. Aged care workers (n = 46) from multiple facilities in Sydney were surveyed, five of whom also participated in in-depth interviews. Results suggest that budgetary constraints as well as lack of staff awareness were often impediments to utilizing music most effectively in aged care settings. Healthcare workers may sometimes have an exaggerated belief in the benefits of music use and little understanding of it’s potential for negative effect. Some guidelines for optimizing the way music is used in residential aged care are suggested.


Training older community-care clients to get up from the floor

Prof Keith Hill¹, Dr Elissa Burton¹, Mr Mark Petrich², Ms Hilary O'Connell³, Professor Gill Lewin¹

¹Faculty Of Health Sciences, Curtin University, ²System Clinical Support and Innovation, Western Australian Department of Health, ³Independent Living Centre

Inability to get up from the floor after a fall is common for older people, and a strong contributor to personal (eg morbidity, risk of nursing-home admission), and health system costs (eg ambulance call-outs for “lift-assist” for those unable to get up after a fall, but not injured/requiring hospital transfer). The purpose of this study was to develop an algorithm to support assessment staff determine clients who may benefit from a training program for getting up from the floor, and evaluate program feasibility and preliminary outcomes.

An “Expert Panel” contributed to algorithm development and refinement. The algorithm was field tested on community-care clients, with those identified as being suitable to trial a training program (individualised balance/strengthening/flexibility exercises, and/or practicing getting down/up from the floor), having three home-visits by a physiotherapist across the four-week program. Outcomes included proportion completing the program, and getting up from the floor measures. The Panel reviewed outcome data and physiotherapist feedback for algorithm finalisation.

Thirty-three community-care clients agreed to participate. The initial phone-call screen using the algorithm resulted in five exclusions, so 28 clients had the home assessment. Twenty-three were suitable for the program based on the algorithm and interested in the exercise program, however two could easily get down/up from the floor, so did not undertake the program. All exercise program participants (n=21, mean age=82.8 (±8.9) years, 84.8% female) completed the program. There were small but significant improvements (p≤0.05) in confidence and ease of getting up from the floor, and balance and gait.

The new algorithm appeared suitable in determining community-care clients likely to benefit from participation in a training program to improve getting up from the floor. The training was feasible and achieved some positive outcomes.

Funding: WA Home and Community Care Program, a joint funding initiative of the Australian and WA State Governments
Trajectories and predictors of hospitalisation among community aged care clients

Dr Mikaela Jorgensen\textsuperscript{1}, Dr Joyce Siette\textsuperscript{1}, Dr Lindsey Brett\textsuperscript{1}, Professor Andrew Georgiou\textsuperscript{1}, Professor Johanna Westbrook\textsuperscript{1}

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Introduction:
Hospital stays have the potential to adversely affect the health of older people. People receiving community aged care are likely to be more frequently admitted to hospital than the general older population due to poorer existing health or function. However, there is little research examining hospitalisations among this group. This study aimed to determine the trajectories and predictors of hospitalisation for older people receiving community aged care services.

Method:
Routinely-collected data from a large aged care provider in New South Wales and the Australian Capital Territory was used to follow 958 people who began receiving services under the Home Care Packages program between July 2015 and April 2016. Group-based trajectory modelling was used to separate clients into groups based on their patterns of hospitalisation over their first 18 months receiving home care services. Multivariable multinomial logit models were used to examine the associations between trajectory group assignment and client demographics and service use characteristics.

Results:
19.8\% of clients had one or more reported hospitalisations over their first 18 months receiving home care. The group-based modelling separated clients into four trajectory types: no hospitalisations (n=768), decreasing hospitalisations over the study period (n=80), increasing hospitalisations over the study period (n=56), and frequent hospitalisations (n=50). Clients receiving a higher-level care package and clients who were female were more likely to be in the ‘frequent hospitalisations’ group, those without a partner were more likely to be in the ‘increasing hospitalisations’ group, and clients living in lower socioeconomic status areas were more likely to be in the ‘decreasing hospitalisations’ group compared to the ‘no hospitalisations’ group.

Conclusion:
There are distinct trajectories in hospitalisations over time among home care clients. This study identifies client groups who may benefit from additional targeted care at specific points in their care pathway to reduce the risk of hospitalisation.
Transferring the knowledge: Adapting from post-retirement to workforce mentoring.

**Ms Jennifer Luke**

1Australian Collaboratory For Career, Employability And Learning For Living (ACCELL) - University of Southern Queensland

Concern for an ageing population and the retention of expertise within the workforce, is a dominant global trend occurring this century. Policy makers worldwide now actively seek to strengthen workforce productivity via an injection of skills from older workers that include those who have entered retirement. Career development planning for post-retirement age clients has become a contemporary issue many career practitioners now encounter and highlights the importance of developing programs aimed at assisting these encore career seekers to recognise and share their valuable expertise to a multi-generational labour market.

Following initial published research that focused on the career adaptabilities and motivations of retirees re-engaging with the workforce (Luke, McIlveen & Perera, 2016), this presentation addresses subsequent vocational psychology based research that is now investigating post-retirement age participants’ willingness and career adaptability to re-engage as workforce mentors. Highlighting mentorship as a solution for retaining skills and strengthening employability within the workforce, this presentation based on the current research findings collated from interviews with N=28 retirees, encourages the audience to consider the adaptabilities necessary for a post-retirement age mentor to overcome barriers while successfully cultivating effective relationships and knowledge transfers with younger mentees.

Additionally, the presentation outlines how findings from both the initial and current research provide scope for career development interventions that would encourage retirees to be active players in their re-engagement with career and provide them opportunity to discover meaningful work as they adapt and advance as respected mentors within a diverse multi-generational workforce.

Reference:

Trends in the utilisation of aged-care services in Australia, 2008-2016

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¹Registry of Older South Australians (ROSA), South Australian Health And Medical Research Institute, ²Institute of Choice, University of South Australia, ³Research and Development, Helping Hand Aged Care

Background:
Aged care support programmes in Australia are delivered through home care packages (HCP), permanent residential aged care (PRAC), respite care (RC) and transition care (TC). This study aimed to determine age and gender specific incidence rates, trends and the change in characteristics of people in aged care settings in Australia.

Methods:
The trends and characteristics of people (≥65 years) accessing aged care support programmes in Australia were evaluated, using publicly available data (2008/9-2015/16) from the Australian Institute of Health and Welfare and Australian Bureau of Statistics. To estimate utilisation, incidence rates (per 1000 people) were calculated per service type and Poisson regression models were used to assess changes in rates of service utilisation by computing age and gender adjusted incident rate ratios (IRR).

Results:
The proportion of Australians aged 65 years or above who used aged care services remained the same between 2008/9 (5.4%) and 2015/16 (5.6%). The incidence of specific types of service utilisation changed during the study period. Specifically, people accessing PRAC decreased (from 23.8 in 2008/9 to 19.6 per 1000 in 2015/16, at an adjusted rate of 0.84/year, p<0.001) but increased for HCP (from 8.04 in 2008-09 to 12.0 per 1000 in 2015-16, at an adjusted rate of 1.52/year, p<0.001). Between 2008/09-2015/16, the highest changes in utilisation were observed in males aged 80-90 years accessing PRAC (IRR=0.87/year, p<0.001) and TRC (IRR=1.68/year, p<0.001). A higher proportion of people aged between 80 and 90 years (≥40%), females (≥60%), Australia born (≥ 60%) and English speakers (≥80%) used all the service types.

Conclusions:
The utilisation of aged care services changed over the study period with decreased in incidence of those accessing PRAC but increased for other service types. The findings of this study may inform the key stakeholders to further improve quality of the aged-care services in Australia.
Understanding social participation amongst community aged care clients

Dr Joyce Siette¹, Dr Mikaela Jorgensen¹, Dr Lindsey Brett¹, Prof Andrew Georgiou¹, Prof Johanna Westbrook¹
¹Australian Institute of Health Innovation

Introduction:
Social participation is important for healthy ageing but may be challenging for older adults receiving community care. To date, little is known about levels of social participation of older adults receiving community aged care services in Australia. This study aimed to assess the applicability of the Australian Community Participation Questionnaire (ACPQ) in the measurement and valuation of social engagement in a large community-based sample of the Australian older adult population.

Method: Older adults aged 60 years and older (n = 476) receiving community care services in a large aged care provider were interviewed for their social participation using the ACPQ. Descriptive statistics and analysis of variance were used to investigate relationships between sociodemographic characteristics and social engagement.

Results:
Mean age of the sample was 83.4 years (SD 8.1) and 72.9% of clients were female. The most frequently undertaken forms of community participation were having contact with extended family and with household members, and taking an active interest in current affairs. Most clients (93.4%) participated in at least one social participation domain. Compared to clients that participated in all social domains, non-participators were likely to be older, divorced, born in a non-English speaking country, speaking non-English as their main language, living in a major city, receiving a pension, and receiving a higher care need funding package.

Conclusion:
Community aged care should be focused on maintaining positive health and wellbeing for older adults for as long as possible. By assessing social participation, the information obtained can be useful in identifying clients that require more social support and for designing community programs that will foster meaningful social and community engagement for older adults.
Understanding the 'Dignity of Risk' principle in residential aged care

Ms Marta Woolford¹, Ms Cassandra de Lacy-Vawdon¹, Professor Carolina Weller¹, Associate Professor Lyndal Bugeja¹, Professor Joseph Ibrahim¹

¹Monash University

Background:
Taking risks with one’s health and safety is often required in actions that enhance quality of life. The aim of the study is to determine policy and decision-makers perceptions of ‘Dignity of Risk’ [DoR] as it applies to vulnerable older persons living in residential aged care services. Choices and risks among models of care are few, and there is a paucity of research describing policy-makers perceptions and understanding of the DoR principle.

Method:
Exploratory, qualitative design and phenomenology theory was applied. Senior policy makers and individuals’ directly involved as surrogate decision-makers for person’s lifestyle/care needs, with two or more years’ experience working in the aged care or disability sectors, were invited to participate. Semi-structured interviews were conducted face-to-face in participants’ workplace. Two researchers coded the transcribed interviews together, applying an inductive approach and thematic analysis.

Results:
Fourteen participants took part over seven-months during 2016-17. There was a high-level of agreement between participants on the constructs of DoR, which include: having control and choices; the individual is the decision-maker; life brings with it risk; and a continuum of experiences. Choice, autonomy and independence were the most common words used to define DoR. While participants believed that enabling DoR has an important role in the care of vulnerable older people, they stated it is ‘situational’ –dependent on cognitive functioning, support and the environment.

Conclusions:
This study provides an explicit understanding of DoR. Greater clarity supports individual decision-makers and organisations to implement, measure, and evaluate adherence to the concept.

Implications: This research aligns with contemporary western nation’s government policy initiatives that highlight the need to facilitate autonomy and independent living in older people. The findings provide new information for expanding the public health discourse about how choices for vulnerable older persons can be enacted in the presence of risk.
Understanding the thermal quality of housing of older South Australians

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Background:
The majority of older Australians prefer to age in place, and modifications to the home environment are often required to accommodate the occupants as they age and possibly become frail. Modifications to aid thermal comfort and meet heating and cooling requirements are however not always considered despite the fact that as people age, they experience physiological changes that affect their thermal sensitivity and regulation. Air conditioning (AC) and space heating are routinely proposed as the main strategy to offset the effects of extreme heat and cold; however, reliance on AC or heaters can be problematic during blackouts and become financial burdens to older people as their income decreases.

Objective:
The study aims to understand the thermal qualities of the existing living environment of older South Australians, identify existing problems related to planning and house design and the use of heating and cooling, and to capture the specific requirements for older people to be thermally comfortable and maintain health and wellbeing. Design guidelines, low-cost modification strategies and an operational framework to aid thermal comfort for older people will be developed as an outcome of the study.

Methods:
The study will be conducted through survey questionnaire, focus group discussions with older people, interviews with relevant stakeholders, and in-depth monitoring of selected homes in three climatic regions: warm temperate, mild temperate and hot and dry.

The presentation will focus on the thematic analysis from the initial results.

Result:
The findings will provide an understanding of the relationship between weather, aspects of the built form, older people’s behaviour and attitudes toward heating and cooling, quality of life and well-being, and the economic impact of the house design and heating and cooling usage.
Uneven and combined development: inequality and Australian population ageing

Ms Ellen Finlay¹,²
¹UNSW, ²NeuRA

The epidemiological transition theory outlined by Omran (1971) describes changes to population mortality and disease profiles occurring in a series of ‘stages’. A proposed fifth stage of the theory suggests that declining population deaths resulting from chronic diseases gives rise to an increase in mortality related to later life neurocognitive disorders. The Australian population is experiencing an increase in average life expectancy at birth, but the increase is not evenly distributed. The Close the Gap Campaign highlights that Aboriginal and Torres Strait Islander peoples have a significantly shorter average life expectancy than non-Indigenous Australians. Existing research in Indigenous experiences of ageing, longevity and health can be used to explain these divergent outcomes through applying ‘Uneven and Combined Development’ as an explanatory concept. Uneven and Combined Development describes the conditions by which different groups coexist and develop in unequal ways. Whilst inter-group interaction permeates some group boundaries, overall one group is continually benefited and one disadvantaged by the conditions under which these engagements take place. Clearly, Indigenous peoples have not benefited to the same extent as non-Indigenous Australians from social and political changes since colonisation. Furthermore, unevenness in Australia’s epidemiological transitions now manifest in a concentrated increase in dementia rates for older Indigenous Australians. Higher dementia prevalence evidences unhealthy ageing and diminishes wellbeing. Applying Uneven and Combined Development to analyse information drawn from existing Australian studies on population ageing through this lens opens avenues to identify and foster healthy ageing and wellbeing for all groups.
Unpacking public perceptions of intergenerational care programs in Australia

**Dr Katrina Radford¹, Dr Nerina Vecchio¹, Professor Janna Anneke Fitzgerald¹, Dr Xanthe Golenko¹**

¹Griffith University

The demand for intergenerational care programs is growing rapidly, with many new innovative services on offer globally. While there is increasing interest in intergenerational care programs no research has examined public perceptions of these programs, whether individuals would use intergenerational care programs and why. This paper presents the results of a national survey (N=1460) that aimed to examine the demand for intergenerational care programs in Australia. The results of this study revealed that 71.3% of respondents would use intergenerational care programs if they were available. However, 28.7% of respondents would not use these programs for a variety of reasons. Given the recent media scrutiny over these programs, a balanced review of the reasons for not wanting this type of care embedded in government policy is needed. Some of the reasons found for not wanting this type of care service ranged from personal reasons (such as, “I would want to be with people my own age”), to a lack of perceived value in the program (“I feel integrated care detracts from each groups’ needs”), to a concern regarding the health and safety of participants (“I’m just concern(ed)... with their safety and health”) and satisfaction with the current mode of care (“I’m happy with how I currently care for the person I care for”). This presentation draws on these reasons to help develop a deeper understanding of both sides of the story, which may assist in developing meaningful policies when introducing innovative care programs in Australia, such as Intergenerational Care.
Using citizen science to explore neighbourhood Influences on ageing well

Prof Veronica Soebarto¹, Dr Danielle Taylor¹,², Dr Helen Barrie¹,², Mr Jarrod Lange¹,², Dr Fidelma Breen¹,²

¹University Of Adelaide, ²Hugo Centre for Migration and Population Research

Outdoor and indoor environments are considered to have major impacts on older people’s mobility, independence, quality of life, and ability to ‘age in place’. Considerable evidence has accumulated suggesting that not only the amount but also the quality of open and green spaces in the living environment positively provide health and well-being benefits.

Quality of public and green spaces have thus far mostly been measured with expert assessments, such as audits and in-situ observations. A disadvantage of this expert-determined approach is that it often doesn’t take into account the experiences or perceptions of residents about their own environments. Daily experience, often over long periods of time, mean older residents have intimate knowledge of their neighbourhood, and thus, are arguably more qualified to assess these spaces. To this end, recruiting older residents to tell us what makes a quality open space can result in better healthy ageing outcomes for older people in addition to wellbeing outcomes realised through the engagement and empowerment of older people in shaping the development of their own neighbourhoods.

This pilot project on green and public spaces for ageing well adopted a citizen science approach to data collection using smart phones with their GPS (location) settings enabled. Thirty senior citizen scientists trialled the smart phone data collection process over an eight week period to appraise and record their use of public and green spaces in their neighbourhoods. We then reviewed the data collection process with the citizen scientists as part of co-designing a larger project. While citizen science research is already well established in the natural sciences, it remains under-utilised in field of social science. This presentation will explore the use of citizen science with older participants using the results of our pilot project; highlighting the potential for this methodology in social gerontology and urban design.
Using citizen science to improve a geriatric rehabilitation unit

Dr Paul Gardiner\textsuperscript{1}, Dr Li Na Sam\textsuperscript{1}, Victoria Tan\textsuperscript{1}, Lit Min Sam\textsuperscript{1}, Professor Abby King\textsuperscript{2}, Dr Anthony Tuckett\textsuperscript{1}  
\textsuperscript{1}The University Of Queensland, \textsuperscript{2}Stanford University

Introduction: With a move towards patient centred care, this study uses citizen science to understand the features of a geriatric rehabilitation unit that enhance or detract patients’ experiences.

Methods: Ten patients as citizen scientists (two females; eight in wheelchairs; aged from 26 to 83 years) used the Our Voice Citizen Science Framework to discover, discuss, advocate and change. In the discovery phase, ten citizen scientists documented the features that they thought helped or hindered their rehabilitation using a mobile application (Discovery Tool app) on a tablet to record photos and audio. In the discuss phase, seven citizen scientists attended a meeting to share their findings, identify issues and brainstorm solutions. In the advocate phase, two citizen scientists met with senior medical and nursing staff to present the findings and to advocate for improvements. The change phase is still underway.

Results: The citizen scientists captured a total of 48 images and 33 were allocated into the following themes: facilities/equipment - seven positive and six negative; wheelchair access - one positive and nine negative; cleanliness - one negative; food - three positive; staff - one positive; and, nature - six positive. The citizen scientists reported that being able to visit green spaces or access to pleasant views, the gymnasium, and caring staff enhanced their emotional well-being and physical recovery. The majority of issues requiring intervention were related to wheelchair access or the facilities. Simple solutions such as modifications to furniture (inserting shelves at height accessible from wheelchairs) as well as potential sources of funding, e.g. Rotary clubs, were identified.

Conclusions: Surprisingly, the lack of wheelchair accessibility was a major challenge. It is recommended that rehabilitation facilities are audited for wheelchair accessibility. Green space or views should be considered an important feature for future structural planning of rehabilitation units.
W/Rites of Elder-flowering: when creative ageing meets performing arts

Dr Peta Murray
RMIT University

Between 2013 and 2017 I completed a doctoral inquiry through the school of Media and Communication at RMIT University, Melbourne. Its focus was an autoethnographic inquiry into my personal and professional experience as an ageing female playwright in Australia. This project, using a methodology of practice-based research, was grounded in a series of artistic residencies conducted at Footscray Community Arts Centre under its embOLDen project on Creative Ageing. Its outcomes were expressed within a written dissertation as well as through a triptych of community-based, immersive and participatory works for live performance, united under the title Ware with A Translucent Body.

In this presentation I will introduce the arts-based “w/rites” that compose the creative artefact of this project, and showcase Missa Pro Venerabilibus: A Mass for The Ageing, the final work in the triptych, as a case study in the promotion of social engagement and wellness, conducted at the meeting point between creative ageing and the performing arts.

The findings suggest that creative arts practice, and indeed arts-based research are viable means of not only exposing new knowledge about the embodied experience of ageing, but are also a means of changing community narratives and countering ageism. They point to a greater role for artists in transdisciplinary research and suggest pathways for further inquiry into the uses and value of the performing arts as a way of reimagining ageing as a creative act.
Wellness and reablement: a review of tools to measure impact

Dr Beatriz Cardona¹
¹Macquarie University

There is significant evidence in Australia and overseas that wellness and reablement models of care have greater impacts on functional ability, wellbeing, independence and better individual and service outcomes than individuals who receive usual home care. This is also a key goal of the current suite of government funded home care programs which aim to support older people to maximise their independence and assist them to remain in their homes for as long as they can. Embedding wellness and reablement within this sector therefore remains a key goal for both the government and the broader aged care sector. Implementing such models require clarity as to what are the specific goals of care and how to determine if they have been achieved. Current tools used to measure the impact of reablement programs include Activities of daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales, Goal Attainment Scaling Tool (GAS), World Health Organisation Quality of Life questionnaire modified version, the Modified Falls Efficacy Scale (MFES) and the ASCOT tool. This paper will review the value different tools provide in measuring outcomes of wellness and reablement interventions and the potential of the Australian Community Outcomes Measurement Tool (ACCOM) to measure impact around social care related quality of life outcomes and functional ability, as well as an instrument to assist consumers and care managers to identify goals of care and develop care plans responsive to the needs and choices of consumers.
What could future refurbishment of aged care facilities look like?

Ms Samantha Neylon¹, Dr Anne-Marie Hill², Dr Caroline Bulsara¹
¹The University of Notre Dame Australia, ²Curtin University of Technology

Context and Aims:
Australian residential aged care is changing rapidly with increasing numbers of older people who have complex needs requiring residences which are enabling and attractive. Service providers face complex dilemmas of rebuilding or refurbishing as they consider construction costs, construction timing, occupancy and operating costs. If a refurbishment is being undertaken, major versus minor refurbishments also have factors to take into account. There is little research or resources available to guide service providers through this process. How should they prioritise minor refurbishment interventions in a cost effective and sustainable way which adds value to residents’ lives beyond aesthetics?

Methods:
A narrative review was undertaken to clarify what is meant by refurbishment and to identify components which commonly fall within the scope of refurbishment. After screening for relevancy, data from n=57 studies were included in the final review. Through inductive content analysis, refurbishment domains were identified. Minor refurbishment domains were then examined to consider how they affect the excess disability so often experienced by older people in care.

Findings:
There were 14 major refurbishment, 7 minor refurbishment and 2 staff practices categories identified in the literature. Lighting, furniture, colour and contrast, wayfinding, noise, signage and flooring were the domains categorised under minor refurbishment.

Improving the experience of ageing:
Objectively assessing these domains could assist in providing functional improvements in the environment for residents when undertaking minor refurbishment projects. It could enable providers to understand and improve the environment through the eyes of the people who live there.
What do the general public want to know about dementia?

**Dr Sarang Kim¹, Professor Perla Werner², Dr Alice Richardson¹, Professor Kaarin Anstey³**

¹Australian National University, ²University of Haifa, ³University of New South Wales

**Background:**
There has been research exploring people's knowledge and attitudes towards dementia and people with dementia (PWD). However, what people do not know and therefore would like to learn about dementia has not been explored.

**Methods:**
Focus groups were conducted with 1) the general public on what they would like to learn from PWD; and 2) consumers (PWD and carers) on what they would like the general public to know about them and about living with dementia. Thirty one people (3 males and 28 females) aged between 47 and 82 (M=63.7, SD=10.2) participated in six focus groups. The audio files from the focus groups were transcribed verbatim and transcripts were coded to identify themes.

**Results:**
The majority of participants knew/have known someone with dementia and showed some level of understanding on dementia although some lacked basic understanding on dementia making statements such as ‘dementia is different from Alzheimer’s disease’. Participants’ responses could be classified into three distinctive themes: medical, insights, and practical/management. Medical theme included ‘causes of dementia’ and ‘dementia diagnoses’. Statements such as ‘what PWD want/need’ and ‘whether PWD know that they have dementia’ sought insights from people living with dementia. Practical or management theme included ‘strategies that can assist in caring for someone with dementia’ and ‘how to behave around PWD’.

**Conclusions:**
It is suggested that the general public want to know not only the medical aspects of dementia, but also the ways/strategies to better manage the situation and to help/support PWD. They are also keen on learning about what it is like living with dementia. Resources addressing these questions should therefore be available to the general public. The information gathered from these focus groups will be used to develop an online intervention program to reduce dementia-related stigma via having virtual contact with PWD and carers.
Who decides what? A new computerized system supporting shared decision-making

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\textsuperscript{1University of Sherbrooke, \textsuperscript{2Research Center on Aging}

Background: Shared decision-making is essential for client-centred care but has not yet been easily adopted by health-care professionals. In the context of the implementation of computerized integrated care pathways, we designed a specific module to support a structured process of decision-making. At the end of each comprehensive assessment, a module concisely depicts the client’s care needs, which serve as the basis for decision-making. After discussions, the professional indicates who (himself, client, or family caregiver) prioritizes which need and jointly determines with them the most important needs to be met in the care plan.

Method: The research objectives were (1) to describe the prevalence of needs and priorities selected in establishing care plans and (2) to describe client involvement and the proportion of shared decision-making with family caregivers and health-care professionals in home-care settings. This paper used data from 4052 adults 65 years of age or older that were assessed in the study’s three pilot sites in Quebec, Canada, between August 2016 and March 2018.

Results: On average, the subjects were 84 years old; 62\% were women. Among the 16 dimensions assessed, a mean of 10 needs was presented per assessment and 2 were retained. The client was involved in 72\% of priorities, while 28\% were shared decisions between clients, caregivers, and professionals. Needs related to functional autonomy (36\%), physical health (17\%), psychosocial situation (11\%), and lifestyle habits (10\%) were the most prevalent, but 20\% of each were retained as priorities. Among priorities, nursing care (42\%) and activities of daily living (30\%) were the most frequent needs retained.

Conclusion: This module supports a common understanding of priorities for clients and helps to achieve decisions that are better informed and based on client values and preferences. Results also underline the necessity of follow-up to adequately answer all needs.
Whose ‘health’, ‘participation’ and ‘security’? Active ageing and working longer

Dr Aaron Hart¹,², Dr Dina Bowman¹,², Prof Shelley Mallett¹,²
¹University Of Melbourne, ²Brotherhood of St Laurence

Australia’s ageing population has prompted policy debate about extending working life. Some reforms (e.g. increasing statutory Pension age) might disadvantage some workers, particularly low-paid, older pink-collar (i.e. those in non-professional roles in feminised workforces). Accumulated health problems, changes in the housing market, and tax exemptions for investors and high-income workers have already materialised social inequities around retirement. Policy debates about appropriate responses to the ageing population tend to foreground notions of ‘health’, ‘participation’ and ‘security’. Critical sociological theories suggest that the methodological measurement of operational concepts can have political effects.

This study investigates how ‘health’, ‘participation’, and ‘security’ have been operationalised in the literature on the ageing workforce; and how these approaches have affected the circumstances of older-pink collar workers in Australia. We argue that public health, biomedical and subjective accounts of ‘health’ frame the implications of working longer differently; and that public health and biomedical accounts tend to elide gender differences. ‘Participation’ tends to mean ‘leisure’ and ‘volunteering’ for those with adequate assets and incomes (who tend to be men); and delayed retirement for older pink-collar workers (who tend to be women). ‘Security’ focuses on maintaining income through more ‘flexible’ working conditions, which vary depending on whether they are defined in the interests of employers or employees.

The different valences of flexibility are erased within policy discourses focussing on increasing labour force participation. We conclude by recommending that researchers and policy makers who wish to assess the effects of extending working age—without disadvantaging older pink-collar workers—can measure physical and psychosocial work stress and subjective wellbeing (health); contributions to care & domestic sphere (productivity); and pay rates, shift choices, job security and job satisfaction (security).
Why do older adults ‘Tee Off’? A cross-sectional study

Mr Daniel Costalonga¹, Dr Alyson Crozier¹, Dr Katherine Baldock¹, Mr Brad Stenner¹
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Introduction:
Sport is part of Australian culture, where participation in sport can improve physical, mental, and cognitive health, and encourage social engagement and wellness. However, sport participation for older adults is declining. In contrast to this decline, participation in golf increases among older adults (55+), and the research exploring the reasons for this increase are currently limited. This study aimed to identify the reasons why new golfers take up the sport, compared why experienced golfers continue to play.

Method:
All golfers listed on Golf Australia’s player database were sent an email invitation to complete an online questionnaire exploring their reasons for playing golf (‘Golf Participation Questionnaire for Older Adults’ (GPQOA), Stenner et. al 2018). ANOVAs were used to detect statistically significant (p<0.05) differences between group means for the GPQOA subscales according to level of golfing experience in years (0-5 years, 6-20 years, and >20 years).

Results:
A total of 3248 golfers responded to the online survey; just 4.4% had played for less than five years. Golfers who had played for less than five years played golf more for ‘time for self’ and ‘physical health’ reasons when compared to golfers who played for >20 years. Conversely, golfers who played >20 years played more for ‘fun’ when compared to newer golfers. Golfers who had 6-20 years of golfing experienced reported more ‘mental health’ and ‘cognitive health’ reasons for playing golf.

Conclusion:
It is evident the reasons for golfing participation differs according to years of experience. The real-world implication of this is the adaptation of marketing strategies to recruit older adults to play golf. This would encourage other older Australians to engage in sport and thus experience the health and wellbeing benefits sport has to offer.
Willing to work: age discrimination and older workers

Ms Joanna Maxwell¹

¹Australian Human Rights Commission

The right to work is a fundamental human right, but one that too many older people in Australia do not enjoy.


The Inquiry found many people are shut out of work because of underlying assumptions, stereotypes or myths associated with age. These lead to discriminatory behaviours during recruitment, at work and in decisions about training, promotion and retirement, voluntary and involuntary. The cost and impact of this is high, for individuals and our economy.

However, a goal to increase older worker participation is not sustainable unless there is work available that is suitable for their skills (after supported retraining if needed), capacity, health and needs. Barriers to entry include lack of flexibility, policies encouraging early retirement, unhealthy workplace design and negative environments.

University of South Australia 2017 research found almost a third of Australians perceived some form of age-related discrimination while employed or looking for work in the previous 12 months—starting as early as 45 years of age.¹ This aligns with the findings of the 2015 AHRC discrimination prevalence study.² Employment discrimination against older people is systemic and is a significant barrier to workforce participation; it requires response at multiple levels.

The Willing to Work report contains over 30 recommendations concerning older Australians in areas including government policies, workplace systems and employer practices, together with suggestions for employers. We are currently investigating and fostering implementation of a range of strategies which will be discussed in this presentation, strategies to help all older Australians to be ‘active players with a fair future’.

¹ Irving, J., et al. (2017), Work Well; Retire Well. University of South Australia.
² AHRC (2015), National Prevalence Survey of Age Discrimination in the Workplace.
Work or walk? A study of older workers and retirees

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The economic challenges of an ageing population have led to new policies intended to reduce older people’s dependency upon the state and the age pension, through accumulation of superannuation (and other assets) and encouragement to remain in the labour force longer. The Work, Care, Health and Retirement project was a three-year government and industry funded mixed method study that explored the implications of these policies, while identifying how men and women can be encouraged and supported to remain in paid work while enjoying high levels of health and wellbeing. Selected findings from the national cross-sectional survey (n= 2,100) and qualitative interviews (n=100) with Australian men and women age 45 years and over will be presented. Specifically, the presentation will explore the characteristics of older workers (65 years and over), the type of work they undertake, how they work, and why they continue to participate in paid work past the traditional retirement age. Discussion will also include prevalence and experience of work related ageism for those in employment or seeking work. Finally the presentation will touch on the main ‘triggers’ to retirement, factors associated with retirement age and what may have delayed the decision to withdraw permanently from paid employment.