

2018 AAG Conference Symposia Presentations – Abstracts

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Session 3E – Unpacking co-design, collaboration and consumer engagement

Ellen Gaffy², Dr Anita Goh⁴, Ms Sue Malta⁶, Ms Debra O'Connor³, **Dr Frances Batchelor**¹, Ms Anne Fairhall¹
¹*National Ageing Research Institute*

Introduction and background:

Health and medical research is designed to improve the health and wellbeing of the community. Therefore its agenda is a matter of public interest. The traditional research paradigm where consumers are involved as passive research participants tends to generate findings that are less meaningful to and less valued by the community. Consumer input into existing and planned research projects is an important aspect of well-designed research. The literature reports many benefits to involving consumers in research including making the research more relevant and appropriate for consumers, improving the quality of research by considering the perspectives and experiences of individuals the research is targeted towards, and improving relationships between researchers and communities. Consumer engagement can take many forms, including surveys, focus groups, workshops, formal committees and advisory groups and public forums and conferences. There are many different approaches used to involve consumers in research and these can include co-design, co-production, co-planning, co-evaluation, and co-delivery.

Purpose or aims:

This symposium will explore the different approaches to co-design, collaboration and consumer engagement by:

- 1) Providing a theoretical framework;
- 2) Outlining the benefits and improved outcomes achieved;
- 3) Outlining the methodological challenges, based on existing studies;
- 4) Establishing key principles researchers need to consider when working in this area;
- 5) Providing practical examples of ways co-design, collaboration and consumer engagement has been incorporated into current and new research projects; and
- 6) Providing the consumer perspective.

Expected learning outcomes for audience members:

- The theory of consumer engagement and co-design
- The process of developing a research project that includes consumers as part of the team
- Methodological challenges and key considerations to engaging with consumers for research and undertaking collaboration
- The consumer's perspective of engaging in research.

3E.1 – What is co-design?

Ellen Gaffy¹

¹*National Ageing Research Institute*

Co-design is an approach used to involve consumers in research. It is based in the idea that consumers are experts in their lived experiences of issues, and therefore should be involved in the development of services that will directly affect and benefit them. However, the co-design approach goes far beyond just consulting with users about what they want or researching what their needs are. It represents a collaborative partnership between the researcher and the consumer, in which both are actively involved in the creation, development and evaluation of new products or services. At present, there is a lack of consistency in how co-design is understood and implemented in practice. To maximise the benefits of engaging consumers in the process of co-designing services and products, it is essential for service providers and researchers to have a thorough understanding of what co-design is and what it takes to do it well. This presentation will

review the theoretical framework of the co-design approach. The foundations of co-design will be reviewed in addition to how the co-design approach has been adapted for use within the health services sector. The key features of the co-design methodology will be outlined within each phase of the co-design process, along with the key principles that underline the process. Examples of commonly used co-design tools, techniques and methods will also be reviewed to illustrate how this process is facilitated, and how the outputs from these methods results in improved outcomes.

3E.2 – Melbourne Ageing Research Collaboration-a collaborative approach to research translation

Dr Frances Batchelor¹, Dr Bianca Brijnath¹, **Ms Debra O'Connor¹**, Dr Anita Panayiotou¹, Ms Sue Williams¹

¹National Ageing Research Institute (NARI)

The Melbourne Ageing Research Collaboration (MARC) is a unique and innovative model of collaboration between health and aged care services, researchers, universities, and peak groups, all of whom aim to improve the lives of older people. It is the only collaboration of its kind dedicated to ageing in Australia. MARC aims to build on and share research already being undertaken by partners. By working together, partners pool knowledge, resources and capacity to seek solutions to common problems. MARC collaboratively identified a number of key research themes of importance to the continuum of health and aged care professionals and older people and their carers. These research themes include falls, dementia, promoting healthy ageing, and improving the experience for older people at the end of their life. Other complex clinical, social and psychological research themes interact with these, including delirium, technology, mental health, workforce and caring.

In contrast to traditional research approaches, MARC's research agenda is driven by staff and consumers of the collaborating partner organisations. Each year MARC hosts forums on the research themes to understand the key issues facing stakeholders. The forums are attended by frontline healthcare workers, service managers, policy makers, researchers, educators and consumers all of who contribute to setting MARC's research direction for the next 12-18 months and help to develop the project concept and protocol. Once a research project is selected, researchers work closely with collaborating organisations and consumers to conduct the project. This collaborative model builds research capacity in the clinical workforce, engages with consumers and ensures that the study findings are shared widely to translate into practice change.

3E.3 – Promoting Independence Through quality dementia Care at Home (PITCH): a co-designed project

Prof David J. Ames^{1, 2}, Jason Burton⁷, Philip Clarke², Assoc Prof Briony Dow¹, Colleen Doyle¹, Anne Fairhall⁴, Dr Luke Gahan¹, **Dr Anita MY Goh^{1, 2, 3}**, Mr Brendan Hallam¹, Assoc Prof Lee-Fay Low⁸, Ms Sue Malta^{1, 2}, Dr Anita Panayiotou¹, Dr Steven Savvas^{1, 6}, Mr Jay Stiles^{1, 9}, Margaret Winbolt⁵

¹National Ageing Research Institute (NARI), ²The University of Melbourne, ³Melbourne Neuropsychiatry Centre, ⁴Family carer representative, ⁵La Trobe University, ⁶Royal Freemasons, ⁷Alzheimer's WA, ⁸University of Sydney,, ⁹Division of Psychiatry, University College London

This NHMRC-funded project aims to improve outcomes for people living with dementia and their paid and family carers by co-designing and testing an evidence-based specialist training program for community dementia care – the “PITCH program”.

Our co-design process involves people living with dementia, carers, home care workers, case managers and service providers as active research partners in all facets of the project, to help ensure the final PITCH program meets their needs and is usable. We plan that this program will directly benefit people living with dementia and their carers by up-skilling home care workers to provide care that promotes independence, improves quality of life, and reduces carer burden.

The project team is diverse, from Victoria, NSW, Perth, the USA and UK. Effective collaborations with service providers (Australian Unity, Benetas, Bluecross, Royal Freemasons, Villa Maria Catholic Homes) are in place.

Anne Fairhall, a family carer of someone living with dementia, will present on her experience on leading the projects advisory group, which consists of people living with dementia, family carers, and representatives from the following fields: health professional, home care professional, aged and community services, CALD community, DHHS, and aged care education.

Anita Goh will present on why and how co-design is being implemented in this project, and on the experiences of the academic and clinical researchers.

3E.4 – “A good home-care worker is gold”: Dementia care workforce training

Prof David J. Ames^{1, 2}, Dr Frances Batchelor¹, Jason Burton⁶, Philip Clarke², Assoc Prof Briony Dow^{1, 2}, Colleen Doyle¹, Dr Luke Gahan¹, Dr Anita MY Goh^{1, 2, 3}, Mr Brendan Hallam¹, Assoc Prof Lee-Fay Low⁷, **Ms Sue Malta (presented by Meg Polacsek)**¹, Dr Anita Panayiotou¹, Dr Steven Savvas^{1, 5}, Mr Jay Stiles^{1, 2}, Margaret Winbolt⁴

¹National Ageing Research Institute (NARI), ²The University of Melbourne, ³Melbourne Neuropsychiatry Centre, ⁴La Trobe University, ⁵Royal Freemasons, ⁶Alzheimer’s WA, ⁷University of Sydney

Many home-care workers have very limited dementia specialist training and knowledge. The Australian home-care workforce is therefore largely unprepared for meeting the needs of people living with dementia. The Promoting Independence Through quality Care at Home (PITCH) project was developed to fill this gap by co-designing and testing an evidence-based specialist training program. The project involves a series of Phases: (1) co-designing and (2) evaluating a training and education program for home-care workers, and (3) implementing the program as part of a cluster randomised controlled trial. The co-design phase involves a literature review, qualitative study, co-design workshops and development of training and education materials. This presentation outlines the results from the qualitative study, designed to better understand the current experiences of people living with dementia, and their carers’ and home-care workers regarding home care as it is currently delivered and how it could be improved.

Individual interviews and focus groups were conducted with forty participants: 10 people living with dementia; 10 family carers/family members; 5 home care service managers; 5 case managers; 10 home-care workers. The semi-structured interviews/focus groups were digitally recorded and transcribed. All data was de-identified. Some participants also recorded voice- (vox-pops) or video-messages.

Family carers felt home-care workers would benefit from learning about the different stages of dementia, how dementia impacts behaviour and, particularly, what the experience is like for the person living with dementia. Some home-care workers said improved procedures/processes, particularly in terms of communicating what dementia stage clients were experiencing, would allow them to provide more appropriate home-care support. Further results will be shared, along with the similarities/differences between groups and how these were adapted to inform the co-design workshops and the training and education materials. Selected vox pops will be shown as part of the presentation.

Session 3F – Liveability with an age-friendly lens in rural Victoria

Dr Melanie Davern⁴, Ms Jenny Donnelly², Dr Rachel Winterton³, Dr Kathleen Brasher¹

¹Northeast Health Wangaratta, ²Upper Hume Primary Care Partnership, ³La Trobe University, ⁴RMIT University

Liveability is becoming an increasingly popular construct and well known to a range of different stakeholders within government, planning, property, health and the general community. The RMIT Healthy Liveable Cities Group has developed seven spatially attributable domains of liveability with conceptual models for each domain.

At the same time, population ageing is particularly significant in regional and rural Australia. In northeast Victoria, almost one third of the population is over 65 years of age. In March 2017, the Victorian Department of Health and Human Services East Division and Northeast Health Wangaratta established an Age-Friendly Rural Communities (AFRC) initiative in north-east Victoria.

The Upper Hume Primary Care Partnership (UHPCP) was keen to explore the linkage between liveability domains and Age Friendly Rural to gain a better understanding about the concept of liveability in rural areas and similarities or differences in rural liveability to age friendly rural. The project sought to develop a set of indicators to assess liveability through an age-friendly lens for rural communities.

Aims

Using the UHPCP case study, this symposium will discuss the concepts of liveability and age-friendliness in the rural context, and the collaborative approach taken to develop a set of indicators useful for the policy and planning needs of the community.

Expected learning outcomes

- To appraise the concepts of liveability and AFRC
- To identify the specific aspects of rural settings needed to create age-friendly environments
- To apply a collaborative approach to the development of indicators

3F.1 – Age-friendly domains or domains of liveability?

Dr Kathleen Brasher¹, Dr Melanie Davern⁴, Ms Jenny Donnelly², Dr Rachel Winterton³

¹Northeast Health, ²Upper Hume Primary Care Partnership, ³La Trobe University, ⁴RMIT University

Age-Friendly Rural Communities seeks to bring together all levels of governments, academic, public and private sectors, community and volunteer groups across the area to form a regional response to population ageing: Age-Friendly Ovens Murray. Using the WHO Age-Friendly Cities and Communities (AFCC) approach, the work focusses both on the collaborative process necessary to support regional change, and the eight 'age-friendly' domains that determine the ability for healthy ageing.

There has been a number of initiatives to develop indicators to measure outcomes of AFCC initiatives globally. Some of these initiatives respond to national plans, while others provide suggested indicators for local government settings. None provide specific guidance for rural communities through the eight domains.

This presentation will provide a brief overview of the WHO AFCC approach and the current work to develop indicators to measure AFCC. It will then consider the Indigo/Towong case study to discuss the eight domains through a rural lens and how this can be applied to the development of a set of indicators.

3F.2 – Collaboratively developing indicators of liveability with an age friendly lens

Dr Kathleen Brasher³, Dr Melanie Davern⁴, Ms Jenny Donnelly¹, Dr Rachel Winterton⁴

¹Upper Hume Primary Care Partnership, ²RMIT University, ³Northeast Health Wangaratta, ⁴La Trobe University

Upper Hume PCP identified in its Strategic Plan, 2017 -2020 that exploring the potential of rural liveability audits to further influence action in a social determinants framework was essential. Local Government planning is increasingly reliant on collaboration with health and welfare services to address the social determinants of health. Liveability audits have previously been developed and utilised in metropolitan Melbourne, however, there is little work been done in the rural setting.

To address this gap, UH PCP was keen to enable communities and service providers in both Indigo and Towong Shire to work in partnership with RMIT for the potential development of indicators for small rural LGAs. Both of these shires have a substantial percentage of their population aged over 65, and this percentage is predicted to continue to grow. Consequently the project needed to have a view 'liveability' to incorporate an 'age friendly' lens.

This presentation will describe the Shires of Indigo and Towong, and provide rationale, co-design workshop and actions taken in the development of indicators for liveability and age-friendly rural communities.

3F.3 – Rural socio-spatial and resource environments

Dr Kathleen Brasher³, Ms Melanie Davern⁴, Jenny Donnelly², **Dr Rachel Winterton¹**

¹La Trobe University, ²Upper Hume Primary Care Partnership, ³Northeast Health Wangaratta, ⁴RMIT University

Rural community characteristics have a strong influence on the capacity of older people to age well in rural communities. While the concept of liveability is a useful one for planners, local governments and policy makers, it remains fundamentally based in the socio-spatial and resource environments of urban settings. Building on the knowledge gained from the Indigo/Towong workshop, there was a clear need to augment the findings with existing evidence on how rural socio-spatial and resource environments facilitate or hamper age-friendliness of rural settings. This presentation reviews the Australian literature on the socio-spatial and resource-related factors that shape the experience of growing older in a rural setting, and augments this with findings from two large-scale qualitative studies (n=510) examining what is important to rural older adults in relation to ageing in place. In doing so, it identifies some rurally-specific liveability indicators that reflect the spatially and social diversity of rural Australian settings, and the implications of these indicators for planning and policy.

3F.4 – Spatial indicators to measure rural liveability

Dr Kathleen Brasher³, **Dr Melanie Davern¹**, Ms Jenny Donnelly², Dr Rachel Winterton⁴

¹RMIT University, ²Upper Hume Primary Care Partnership, ³Northeast Health Wangaratta, ⁴La Trobe University

The Healthy Liveable Cities Group at RMIT University have developed a range of spatial indicators to measure liveability across Australian cities. These indicators can be summarised according to seven major domains and closely align to the social determinants of health that describe the conditions in which people are born, grow, live, work and age. However, much of the existing literature and research on liveability has been based within major urban centres which provide very different contexts to rural communities. Not only is the built and natural environment very different and towns of smaller scale, but many rural areas across Australia have a significantly different population structure than urban centres.

Through the case study with Indigo/Towong, qualitative responses on liveability and age-friendliness were collected. These responses were analysed according to the domains of liveability and AFCC to highlight the interaction and overlap between these concepts. Based on the results and a review of the literature on ageing in rural communities, a set of indicators were proposed to assess an understanding of rural liveability that is based on community needs and an age-friendly environment.

Session 5E – LGBTI Symposium

5E.1 – The sexual experiences of older Canadian heterosexual and gay men

A/Prof Isabelle Wallach¹, Ms Genevieve Miller¹

¹*Universite du Quebec a Montreal*

Introduction: Despite the well-documented fact that older adults continue to be sexually active as they age, qualitative data exploring the complexity of sexuality in late adulthood remain very scarce. The few studies having specifically examined this issue among older men highlight the importance of abandoning stereotypical and ageist perspectives on their sexuality, and reveal that they engage in various forms of sexual expression (Sandberg, 2013; Fileborn et al., 2017). Those studies, however, have only been conducted among heterosexual older men, neglecting gay men’s sexual experiences. To fill this gap, our study aimed to explore heterosexual and gay men’s sexual experiences, with a focus on the diversity of their sexual practices.

Method: Twenty-seven semi-structured interviews, with an average duration of two and half hours, were conducted among 12 heterosexual men and 15 gay men (65-84 years old) living in Montreal (Canada). Thematic analysis was utilized using the Atlas-TI software.

Results: Analyses revealed a wide variety of practices, ranging from tenderness to more liberal practices, such as BDSM, cybersex, sex tourism, pornography consumption, as well as sex toy use. At the other end of the spectrum, many participants indicated increasingly valuing practices like foreplay, non-sexual activities, romance, and tenderness, as they aged. While gay participants were more likely to include liberal sexual practices in their repertoire, heterosexual participants also pursued them. Similarly, tenderness was valued by both heterosexual and gay participants.

Conclusions: Our findings help to deconstruct stereotypical representations of older men’s sexuality by shedding light on the multiplicity of their sexual experiences. They also highlight the need to consider sexual diversity, while avoiding erroneous associations between certain types of practices and any specific sexual orientation, when creating programs promoting healthy sexuality among older men.

5E.2 – HIV and ageing: emerging issues for gerontology

Mr David Pieper¹

¹*National Association of People With HIV Australia*

The understanding of ageing with HIV is an emerging one; as a consequence of highly active antiretroviral therapy and the associated retention in care that occurred in the mid 1990’s HIV is now a chronic manageable condition. However, people ageing with HIV are experiencing a greater burden of disease. Morbidity associated with neurocognitive impacts of HIV is emerging as a significant factor in planning and implementation of services that aim to optimise the functional capacity of people ageing with HIV. They are also experiencing complexity associated with additional illnesses (co-morbidities) at a greater rate than the general population. This includes cardiovascular disease, psychological distress and non-HIV related cancers among others.

These factors have profound implications for the disability and aged care sector both in the quantity of services available as well as the quality of services provided in recognition of the unique needs of this client group. Other compounding factors also need to be considered such as appropriate, affordable

accommodation and financial burdens on a client group that was not expected to survive their condition long enough to require support and care into early, middle and late old age.

This has implications for research, health and medical services, the community response and for the Commonwealth Government which holds responsibility for evidence-based policy framework, well targeted programs and best practice regulation.

In recognition of the significant impacts that people with HIV will experience as they age the National Association of People With HIV Australia has created the HIV and Ageing Project. The project aims to articulate a clear understanding of the issues, map the current situation, identify gaps and make recommendations to government, research, health and medical services and, the community sector and propose an advocacy agenda to support the adoption and implementation of those recommendations.

5E.3 – End of life planning: safeguarding the end of the rainbow

Ms Helena Cairney⁵, Ms Pauline Crameri⁶, **Dr Sue Malta¹**, **Ms Brenda Appleton²**, **Ms Arati Vidyasagar³**, Ms Faith Hawthorne⁴, Ms Pauline Crameri⁵, Ms Sharon Granek³

¹National Ageing Research Institute and University of Melbourne, ²Transgender Victoria and Co-Chair Victorian LGBTI Taskforce, ³Council on the Ageing (COTA) Victoria, ⁴Seniors Law, Justice Connect, ⁵Advanced Care Planning, Alfred Health, ⁶Val's LGBTI Ageing & Aged Care @GLHV, Australian Research Centre in Sex, Health and Society

Research recently highlighted end of life (EOL) planning as a key issue for Victoria's Lesbian Gay Bisexual Transgender Intersex (LTGBTI) communities. Council on the Ageing (COTA) Victoria and Transgender Victoria were funded by a Sidney-Myer GALFA grant to undertake a project to develop resources to improve the EOL experiences of LGBTI Victorians. The aim of the project was to (i) understand current practices, if any, of older LGBTI people living in the community in regards to their EOL planning needs; (ii) identify gaps; and (iii) co-design information resources to address these knowledge gaps. The research was conducted in conjunction with NARI.

The research consisted of an online survey of LGBTI Victorians (98 respondents, aged 55 and older), face-to-face/phone interviews (3 people), and a key-informant panel discussion incorporating audience input (8 key informants, 33 community members/stakeholders). An online and hard copy community resource was developed from the combined results and a series of 6 videos produced from the panel discussion.

The most prevalent reason prompting older LGBTI Victorians to plan for their future was poor health. Other reasons included ageing, hospital admission or death of a loved one. Despite many respondents' awareness of a range of EOL planning resources such as guardianships, EOL directives, appointment of executors and funeral plans, the most common undertakings were wills and/or powers of attorney (medical and financial/personal). Very few respondents had advance care plans or directives in place and even fewer had outlined their funeral plans to friends or family.

More results/highlights will be shared along with an excerpt from the videos. While the resource is welcome, more community education is needed to target those members of the LGBTI community who may be socially isolated. Many LGBTI people do not write EOL plans and therefore do not have the EOL experience they would have wanted.

5E.4 – Negotiating LGBT ‘care’ relationships and ageing

Ms Anne Muldowney¹

¹*Carers Victoria*

Many lesbian, gay, bisexual and trans/gender diverse (LGBT)* people provide support to a partner, friend or family member who is ageing. Caring may be shared within a community or group of friends and/or may be reciprocal within care relationships.

Caring for an older LGBT partner, friend or other family member can be a unique bond – carers provide “safe spaces where diversity was understood and affirmed”(1). However, LGBT care relationships are not always acknowledged and respected by service providers and/or families and communities of origin. Other causes of LGBT carer stress include discrimination and barriers to accessing mainstream aged care services, social isolation, lack of service choice in rural/regional areas, exhaustion, ill-health, grief and loss, and difficulties maintaining supportive networks alongside caring responsibilities.

This presentation reports on current knowledge about people in LGBT “informal” care relationships, both LGBT carers and people supporting LGBT people. We discuss the implications for ageing and aged care policy and practice, LGBT health and community services, and the carer support sector. Participants will be encouraged to reflect on practical ways they can provide age-appropriate, culturally safe and inclusive support for people who identify as LGBT carers.

* Australian research on Intersex carers is limited. This presentation focuses on LGBT care relationships and ageing; more research is needed into the specific experiences and needs of Intersex carers.

(1) An extra degree of difficulty: An evidence based resource exploring the experiences and needs of older LGBTI carers and the carers of older LGBTI people. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University

Session 5F – Socially connected and in control: ageing in a digital world

Dr Irene Blackberry², Dr Jenny Waycott¹, Dr Clare Wilding², **Dr Steven Baker¹**

¹The University Of Melbourne, ²LaTrobe University

Introduction and background: The rapid advancement and infiltration of information and communications technologies (ICTs) into all aspects of our everyday lives is one of the defining characteristics of the early twenty-first century. Older adults, a group who have traditionally been characterised as being reluctant to engage with ICTs, are increasingly playing an active role in advocating for technology to better meet their needs. In this symposium, we discuss three research projects that seek to partner with older adults to conceive and co-design technologies that aim to increase social participation and foster active ageing.

Purpose or aim(s): Our symposium aims to illustrate the ways new technologies are being applied within various social and geographical contexts to support older adults to participate in social activities. We aim to highlight the benefits of partnering with older adults in the conception and design of these socio-technical systems. We do this by detailing three research projects that illustrate different approaches to encouraging social participation using technology. These projects span different social contexts and use different technologies but share the goal of placing older adults at the heart of design and development. The symposium also critically engages with some of the opportunities and challenges that are posed by such socio-technical research via a facilitated panel discussion that includes consumer and industry perspectives on the application of ICTs in an ageing society.

Expected learning outcomes for audience members:

1. Learn about cutting-edge socio-technical research that aims to facilitate social participation among older adults
2. Understand the challenges and learnings from engaging with various technologies including social robotics, the development of virtual communities, and virtual reality.
3. Participate in a facilitated panel discussion on the future of technology and its use in facilitating social participation for older adults across a range of contexts.

5F.1 – Emerging technologies for social enrichment: a review of current practice

Dr Jenny Waycott¹

¹The University of Melbourne

In the past decade we have witnessed growing interest in the use of information and communication technologies (ICTs) to enhance social connectivity in later life. While there are some concerns about our increasing reliance upon technologies for social interactions, the feeling of being connected to other people is ultimately a good thing, and is particularly important in later life. For those older adults who experience a paucity in their social lives, new technologies can be particularly valuable. ICTs can enable people to engage in meaningful and creative activity and to communicate with distant family members, friends, and peers, thereby overcoming the limitations of geographic distance and mobility constraints. Such benefits can only be realised, however, if the technologies are designed and deployed appropriately and embraced by older adults.

Furthermore, while existing ICTs already provide promise, we are now at the frontier of new technological developments that promise further enrichment in old age. Technologies like virtual reality, social robots, and gesture-based gaming are now being used in a range of aged care settings to provide social and emotional enrichment. With these technologies advancing at a rapid pace, there is an urgent need to understand how emerging technologies can best be designed and used to enrich the lives of older adults. How do we ensure the intended social benefits are realised and avoid situations where technology is

experienced as a burden or threat, rather than an opportunity? This introductory symposium presentation will provide an overview of current practice in the design and use of new technologies for older adults' social enrichment. Adopting a critical perspective, the presentation will consider what lessons can be learned from previous technology-based initiatives to ensure that future technologies are designed and deployed appropriately to enrich particular dimensions of social connectivity in later life.

5F.2 – Developing virtual dementia friendly rural communities: challenges and opportunities

Dr Clare Wilding¹

¹*LaTrobe University*

Rural people can experience disadvantage and difficulty in gaining access to support and services, simply because they live in rural areas, which have low population numbers and are separated by distance from areas in which support and services are more prolific. The Virtual Dementia Friendly Rural Community (Verily) project capitalises on opportunities provided by online technologies to overcome challenges of distance and limited services in rural areas. Although access to the Internet provides substantial access to a wide range of resources including information, social groups, and interactive media, there can be challenges for older rural people in taking up such opportunities. Verily provides training for local volunteers and these volunteers support carers of people living with dementia to access online technologies. Using a co-design framework, Verily gathers feedback from rural carers of people living with dementia, service providers, and volunteers, to further develop and hone the delivery of Internet-mediated support and create a digital dementia-friendly community.

5F.3 – Ageing and avatars: older adults as co-designers of virtual reality

Dr Steven Baker¹

¹*The University of Melbourne*

Virtual reality (VR) is a cutting-edge technology that is increasingly being marketed toward older adults. To date, much of this focus has been the commercial development and use of VR as a form of diversion therapy in residential aged care settings. The Ageing and Avatars project is seeking to expand the use of VR technology with older adults by partnering with a group of 25 people between the age of 70 and 80, who we call the Technology Explorers, to co-design a VR application that fosters meaningful social interaction.

After collaborating in monthly workshops over a period of 14 months, the Technology Explorers and researchers from the University of Melbourne have developed The Highway of Life, a social VR application that provides older adults with opportunities to conduct a life review and reminisce about significant life events. Reminiscence and life review activities have been shown to have beneficial impacts, including reducing depressive symptoms and protecting against cognitive decline. The Highway of Life allows these activities to be conducted in a tailored virtual environment that encourages reminiscence.

Older users of the Highway of Life can further tailor their experience by embodying an avatar that they have designed to represent them in the application. In this presentation, we discuss the co-design process that led to the development of the Highway of Life and reflect on some of the benefits and challenges of designing cutting-edge technology with older adults.

We will also offer some initial insights into the results of a three-month user study, conducted in regional and metropolitan settings, that brought the Technology Explorers together in VR to reminisce about their experiences as school children in the 1940s and 1950s.

5F.4 – Older adults and technology; who is in the driver's seat? Scientists changing their built environment

Dr Irene Blackberry¹

¹*LaTrobe University*

While rapid digital advancement facilitates ever expanding technologies that are capable of creating and maintaining social connection, it is older adults themselves who will play a decisive role in choosing which technologies respond best to their needs. In this final session, a facilitated panel discussion will seek to highlight some of the factors that will ensure technology responds to, rather than dictates, human needs. A panel, comprising the symposium presenters, an aged care industry representative, and an older adult participant from the Ageing and Avatars project, will discuss the opportunities and challenges presented by new technologies. In particular, the panelists will share various stakeholders' perspectives and key principles and learnings that will need to be adopted in order to foster social connections and activities in the future.

Session 9D – Sex in later life: from prevalence and acceptance to policy

Dr Rosanne Freak-Poli^{1,2}, Dr Sue Malta^{3,4,5}

¹Monash University, ²Erasmus MC, ³National Ageing Research Institute, ⁴University of Melbourne, ⁵Swinburne University

Introduction and background:

Historically sex and ageing were treated as ‘taboo’ and older adults regarded in the media and society as ‘asexual beings’. Consequently, their sexual needs were largely dismissed or ignored, particularly amongst healthcare professionals, service providers and policy makers. Recently, interest in sex and ageing has become a topic of intense worldwide research activity, and it is now generally accepted that sex is an important aspect of health and quality of life well into old age. So much so, that media representations of ‘sexy oldies’ are becoming normalised. But has much actually changed?

Purpose or aims:

This symposium provides an overview of sex in later life and highlights current opportunities to change perception and policy. An overview of international prevalence data will highlight the historical emphasis on ‘intercourse’, the (subsequent) dysfunction-paradigm, and the contemporary view of broadening the perspective to ‘sex positive’ practices. The overview will also highlight examples of the links between sex and a range of health and wellbeing measures among older adults from Dutch data. The symposium then looks at three distinct population groups and their lived experiences of the realities of remaining sexual in later life: (i) community-dwelling older adults and their interactions with healthcare professionals in primary care; (ii) aged care residents’ experiences with service providers; and (iii) palliative care environments, where sex and intimacy is not normally considered.

Expected learning outcomes for audience members:

- Prevalence: Overview of sex and ageing, covering historical and contemporary perspectives
- Acceptance: Understanding of the importance of sex in later life for health, wellbeing and quality of life
- Acceptance: Current barriers to acceptance and policy changes
- Policy: Where can policy make a difference?
- Policy: Sexual rights in later life – what are they and are they needed?
- Policy: Background to developing ‘sex positive’ education, policies and procedures in organisations

9D.1 – Who is having sex in later life?

Dr Fiona Barker¹, Sasha Hermosa¹, Jesse Hu¹, **Dr Rosanne Freak-Poli^{1,2}**

The World Health Organization views sexuality as “a central aspect of being human throughout life” with sexual health as “a state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity”. However, there is a common misconception that individuals become asexual as they get older.

Sexual behaviour in later life is particularly important as the nature of ageing is changing: we are living longer, are physically and mentally capable for longer and younger generations of older adults are spending more time out of a marital relationship and are engaging in more sexual behaviour. Both health professionals and older adults are not initiating conversations about sexual activity: As Pitt et al (1998) states “some older people are too shy to seek help, fearing that they should be ‘past it’ and may be regarded as ridiculous or as ‘a dirty old man’ (or woman).”

An understanding of the proportion of older adults participating in sexual activity is needed to increase exposure of this aspect of health.

A systematic review of sexual activity prevalence among older adults. While 'sexual activity' incorporates intercourse, it is clear that it can also encompass emotional intimacy, close companionship, flirting, affection, petting, hugging, kissing, desire and self-pleasure.

Electronic searches of MEDLINE (2148), Embase (2204), Scopus (913), and Web of Science (2167) from the earliest record to between 30th November and 8th December 2017 yielded 5394 unique records. Two review authors undertook the screening of titles/abstracts and the full-text papers independently. Authors were contacted to obtain clarification and additional data.

This is a work in progress. Findings will be presented.

It is important not to assume that an older person is not interested in sexual pleasure or that an older person is unhappy with not having a sexual partner.

9D.2 – Physical and psychological benefits of sex in later life

Professor Henning Turner¹, **Dr Rosanne Freak-Poli**^{1,2}

Although engaging in sexual activity has physical and psychological benefits at all adult ages, there is limited evidence about older adults. A recent systematic review of factors associated with sexual activity in adults aged 60+ years concluded there was insufficient data: "literature on sexual activity in older adults is vastly heterogeneous with methodologic caveats and inconsistent results evidenced across studies." The authors noted an emphasis on penile-vaginal intercourse and minimal (n=3) use of rigorous measures.

AIMS: To assess the physical and psychological characteristics associated with sexual activity and physical tenderness in community-dwelling older adults.

METHODS: As part of the Rotterdam Study, community-dwelling men and women aged >45 years were assessed between 2008-2014. Two sub-samples were utilised: (1) 5,591 >60 years (2) 2,374 dementia free, >65 years. Sexual activity and physical tenderness (e.g. fondling or kissing) in the last six months were assessed at interview. Analyses were stratified by gender and partner status. Sexual behaviour prevalence rates for sub-sample 1 were weighted upon the five-year age groups for cognitive impairment categories. Inter-rater reliability of self-reported sexual behaviour was examined utilising opposite-sex cohabiting partnered adults.

Results: Engaging in sexual behaviour was generally associated with younger age, greater social support, healthier behaviours, and better physical, cognitive and psychological health. Furthermore, engaging in physical tenderness or sexual activity was associated with greater well-being and life satisfaction, rather than a lack of depressive symptoms.

Conclusion: Sexuality is an important aspect of active aging and our findings illustrate that health (physical, cognitive and psychological) may be a potential barrier to maintaining or instigating intimate relationships as we age.

9D.3 – "Don't you think that's too sexy for someone your age?"

Dr Sue Malta^{3,4,5}

In many Western societies' the rate of divorces among older adults is growing. This increased singlehood along with increased longevity means engagement in new relationships in later life is also on the rise. The ubiquitous nature of online dating websites and new dating apps has also meant that finding new partners at any age is easier than ever before. Subsequently, there has also been a rise in sexually transmissible infections amongst those aged 60+, partly due to their generally low level of condom use and sexual health literacy.

This study is unique in that it investigated the views and experiences of both older Australians (21 interviews) as well as healthcare professionals (27 interviews) regarding sexual health in primary care environments. The interviews were digitally recorded, transcribed and thematically analysed. All data was de-identified.

Very few healthcare professionals or older adults directly addressed sexual health during primary care consultations. As previous international research identified, older adults waited for their GPs/nurses to initiate such conversations, whilst healthcare professionals believed the onus lay with patients themselves. Moreover, despite the purported growing acceptance of the importance of sex in later life, many healthcare professionals considered their older patients were either asexual or unengaged, or even actively discouraged such interest if the matter was raised, believing it was inappropriate. Many GPs tended to prioritise other health issues, believing that sexual wellbeing was the least of their patients' concerns, despite older adults' views to the contrary.

Older adults ongoing dismissal as sexual beings calls into question how much has actually changed. The continued absence of health policies addressing later life sexual health needs may have contributed to a lack of normalisation and/or incorporation into existing healthcare pathways. Establishing a sexual bill of rights for older adults may go some way to circumventing this lack.

9D.4 – Supporting the expression of sexuality in residential aged care

Dr Michael Bauer

People living in residential aged care facilities are often thought of as frail, cognitively impaired, dependent on others for their daily needs and the oldest of the old. The view of the nursing home as "heaven's waiting room" is common. Against this backdrop the issue of sexuality and intimacy is often far removed from the minds of service providers and aged care staff and remains on the margins of the aged care landscape. The availability of information, policy and other resources concerning sexuality to guide practice in residential aged care is scant, stereotypes and ageist attitudes amongst health professionals, care staff and family abound, and the environment often discourages rather than supports the expression of sexuality. Sexuality is frequently viewed as 'problem' behaviour and a 'scary' situation to be managed.

This picture contrasts starkly with the human rights based approach to the expression of sexuality, the reality of aged care residents' needs for the healthy expression of their sexuality (including people living with dementia) and sexuality as a component of quality of life and well-being in aged care. This presentation reports on research findings involving aged care residents, some living with dementia and aged care service providers, and examines some of the key issues and strategies for practice improvement in this important, yet still relatively neglected area.

9D.5 – Sexuality and ageing in palliative care environments? Breaking the taboo

Ms Sue Malta^{2,3,4}, **A/Prof Isabelle Wallach**¹

¹Université du Québec à Montréal, ²National Ageing Research Institute (NARI), ³University of Melbourne, ⁴Swinburne University

In recent times the subject of sexuality in palliative care has become a topic of interest, highlighting that many terminally ill patients continue to have sexual thoughts and feelings. Maintaining intimacy in the final stages of terminal illness can be a major source of relaxation and affection, as well as helping to sustain and/or reaffirm the bond between the dying patient and their (already) grieving partner. While this may be more easily achievable with patients receiving palliative care services at home, the opportunities for sexual expression for those who are in hospital environments or hospices can be relatively rare. Such occasions are usually constrained by institutional policies, unsuitable physical environments and a lack of privacy and/or recognition and appreciation of patients' ongoing sexual needs. Additional factors such as individual practitioner awareness, knowledge and support, and their comfort in addressing sexual issues in palliative care are also critical. Palliative care which is holistic and addresses all a patients' needs, can improve the quality of life of both the patient and their families.

Like sex and ageing generally, however, sex and ageing in palliative care is a taboo subject. Whilst a small number of research studies focus on the sexual health needs of younger cohorts, the research with older patients is scarce. This is surprising, given that in Australia at least, older adults aged 75 and over account for just over half of all palliative care-related hospitalisations.

This presentation reports on research findings involving palliative care patients both here and internationally. It critically appraises some of the key issues and unique needs of older heterosexual and older LGBTI patients, and examines the policy gaps and implications for future palliative care planning.

Session 9E – Older women living alone: co-creating health and social care services

Ms Georgina Johnstone¹, **Assoc Prof Judy Lowthian**^{1,2}, Ms Georgia Major¹, **Associate Professor Duncan Mortimer**⁴, **Dr Rajna Ogrin**¹, Dr Marissa Dickins^{1,3}, Dr Joanne Enticott^{3,5}, Dr Angela Joe¹, Ms Emma Renehan⁶, Mr Angelo Izzo⁴

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyondblue

Introduction and background.

The health and wellbeing of older people living alone is a growing public health concern. The likelihood of a person living alone increases with age, and will continue to grow as the proportion of older people in society increases, with significantly more women living alone than men. Older women who live alone are often socially and financially disadvantaged compared to their male counterparts. Furthermore, many older women find themselves isolated, in financial decline, and ill-equipped to meet the challenges of living alone with increasingly complex health concerns. There is a significant knowledge gap about older women living alone, and an absence of strategies to maximise their wellbeing and independence in the community-setting.

Purpose

We report on a multi-component, mixed-methods approach to identify barriers and enablers and then co-design interventions to optimise the wellbeing of older women, focusing on the social, economic and health disadvantages facing this group. This symposium will present five distinct components of this study; a systematic literature review, analysis of routinely collected health data from home-visiting nurses, interviews with women aged 55 or older, co-creation forums that begin to bridge the gap in service provision to this group, and a health economic evaluation of prioritised services. In addition to the findings of each component, presenters will discuss the insights gained from conducting a multi-part project founded in co-creation.

Expected learning outcomes for audience members.

Learn about:

- the profile of older women living alone in the community, and their service use; the barriers and facilitators to living alone for older women, and their perspectives on living alone; what interventions have been developed and evaluated for older people living alone
- the co-design process, challenges and considerations in implementing this process
- methods and findings for priority setting and economic evaluation of novel co-created interventions.

9E.1 – Interventions for older people living alone: what the literature reveals

Joanne Enticott¹, **Ms Georgina Johnstone**¹, Assoc Prof Judy Lowthian¹, Ms Georgia Major¹, Associate Professor Duncan Mortimer¹, Dr Rajna Ogrin¹, Emma Renehan⁶

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyond Blue

The first presentation will detail the findings from a systematic review to identify and summarise the evidence regarding safety, effectiveness and cost-effectiveness of previously implemented interventions

targeted at older people who lived alone. This review was not limited to women to ensure no relevant interventions were missed. Thirty-one studies from a range of different areas were identified as meeting the inclusion criteria. These studies investigated a range of interventions, spanning horticulture to assistive robots and targeted domains included safely ageing in place, social isolation and engagement, and psychological wellbeing. This reflects the breadth of interventions required to keep older individuals independent and in their own homes despite increasing age and decreased functional status. The different interventions and their outcomes will be discussed, as well as the need for more rigorous evaluation of these interventions, and the importance of involving older people in the design and implementation of new interventions.

9E.2 – Profiling older women living alone through routine clinical data analysis

Marissa Dickens^{1,3}, Joanne Enticott¹, Angela Joe¹, Ms Georgina Johnstone¹, **Assoc Prof Judy Lowthian^{1,2}**, Associate Professor Duncan Mortimer¹, Dr Rajna Ogrin¹

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyond Blue

The second presentation will detail findings relating to the analysis of routinely collected data from a home-nursing organisation from the ten-year period from 2006-2015, determining health and service profiles for more than 40,000 older women. This analysis aims to profile the service utilisation of older women living alone, to understand their pathways to care and assist with the identification of predictors of vulnerability in this cohort. The data revealed that approximately 40% had lived alone at some time during 2006-2015. In comparison to those who lived with others, women who lived alone received more visits from nurses and were more likely to require care related to medication management. Further analyses compared the burden of illness experienced by these two groups of women and the factors influencing their use of a home-based nursing service.

9E.3 – Exploring the lived experience of older women living alone

Marissa Dickens^{1,3}, Joanne Enticott¹, Emma Renehan⁶, **Ms Georgina Johnstone¹**, Assoc Prof Judy Lowthian^{1,2}, Associate Professor Duncan Mortimer¹, Dr Rajna Ogrin¹

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyond Blue

The third presentation will detail findings from semi-structured interviews that were conducted with 37 women aged 55 or older. These interviews were conducted to identify the enablers and barriers to service access, gaps in service provision related to health, wellbeing and quality of life, and support of independence. Women with diverse characteristics were included in the interviews to ensure a representative sample was included, with women ranging in their education level, socioeconomic status, and geographic location within Melbourne. Interviews with older women who lived alone captured their experiences on their living arrangement and their views on the factors important to them in maintaining their independence.

9E.4 – Valuing key stakeholder input through co-design

Marissa Dickens^{1, 2}, Joanne Enticott^{2, 4}, Ms Georgina Johnstone¹, Assoc Prof Judy Lowthian^{2, 4}, Associate Professor Duncan Mortimer³, **Dr Rajna Ogrin**¹

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyond Blue

The fourth presentation will detail the process and findings from a series of co-creation forums conducted with older women and individuals from organisations providing services to this cohort. The forums were undertaken to co-create evidence-based interventions or strategies that addressed the identified service and support needs for older women living alone, to improve their health, wellbeing and quality of life, and support independence. These needs were identified through the systematic review, registry analysis and interviews.

9E.5 – Evaluating health interventions through priority setting

Marissa Dickens^{1, 3}, Joanne Enticott^{1, 2}, Ms Georgina Johnstone¹, Angelo Iezzi⁴, Assoc Prof Judy Lowthian^{1, 2}, **Associate Professor Duncan Mortimer**⁴, Dr Rajna Ogrin^{1, 2}

¹Bolton Clarke, ²School of Public Health and Preventive Medicine, Monash University, ³Southern Synergy, Department of Psychiatry Monash Health, Southern Clinical School, Monash University, ⁴Centre for Health Economics, Monash Business School, Monash University, ⁵Department of General Practice, School of Primary and Allied Health Care, Monash University, ⁶Beyond Blue

Taking action to optimise the wellbeing of older women requires a recognition that resources are limited and that funding bodies face an imperative to demonstrate 'value'. The final stage of the project brought together data from the systematic review, registry analysis, semi-structured interviews and co-creation forums to (i) conduct a patient-centred priority-setting process using multiple criteria decision analysis, and (ii) to evaluate the cost-effectiveness of adding high priority services to existing practice. The multiple criteria decision analysis identified services that were of the highest priority to older women living alone. The cost-effectiveness analyses evaluated whether these high priority services are also good value for money from a societal perspective.

Session 9F – Ageing Workforce and Education Symposium – Advancing older workers and building the aged care workforce

Assoc Prof Marguerite Bramble¹, Miss Rosalind Herbert⁴, Associate Professor Suzanne Hodgkin², Ms Jennifer Luke⁵, Assoc Prof Lily Xiao³, Ms Robin Harvey¹

¹Charles Sturt University, ²John Richards Centre for Rural Ageing, La Trobe University, ³Flinders University, ⁴Council on the Ageing, ⁵Australian Collaboratory for Career, Employability and Learning for Living (ACCELL) University of Southern Queensland

This symposium abstract represents research from members of the national Ageing, Workforce and Education Special Interest Group of the AAG (AWESIG) and addresses a multidisciplinary range of aspects of the 2018 AAG Hot Topic twin foci of working in ageing and working while ageing. These topics are of high contemporary importance in light of the ageing population which is increasing both demand for people to work in ageing and demand for opportunities within the broader workforce for the contributions of older people.

The aim of this symposium is to contribute research evidence and knowledge to inform and promote important policy, industry and professional practice conversations on these key areas of workforce development.

Audience members will be able to develop a critical appreciation of the following key workforce issues:

- building capacity within the community aged care workforce in rural and regional areas, in reablement programs and via addressing specific training needs of this workforce cohort
- the evaluation of a model of multicultural workforce development in residential aged care and implications for practice
- opportunities for the engagement and development of an older workforce via post-retirement career development and positive strategies for recruitment and management of an older workforce.

9F.1 – Scoping skills and training needs of rural community care workers

Shaun Hancock¹, A/Prof Suzanne Hodgkin¹, **Dr Anne-Marie Mahoney (presented by Anne-Marie Mahoney)¹**

¹John Richards Centre for Rural Ageing, LaTrobe University

Introduction:

The demand for an appropriately skilled and committed aged care workforce in rural areas has escalated over several decades. Workforce estimates indicate a worsening of the current situation due to the ageing and imminent retirement of a large number of community aged care workers. Added to this are the reported difficulties associated in recruiting and retaining younger workers. Community based care provision is reportedly more complex given the prevalence of chronic health conditions among this population. Industry and policy demands for high quality and cost effective care into the future correspond with current and projected workforce and skill shortfalls as well as reported dissatisfaction with current training courses. This study explores skills and training needs in community-aged care across five diverse rural locations.

Methodology:

Drawing on a multi method design, this research collected both quantitative and qualitative data to review current skills and future training needs. Initial data was collected identifying industry knowledge and key issues impacting skills and training. Survey data was collected from Community Care staff employed across the five case study sites, measuring perceived competencies against national training standards. In-depth

interviews were conducted with Managers of community aged care services, PCAs in the community aged sector, and on-site educators.

Results

The combined data highlighted some challenges and gaps in current training models across key competency areas. This critical evidence ensures that training provided matches the needs of local rural contexts and allows aged care practitioners to work seamlessly between levels of community care settings. It enables rural aged care providers to determine where resources are placed in the provision of additional skills and training. In partnership with regional RTOs and tertiary educators, suggestions for new models of training will also be made.

9F.2 – Building capacity to deliver reablement in regional communities: workforce challenges

Assoc Prof Marguerite Bramble¹, Stephen Campbell², Anne Heath², Annette Marlow², Hazel Maxwell²

¹Charles Sturt University, ²University of Tasmania

This project aims to deliver and evaluate a reablement teaching program for staff and management at all levels of the organisation known as Family Based Care (FBC), which provides services to clients in regional and remote communities in North and North West Tasmania. As a relatively new concept in Australia, this multidisciplinary, multi-component, person-centred model relies on the development of a qualified workforce that can meet the increasing complexity of and demand for health care services, as well as address the funding model changes to Consumer Directed Care (CDC). In community care services the reablement paradigm challenges the traditional carer goals of 'maintenance' and 'support', shifting the organisational philosophy from reactive home services to a proactive and restorative approach to care, thus providing clients with the opportunity to age in place, be active and participate more socially and societally.

The teaching program, developed in consultation with staff at FBC, is being delivered between March and June 2018. The program aims to enhance staff understanding of the concept and practice of reablement, to increase their capability by developing skills to stand back, observe and assess clients' potential to gain greater independence, then work collaboratively with each client to identify individual goals. In particular the program uses video recordings of support workers demonstrating real life examples of reablement in action.

Early findings indicate changes in staff behaviour as a result of the teaching intervention and also highlight a number of challenges to delivering the reablement program including: 1) fear of change and insecurity related to impact of reablement on position description; 2) varied educational levels; 3) a need for better match between reablement aspirations of the organisation and its systems; and 4) solitary working of support workers with recipients resulting in misinterpretation of aims of care by those directly and indirectly involved.

9F.3 – Using research evidence to inform the multicultural workforce development model

A. Harrington¹, L. Jeffers³, W. Morey², E. Willis¹, **Assoc Prof Lily Xiao**¹

¹Flinders University, ²Resthaven Inc. South Australia, ³AnglicareSA Inc

Background:

Cultural and linguistic diversity between residents and staff is significant in residential aged care homes in Australia. The diversity generates many opportunities for aged care organisations to address equitable and culturally appropriate care for residents. However, the diversity can also be a challenge to achieving high-quality care for residents and to staff cohesion. The demand to develop a theory or model informed by evidence-based research has reached an unprecedented high level in the context of person-centred care and consumer-directed care.

Aims:

The aims of the study was to develop a multicultural workforce development (MCWD) model in residential aged care and evaluate the impact of the model on residents and staff.

Methods:

A critical action research using a mixed methods design was utilised to develop, implement and evaluate the MCWD. In the development phase, focus group with staff and interviews with residents were conducted. Consultative workshops with stakeholders were held to revise the draft model and resources. In the implementing phase, a pre- and post- design was applied to evaluate the MCWD model. Data were collected at three time points prior to the intervention, at 6 months and 12 months after the commencement of the intervention.

Key findings:

The MCWD model conceptualises the relationships in the four domains of the aged care workforce described as: (i) providing residents with effective cross-cultural care services; (ii) developing a culturally competent workforce to enable effective cross-cultural care services; (iii) building an enabling environment in residential aged care homes and (iv) building an enabling environment in the aged care system. The implementation of the model showed improved residents' satisfaction with care services and improved staff's cultural care competences.

9F.4 – Re-engaging with work : Career development in post-retirement

Ms Jennifer Luke¹

¹*Australian Collaboratory for Career Employability & Learning for Living (ACCELL) : University of Southern Queensland*

Retirement can no longer be conceptualised as the end of a person's career. Increasingly, people are exiting or delaying retirement and returning to work, in paid, volunteer, part-time, full-time or entrepreneurial roles. Research into later life employment pathways is dispersed across disciplines including gerontology, financial, occupational health, organisational psychology and human resources; though a focus on vocational psychology based career development strategies for those re-entering the workforce from retirement is minimal.

Post-retirement age career guidance and counselling is a successful, holistic approach to improve individual self-management of career paths and preparedness for a changing workforce. Research focused on the motivations and career adaptability of retirees re-engaging with the workforce as well as subsequent research that includes the removal of barriers to workforce participation for this age cohort and their adaptability to successfully transfer knowledge to the younger generations will be examined. Career development planning for post-retirement age clients has become a contemporary issue many career practitioners and policy makers now encounter. This presentation highlights how findings from both the initial and current research provide scope for career development interventions that would encourage post-retirement age job seekers to be active players in their re-engagement with career, rebound from potential barriers and provide them opportunity to recognise and reuse their valuable expertise to refresh a multi-generational labour market.

KEY FINDINGS:

- Vocational psychology based career development strategies and interventions for those re-entering the workforce from retirement.
- Importance of understanding the motivation of post-retirement age job seekers when assisting them to adapt back into the workforce.
- Discussed vocational psychology based research provides scope for career development interventions that would encourage post-retirement age job seekers to be active players in their re-engagement with career and how to identify, adapt and overcome workplace barriers.

9F.5 – Recruiting for life experience: how to eat the elephant

Miss Rosalind Herbert¹

¹*COTA Tasmania*

Australia's working age population (15-64 years) decreased by 1.1% from 2011 to 2016 as the population ages and less people enter the workforce while more move into retirement. But 'working age' has potential to extend beyond 65 years as health improves and people, if provided the opportunity, are able to work much longer, ensuring a strong economy and retaining knowledgeable and experienced workforces. Tasmania has the oldest and most rapidly ageing population in Australia. COTA Tasmania reviewed local, national and international research to identify current trends, barriers, opportunities and strategies to support and manage an older workforce. We provided recommendations to State Government relating to stronger government, industry and organisational leadership that challenges workplace ageism and adopts workforce practices that considers individuals across life-stages.

COTA Tasmania has begun to address these workforce issues. One strategy is through establishing an Ageing Workforce Community of Practice, composed of Tasmanian workforce policy and development representatives. This group aims to work with and support Tasmanian small and medium businesses to understand the benefits and challenges of employing older workers.

Through review of ageing workforce issues, COTA Tasmania has identified mechanisms to address some of these within a local context. Through small-scale strategies, we can build momentum and gradually 'eat the ageing workforce elephant' to support our community to build for the future.

Key findings:

- Tasmanian industry sectors have little evident planning in place for an ageing workforce.
- There are significant barriers, including ageism and inflexible workplace practices, to older workers remaining in and finding new employment.
- Stronger leadership required at government, industry and organisational level to reduce workplace ageism and adopt workplace practices that support individuals at all life stages.
- COTA needs to work with key workforce partners to improve understanding of ageing workforce issues and strategies in Tasmania.

Session 9G – Progress in dementia prevention and care for Indigenous Australians

Wendy Allan¹, Prof G A (Tony) Broe^{1,2}, Mrs Gail Daylight¹, **Dr Dina Logiudice**⁴, **Ms Paulene Mackell**³, **Mrs Lauren Poulos**¹, **Kate Smith**⁵, **Dr Kylie Radford**^{1,2}

¹Neuroscience Research Australia (NeuRA), ²University of New South Wales, ³National Ageing Research Institute (NARI), ⁴University of Melbourne; Aged Care, Melbourne Health, ⁵Centre for Aboriginal Medical and Dental Health, University of Western Australia

Introduction and background: The number and proportion of older people in Aboriginal and Torres Strait Islander communities is increasing rapidly. Previous epidemiological research has established the high burden of age-related health problems in this population, most notably dementia. Progress has been made in terms of recognizing these issues and a range of innovative translational responses to improving the health and wellbeing of older Aboriginal and Torres Strait Islander people, their families and communities are emerging.

Aims: This symposium will showcase a range of responses to the need for better dementia prevention and care across remote, rural and urban settings and highlight the centrality of culture and local capacity building towards these efforts. This symposium will also address the important role that older Aboriginal and Torres Strait Islander people themselves are playing in developing awareness and services in their communities, and helping to shape better ageing outcomes for generations to come.

Five current projects will be presented:

2. Realising the potential of art centres in remote Aboriginal communities
3. Promoting ageing well across the life-course through stories and artwork
4. Optimising dementia detection in Indigenous communities: translational workshop findings
5. Developing a quality of life tool for older Aboriginal Australians
6. Caring for Spirit: Aboriginal and Torres Strait Islander Dementia Online

Expected learning outcomes:

- Gain a better understanding of ageing from the perspectives of older Aboriginal and Torres Strait Islander people
- Consider similarities and contextual differences in providing dementia care across remote, rural and urban communities
- Appreciate the importance of cultural relevance and safety at the core of intervention and service approaches, with examples of what that might look like in practice
- Focus on community strengths and capacity building to meet the challenges of an increasing older population

9G.1 – Realising the potential of art centres in remote Aboriginal communities

Dr Frances Batchelor¹, Assoc Prof Briony Dow¹, Dr Scott Fraser¹, **Ms Paulene Mackell**^{1,3}, **Ms Roslyn Malay**²

¹National Ageing Research Institute (NARI), ²University of Western Australia, ³RMIT

Remote community art centres are places where people come together to produce art and learn new skills. They are acknowledged as very important to the social, cultural and economic well-being of artists and communities. This project is the first of its kind to explore and build on the ways in which community controlled art centres, located in remote Aboriginal communities, are currently providing support to older community members who may be living with dementia, frailty and other conditions associated with ageing. The project is funded by a Department of Health – Dementia and Aged Care Innovation Grant and is being

led by the National Ageing Research Institute. The project is a partnership with Mangkaja Arts Resource Agency (Kimberley region of Western Australia), Ikuntji Artists (West McDonald Ranges in the Northern Territory) and the Tjanpi Desert Weavers (NPY lands including South Australia, Western Australia and Northern Territory), the Tjungu Aged and Disability Team (NPYWC), and Kimberley Aged and Community Services (Kimberley), the Centre for Remote Health (Alice Springs) and the University of Western Australia. The aim of the project is to develop a guide that could be used by up to 90 art centres, located across remote Australia, to support older people. It responds to a call from the Aboriginal and Torres Strait Islander Ageing Advisory Group for innovative models for sharing funding and resources.

Project members have chosen Participatory Action Research (PAR) methodology for its emphasis on collaboration between the researchers and the participants, which respects Aboriginal and non-Aboriginal ways of being, knowing and doing. This methodology aims to empower each site to identify their specific needs, reflect on current practices and take action to implement solutions that respond to their unique priorities.

Preliminary results from data collection at each site and the PAR process will be shared during this presentation.

9G.2 – Promoting ageing well across the life-course through stories and artwork

Wendy Allan¹, **Mr Terence Donovan¹**, Miss Alison Timbery¹, Margaret Anderson¹, Dr Kylie Radford¹

¹*Neuroscience Research Australia (NeuRA)*

Introduction: Sharing the Wisdom of Our Elders - Promoting ageing well across the life course through stories and artwork is a project which addresses the theme of

What is good and healthy ageing for Aboriginal and Torres Strait Islander people?

The project acknowledges and honours the spiritual connection to culture and country. The meaning of ageing well for older Aboriginal and Torres Strait Islander people will be explored through traditional methods of stories and artwork. There are three aims. Firstly to document health, resilience, and social connectedness, engagement with community and culture with a diverse group of older Aboriginal people who are “growing old well”. Secondly to share their insights into the meaning of healthy ageing and stories of “growing old well”: Lastly to identify current services and programs to determine whether these align with the needs and expectations of the ageing Aboriginal and Torres Strait Islander population.

Method: The project is Mixed-methods research design which will analyse and report on a comprehensive longitudinal survey of older Aboriginal people from NSW through the Koori Growing Old Well Study [(KGOWS 2008-2012; NHMRC 510347) and (KGOWS-II 2016-17; DCRC grant S1.16.08)]. We will also engage with Aboriginal community controlled health services and older people to design, produce and disseminate ‘ageing well’ resources with process documentation and evaluation); additionally conduct environmental scans of services currently provided and interview staff on their knowledge and attitudes of healthy ageing in Aboriginal Australians.

Expected Outcomes: This project will contribute to dementia prevention and better services through raising community awareness of healthy ageing across the life course, developing empowering educational resources suitable for and accessible to Aboriginal people of all ages, and highlighting the meaning of healthy ageing from the perspective of older Aboriginal people and how these align with current services

9G.3 – Optimising dementia detection in Indigenous communities: translational workshop findings

Jo-anne Hughson², **Dr Dina Logiudice¹**, Ms Robyn Smith²

¹University of Melbourne; Aged Care, Melbourne Health, ²University of Melbourne

Introduction: This presentation will report on the progress of a national, stepped-wedge cluster randomised control trial working with 12 Aboriginal Community Controlled Health Organisations (ACCHOs) to implement and evaluate a culturally responsive best practice model of care to optimise the detection and management of people with cognitive impairment and/or dementia, and also to improve the quality of life of carers and older Indigenous people with cognitive impairment. We will describe the findings from a preliminary project translational workshop undertaken to inform the design and implementation of resources to be used in the study.

Method: An all-day model of care and translation working group workshop was held in March 2018. Participants included key members of the research team, experts in resource development and stakeholder representatives from the project's co-researching Aboriginal health services. Participants engaged in: a collaborative dementia journey-mapping exercise, followed by; small-group-based critical analysis of existing best practice guidelines to identify how these should be redeveloped for use with Aboriginal and Torres Strait Islander clients; and a brainstorming session around training and practice change.

Results: Themes from the workshop included the need to: support co-participation and self-determination of Aboriginal and Torres Strait Islander peoples; promote culturally competent and safe practice; recognise the multiplicity of cultures within Australian Indigenous culture; ensure that best practice guidelines and referral pathways for various stakeholders match, are practical, accommodate different learning styles, and are easy to understand; involve Aboriginal staff in care and training delivery.

Conclusions: Adopting a holistic and cyclical framework reflecting Indigenous conceptualisations of health and health care, the primacy of kinship, community and the interrelatedness of all things – the “ripple effect” – in Indigenous culture were all identified as crucial for the successful design and implementation of the model of care for this study.

9G.4 – Developing a quality of life tool for older Aboriginal Australians

Dawn Bessarab¹, Prof Leon Flicker⁴, **Ms Lianne Gilchrist¹**, Dr Dina Logiudice^{2, 3}, **Kate Smith¹**

¹Centre for Aboriginal Medical and Dental Health, University of Western Australia, ²National Ageing Research Institute (NARI), ³Melbourne Health, ⁴Western Australian Centre for Health and Ageing, University of Western Australia

Introduction

Enhancing quality of life (QoL) is a central goal of community and residential aged care services and a key outcome measure for clinicians, service providers and researchers. At present, there is no tool to evaluate QoL from the perspective of older Aboriginal Australians. This study aims to develop a culturally meaningful QoL tool for older Aboriginal Australians with and without cognitive impairment.

Method

The Good Spirit, Good Life tool was developed in Perth and validation is underway in Perth and Melbourne. Purposive sampling was utilised to ensure Aboriginal participants represented a range of ages, family groups and gender. Data was collected through in-depth interviews and yarning circles. A Participatory Action Research (PAR) approach was used for thematic analysis, tool development and dissemination of the research findings.

Results

The majority of participants preferred the term “a good life” to describe quality of life. The Good Spirit Good Life tool was co-developed with 34 Aboriginal participants aged 47-82 years, who were predominantly women (76%). Through qualitative analysis of interview transcripts, 10 main themes important to participants having a good life were identified. These include community; cultural activities; eldership; supports and services; beliefs and practices; family and friends; country; hobbies and interests; health and wellbeing; and future planning. The Good Spirit, Good Life tool comprises 10 items reflecting these factors, with a total possible score of 30.

Conclusion

The Good Spirit, Good Life quality of life tool has been co-developed in genuine partnership with Aboriginal community members and key service providers. Face and construct validation is near completion in Perth and Melbourne to ensure the tool is culturally meaningful and appropriately identifies the quality of life needs of older Aboriginal people.

9G.5 – Caring for Spirit: Aboriginal and Torres Strait Islander Dementia Online

Mrs Lauren Poulos¹, Ms Sharon Wall¹

¹*Neuroscience Research Australia (NeuRA)*

The dementia prevalence rate in urban, regional and remote Aboriginal communities is three to five times higher than the general Australian population. Low awareness of dementia and aged care services has been identified as a key factor contributing to poorer outcomes for older Aboriginal and Torres Strait Islander people.

With a lack of well designed, culturally relevant resources available to support and guide care decisions we saw the opportunity to provide a website which contains evidence-based resources and information that are culturally appropriate and appealing to Aboriginal and Torres Strait Islander communities.

Results from current research has been translated into culturally relevant and accessible information, education and training for people living with dementia, their families and carers, as well as for Aboriginal Health Workers.

We have engaged the services of Aboriginal staff, consultants, graphic and website designers to achieve the appropriate look and feel. Consulting with and working beside our Aboriginal community partners across Australia has ensured that we have been able to provide culturally acceptable and relevant resources which ensure a national impact.

This short presentation will provide an overview of the process undertaken as well as introduce you to some of the website content developed.

It is anticipated that these resources, designed with and for older Aboriginal and Torres Strait Islander people and their communities, will help alleviate the high burden of dementia in this population.

Session 13F – Young people with dementia: navigating life, care, and the NDIS

Dr Monica Cations¹, Ms Penny Everitt², Ms Kristen Holdsworth³, Ms Sarah Jamieson⁴, Ms Karen Hutchinson⁵, Ms Anita Westera⁶, Dr Caroline Vafeas⁷

¹Flinders University, ²Dementia Australia, ³Australian Catholic University, ⁴Eldercare Inc., ⁵The University of Sydney, ⁶Australian Health Services Research Institute, ⁷Edith Cowan University

Young onset dementia (YOD), with onset of symptoms prior to 65 years of age, accounts for up to nine per cent of dementias in Australia and up to 24,000 people nationally. People with YOD and their families experience higher levels of burden and depression than older people with dementia. Their entrance to older age is shaped by their degenerative neurological condition and the support they receive will markedly affect their experience. Additionally, much can be learned from their experiences as an early glimpse of the next substantive cohort of people living with dementia.

Navigation is a key theme in clinical, research, and policy work with people with YOD and their families. Difficulties with obtaining a diagnosis, accessing care, maintaining community engagement, and navigating changing social and interpersonal relationships are well documented. A pattern of ‘falling through the cracks’ of the disability and aged care sectors prompted their recent eligibility for the National Disability Insurance Scheme (NDIS). But in a sector with little experience with dementia, how do we prevent further losing sight of the needs of people with YOD and their families?

This symposium will include presentations by eight of Australia’s leading experts in YOD epidemiology and care. The presenters represent consumer, clinical, research, and policy settings and bring a variety of perspectives to the theme of ‘navigation’: What contributes to these navigation difficulties? And how can this vulnerable population be supported to make the most of the opportunity for flexible and tailored care presented by the NDIS?

Symposium attendees will:

1. Learn about the latest Australian research, practice, and policy work about people with YOD and their families
2. Improve their understanding of the lived experience of YOD
3. Better understand how the transition of service delivery to the NDIS may impact young people with dementia and their families

13F.1 – Navigating risk clustering in young onset dementia and implications for service delivery

Dr Monica Cations¹, Brian Draper², Assoc Prof Lee-Fay Low³, Adrienne Withall²

¹Flinders University, ²UNSW Sydney, ³The University of Sydney

Introduction: Several epidemiological studies have identified that non-genetic risk factors have a role in the development of young onset dementia (YOD), but all of these have considered exposure in isolation. The aim of this study was to identify groups most at risk by examining whether, and which, risk exposures co-occur and cluster together. This can inform targeted prevention efforts and improve understanding of YOD to inform service delivery by

Method: Data for this matched case-control study were taken from two larger studies conducted in NSW. One comprised all people with YOD within a geographical region, while the other exclusively included Aboriginal and Torres Strait Islander participants. Dementia diagnosis was confirmed by clinical consensus

and risk exposure was retrospectively self-and/or informant-reported. Cumulative risk and risk clustering were analysed with conditional logistic regression and latent class analysis, respectively.

Results: Participants were 96 people with YOD (58.4% with probable Alzheimer's disease) and 175 age-group, sex, and sample matched control participants. Cumulative non-genetic risk exposure had a linear relationship with YOD, with each additional exposure increasing risk by 28% (95%CI:1.07-1.53). Four distinct risk groups were identified and could be ranked from low risk (low probability of exposure to any risk) to high risk (high probability of exposure to all risks). Probability of YOD among the high-risk group was 77%, significantly higher than all other groups.

Conclusions: Non-genetic risk factors for young onset dementia cumulate and cluster together. A distinct group of people at very high risk for YOD due to snowballing risk exposure from early in life are identifiable. This has important implications for service provision: people with YOD often have histories of poor health and socioeconomic disadvantage. They require holistic and multidimensional support to address their complex needs. This presentation will include a discussion of how the NDIS model may facilitate this.

13F.2 – Younger onset dementia and its impact on relationships in midlife couples

Kristen Holdworth

Introduction:

The impact of dementia on relationships, intimacy and sexuality has been documented in the older population but little is known regarding the experiences of people with younger-onset dementia (YOD). The aim of this phenomenological study was to investigate the impact of YOD on relationships, intimacy and sexuality from the perspective of the person with dementia, the partner, and the couple jointly. The study also explored the education and information needs of service providers working with couples living with YOD regarding relationships, intimacy and sexuality.

Method:

Using purposive sampling, people living with YOD, partners and service providers were recruited for the study. Participants were 5 people with YOD, 8 partners, 5 couples and 6 service providers. Participants were interviewed individually and as a couple using semi-structured open-ended questions. 24 interviews were conducted as a part of the study. Interviews were audio-recorded, transcribed verbatim and reviewed to develop a coding scheme. A line-by-line review of the transcripts was conducted by one researcher to identify themes and sub-themes. These themes were reviewed and validated by a second researcher throughout the coding process.

Result:

Data analyses identified four key areas: (1) qualities of the partner relationship, (2) level of intimacy in the relationship, (3) sexual activity and satisfaction, and (4) information, programs and supports. Nearly all service providers expressed a need for further staff education and training to facilitate open discussions with clients with YOD and partners regarding potential changes in relationships, intimacy and sexuality. Conclusion: The results of the study underscore the importance of intimate relationships for people with YOD and their partners as well as the need to develop YOD-specific resources regarding relationships, intimacy and sexuality. Additionally, the results have implications for NDIS staff training regarding the needs of people with YOD and partners in relation to relationships, intimacy and sexuality.

13F.3 – Prescription for Life: An interactive educational resource

Dr Caroline Vafeas

An interactive educational resource was collaboratively developed by university and clinical personnel for employed carers of persons living with younger onset dementia (YOD) cared for in the home and residential setting. The goal was to implement a cost effective educational resource to increase knowledge and improve care for staff caring for those with YOD. The final educational resource consists of an interactive talking book that can be accessed electronically, free of charge, by any care provider of those living with younger onset dementia. The final product “Prescription for Life” is available as an online resource and has been accessed nationally and internationally since the end of 2016. Over 150 healthcare workers have accessed the book in 2017/2018 and data gathered from each person has enabled further research into the usefulness of this resource in regards to attitudes and knowledge of YOD. The content of this resource is very relevant for any carer of someone living with YOD and gives ideas for strategies in the home environment. This study was supported financially by The Lovell Foundation.

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Vafeas C., Jacobs, E., & Jacob, A. (2018). A younger onset dementia toolkit: Innovative practice. Dementia; <https://doi.org/10.1177/1471301217738402>

13F.4 – International perspectives to improve environments care for people with younger onset dementia

Ms Sarah Jamieson

This presentation will discuss examples of international best practice observed during a Churchill Trust Fellowship study tour to the UK and Europe during June and July 2018. The author will explore and learn from established, sustainable and innovative environments, models of care and social systems that support, maintain and improve the quality of life for people living with younger onset dementia who require residential care. The lessons learnt from observing best practice overseas through the Fellowship tour will contribute to, drive, direct and support culture change in Australia to improve transition to specialised and appropriate residential care and respite services that improve wellbeing, maintain function, support autonomy and sustain social connection for people living with younger onset dementia. Sharing the author’s experiences and observations will create greater awareness, a deeper understanding of the unique needs of people living with younger onset dementia and a starting point to plan, develop and provide appropriate and specific environments and models of care to maximise their wellbeing, function, independence, social inclusion, community connection and quality of life. This paper will also inform and guide service providers, people living with younger onset dementia and their care partners in the development of innovative, appropriate and creative services and environments that are sustainable, flexible and accessible. These new service and environmental models will enable choices for a targeted transition to appropriate environments and care approaches that enable people to flourish and experience wellbeing.

13F.5 – Navigating the transition to the NDIS: National Younger Onset Dementia Key Worker Program

Ms Penelope Everitt

The Younger Onset Dementia Key Worker Program (YODKWP) is an innovative national program developed and delivered by Dementia Australia since 2013.

People under 65 years of age, who are often actively raising and financially responsible for a family, frequently experience difficulty getting a diagnosis. Once a diagnosis is confirmed, they often find there are limited age and disease appropriate supports available to them. As a result, people living with YOD can fall between the gaps of the disability and aged care systems.

With the introduction of the National Disability Insurance Scheme (NDIS), people living with YOD are now being supported to access services they need to achieve their goals. However, the changes created by the NDIS and a general lack of awareness and understanding of YOD within the sector means people with YOD experience better outcomes when they have advocates assisting them to navigate this complex service environment. YOD Key Workers act as NDIS Support Coordinators to provide expert, dementia-specialist advice and work alongside clients to develop a comprehensive strategy which optimises their engagement with the NDIS throughout their journey with dementia. The program continues to evolve alongside the NDIS as Dementia Australia helps build capacity of both clients and providers within the NDIS marketplace to best bridge the gaps.

Importantly, YOD Key Workers also provide support outside the NDIS to people undergoing the lengthy diagnosis process, and families and carers as well as working with the mainstream and community services to improve their understanding of the issues facing those living with YOD and to improve access to the NDIS for people with YOD.

This presentation seeks to increase awareness of the supports available to enable people to live well with dementia and provide some learnings from the NDIS for those who support NDIS referral, consumers and service providers.

13F.6 – Exploring societal influences on families living with younger onset dementia

Mrs Karen Hutchinson

Background:

Families living with younger onset dementia (YOD) face unique social challenges. To date there has been little research to understand the social factors influencing interactions and relationships within family units, and between families and existing services and supports. Previous research has demonstrated children and young people in these families face significant mental health issues compounding stigmatization and exclusion. In the context of the National Disability Insurance Agency (NDIA), creating profound changes to the disability sector in Australia, we wish to broaden understanding of the societal factors impacting these families, to inform service design.

Methods:

Twenty-eight semi-structured interviews were conducted in Australia with parents living with YOD (5), children (17), and spouse caregivers (6). Seven health and social care providers were interviewed for their insights into service provision for this population. Interview data was analysed thematically, using the social

model of disability and Rolland's family systems-illness model as a theoretical framework to better understand the societal influences on these family relationships and interactions.

Findings:

The ability to manage changed family circumstances and demands is impacted by the life cycle and developmental stages of family members and the community in which they reside. Social exclusion and discrimination combined with the lack of tailored, family –focused formal services and support can contribute to poorer family relationships and greater stress. This stress is linked to negative adaptation to dementia and ineffective communication.

Conclusion:

Socially constructed disablement is a major factor impacting family relationships, functioning, and connections. A deeper understanding of these implications is necessary in the changing disability sector. Investing in the emotional and physical well-being of the whole family, to function well and be socially included, should be a cross sectorial responsibility. We explain the value of a theoretically underpinned co-created, family-focused service model that considers stage in lifecycle and psychosocial demands.

Session 14E – CALD Symposium – Technology as an innovative solution to language and communication barriers

Dr Josefina Antoniadou¹, Dr Bianca Brijnath¹, **Dr Anita Panayiotou**¹, **Santini Subramaniam**¹, **Ms Betty Haralambous**¹

¹National Ageing Research Institute (NARI)

Introduction and background:

Around 30% of Australians over the age of 65 are from a non-English speaking background and encounter considerable language and communication barriers when navigating a complex health system designed for the English-speaking majority. Such barriers hinder knowledge about services, access to, and delivery of care. Consequently, many older CALD people and families often present to health services at 'crisis stage'. As such, it is paramount that innovative solutions are in place to address existing language and communication barriers.

Purpose or aim(s)

This symposium will describe how different technological solutions are being deployed across community, hospital, and aged care settings to address the language and communication barriers that confront older people from CALD backgrounds. With special emphasis on film and digital media, this symposium will also illuminate the methodological and technical considerations that shape engaging with new media. In particular, the presentations will explore how technology can assist in increasing dementia literacy, improving knowledge about and access to services through video-conferencing, and the delivery of care to older people from CALD backgrounds in their preferred language using a voice-to-voice translation App.

Expected learning outcomes for audience members

- The potential to use - video-interpreting as a platform during in-home aged care assessments as a cost-effective alternative to face-to-face interpreting.
- The process of co-designing an approach to developing and trialling translation technology for the home care setting.
- Methodological and technical considerations shaping the production of films about dementia in multicultural communities.
- An overall perspective on how to address the communication and language barrier faced by older people from CALD backgrounds by harnessing the potential of technology.

14E.1 – Improving service knowledge and access among CALD people with dementia

S Subramaniam¹, J Barbagallo³, Ms Betty Haralambous¹, Mr Qi Jia Kerry Hwang¹, Dr Dina LoGiudice⁴, S Meara²

¹National Ageing Research Institute (NARI), ²Barwon Regional Aged Care Assessment Service, Geelong,

³North West Aged Care Assessment Service, Melbourne, ⁴Melbourne Health and University of Melbourne

Background

Older people from culturally and linguistically diverse (CALD) backgrounds present to health services at a later stage of dementia, resulting in delayed diagnosis [1]. The number of people with dementia is projected to triple between 2011 and 2050 [3], hence communication barriers for this group should be addressed to ensure healthcare needs are met.

Interpreters are an essential part of best clinical practice in assessment of cognitive impairment and dementia; factors can limit competency, accessibility and engagement. These include shortage of interpreters for minority languages, shortage of interpreters in rural/remote areas, interpreter's lack of experience in cognitive assessments.

There has been research summarising evidence of the usability of videoconferencing for the diagnosis of dementia [2], but there have been no studies exploring video-interpreting with interpreters in a different location in the assessment of cognitive impairment of older people from CALD backgrounds.

Aims

To explore video-interpreting during home based assessment to optimise and evaluate service access among older people from CALD backgrounds with cognitive impairment or dementia.

Methods

A mixed method approach is used to evaluate assessment outcomes for older people from CALD backgrounds utilising video-interpreting as compared with face-to-face using standardised screening cognitive and depression scales. Feasibility, user satisfaction and health economic outcomes will be assessed.

Findings

At time of writing, data collection commenced with 2 Victorian ACAS. Findings will inform government and health providers to consider utilising video-interpreting as part of practice. A protocol will be developed for using video interpreting in dementia diagnosis.

1. Lee, S.M., et al., *Factors impacting on early detection of dementia in older people of Asian background in primary healthcare*. *Asia-Pacific Psychiatry*, 2011. **3**(3): p. 120-127.
2. Barth, J., F. Nickel, and P.L. Kolominsky-Rabas, *Diagnosis of cognitive decline and dementia in rural areas - A scoping review*. *Int J Geriatr Psychiatry*, 2018.

14E.2 – Using translation technology with older people from CALD backgrounds

Dr Anita Panayiotou¹, Dr Frances Batchelor¹, Mrs Anastasia Gardner¹, Mr Qi Jia Kerry Hwang¹, Ms Betty Haralambous¹, Dr Anita Goh^{1,2,3}, Ms Sue Williams¹, Dr Xiaoping Lin¹, Dr Emily You², Terrence Chong², Monita Mascitti-Meuter⁴, Emiliano Zucchi⁵, Dr Dina LoGiudice^{1,3}, Kwang Lim³, Christiana Leontiou³

¹National Ageing Research Institute (NARI), ²The University of Melbourne, ³Royal Melbourne Hospital, ⁴St Vincents Hospital, ⁵Northern Health

People from culturally and linguistically diverse (CALD) backgrounds make up 20% of the older Australian population, equating to more than 600,000 people. According to ABS Census data, 27.3% of the CALD population aged over 65 years do not speak English well or at all. Even for those who do speak English, proficiency tends to decline with increasing age, and with the onset of dementia. Those from CALD backgrounds without proficient English may not receive equitable care if their healthcare workers do not speak their primary language. Everyday communication without interpreters has been described in the literature as “getting by”, where gestures, facial expressions, and increased volume or minimal key words in the target language have the potential for miscommunication. This can result in inappropriate or inadequate care provision. With the widespread uptake of mobile devices, technology enabling translation has been identified as a potential way to improve communication between patients and healthcare staff when used as an adjunct to professional interpreters in low risk scenarios. We will present on a project that

aims to: 1) explore the attitudes and perceptions of older people from CALD backgrounds and front line healthcare workers in relation to technology for translation purposes; and 2) test the feasibility and acceptability of using existing translation technology in the subacute hospital setting for everyday low-risk communication.. The presentation will describe the results of the consultations with older people and healthcare workers, and report on the preliminary results of the hospital trial.

14E.3 - Behind the scenes: roll-out of a multimedia project in CALD communities

Jon Adams², **Dr Josefine Antoniadis¹**, **Dr Bianca Brijnath¹**, Prof Colette Browning³, Katie Ellis⁵, Dr Dianne Goeman⁴, Mike Kent⁵, Anu Krishnan¹, Nick Lee¹, Mariam Yousif¹

¹National Ageing Research Institute (NARI), ²University of Technology Sydney, ³Australian National University,

⁴University of Newcastle, ⁵Curtin University

Dementia awareness in Australia's is low. Raising awareness of dementia in CALD communities is challenging and require innovative and community-driven interventions.

This paper goes behind the scenes of Moving Pictures, a national project that uses film and digital media to raise dementia awareness in Australia's culturally and linguistically diverse (CALD) communities – to outline the methodological and technical challenges associated with working across multiple sites, languages, cultures and technologies. Specific challenges related to methodology included difficulties recruiting CALD carers to participate in video interviews on account of the stigmatized nature of dementia, the personal nature of the care journey, and the desire to maintain 'face' in the community.

Further to this, the use of technology as a data collection modality required specialist training of staff not only to capture the best possible data, but also to deal with technical issues such as lighting, sound, and composition; data storage and transfers, and data analysis; all factors that required additional consideration and refinement throughout the project implementation.

Using a number of examples from the first year of Moving Pictures, this paper will highlight critically important considerations, challenges and possible solutions to designing and implementing multimedia projects with older people from CALD backgrounds.

Session 15E – Hearing Loss and dementia: new findings, measures, and approaches

Prof Amanda J. Barnier^{1,2}, **Dr Paul A. Strutt**^{1,2}, **Dr Kylie Radford**³, Dr Louise Lavrencic³, Ms Gail Daylight³, A/Prof Kim Delbaere³, Prof G.A. (Tony) Broe³, Ms Emma Scanlan⁴, **Mr Timothy Beechey**^{5,6,7}, Dr Joerg Buchholz^{5,7}, Dr Gitte Keidser^{5,6,8}, **A/Prof Viviana M. Wuthrich**⁹, Prof Ron M. Rapee⁹, Prof Brian Draper¹⁰, Prof Henry Brodaty¹¹, Prof Andrew Georgiou¹², Prof David McAlpine^{5,13}, Dr Brent Edwards^{5,6}, Prof Cath McMahon^{2,5,13}

¹Department of Cognitive Science, Macquarie University, ²ARC Centre of Excellence in Cognition and its Disorders, ³Neuroscience Research Australia (NeuRA), ⁴Australian Hearing, ⁵HEARING Cooperative Research Centre, ⁶National Acoustic Laboratories, ⁷Department of Linguistics, Audiology Section, Macquarie University, ⁸School of Health and Rehabilitation Sciences, University of Queensland, ⁹Centre for Emotional Health, Department of Psychology, Macquarie University, ¹⁰School of Psychiatry, University of New South Wales, ¹¹Centre for Healthy Brain Ageing (CHeBA), University of New South Wales, ¹²Australian Institute of Health Innovation, Macquarie University, ¹³Macquarie University Centre for Implementation of Hearing Research

Introduction and background:

In 2018, 47 million people worldwide are living with dementia with millions more involved in their care. Interventions targeting risk factors for dementia have the potential to delay or prevent a third of cases. Livingstone et al. (2017) estimated that addressing mid-life hearing loss could prevent up to 9.1% of new cases (the highest of any modifiable risk factor they reported) and addressing social isolation and depression, which may be caused or exacerbated by hearing loss, could prevent another 2.3% and 4.0% of new cases, respectively. Despite its high prevalence in older adults, hearing loss per se only recently has been recognised as a risk factor, and any direct (or indirect) causal pathway is still to be established.

The aim of this symposium is to introduce and invite feedback on new research findings, assessment measures, and approaches to intervention. We highlight the need for collaboration across hearing and dementia, clinical and research disciplines as we work to reveal links between hearing loss and cognitive decline and intervene in impactful ways. Learning outcomes: Attendees will see new findings on links between hearing loss and cognitive decline in older Aboriginal Australians (Radford); learn about the prevalence of hearing loss, the nature of hearing assessment, and common delays in treatment, as well as ways that untreated hearing loss impairs everyday communication and collaboration (Barnier and Scanlan); hear about new audiological measures that might better capture impacts of hearing loss (and hearing intervention) on communication (Beechey); see findings of a treatment study that aims to improve social participation in anxious and depressed older adults (Wuthrich); and comment on a new multidisciplinary assessment battery that may assist practitioners in matching the appropriate combination of hearing treatment and cognitive, communication, emotional, or social training to maximise clinical benefits for older adults (Strutt).

15E.1 – Hearing loss and cognitive decline in older Aboriginal Australians

Prof G A (Tony) Broe¹, Mrs Gail Daylight¹, Kim Delbaere¹, Ms Louise Lavrencic¹, **Dr Kylie Radford**
¹Neuroscience Research Australia (NeuRA)

Hearing loss is common in late life, affecting a third of people over the age of 55 years. Hearing loss is also emerging as a midlife risk factor for cognitive decline and dementia and appears to be an important population target for dementia prevention (The Lancet Dementia Commission, 2017). However, how hearing loss relates to late-life cognitive decline is not yet well understood. In Australia, ear and hearing problems affect a higher proportion of Aboriginal and Torres Strait Islander people, especially in early to mid-life and in non-remote areas. The current study aimed to explore whether hearing loss is a risk factor for dementia and cognitive decline in the Koori Growing Old Well Study, a population-based cohort of 336

Aboriginal people aged 60 years and older from urban and regional NSW. The self-reported prevalence of any hearing impairment in this study was 44% (23% mild; 21% moderate-severe). Mid-late life hearing impairment was associated with older age, recurring childhood ear infections, unskilled work, and previous stroke, but not with sex, education, smoking, loneliness or depression. Cross-sectional logistic regression analysis, adjusting for age, revealed a trend for moderate-severe hearing impairment to be associated with dementia (OR=2.0, 95% CI 1.0 – 4.0, p=0.05). Excluding dementia cases, baseline hearing impairment was associated with a significant decline in cognitive performance over six years, measured using the modified Kimberley Indigenous Cognitive Assessment (β =-0.27, p=0.004, n=115). Hearing impairment remained a significant predictor of cognitive decline after controlling for age, unskilled work and stroke (β =-0.24, p=0.01). These preliminary findings suggest the link between hearing loss (and its social and biological determinants), cognitive decline and dementia is an important area for future research and, possibly, dementia prevention in Aboriginal and Torres Strait Islander people.

15E.2 – Hearing loss in older adults: prevalence, assessment, and everyday communication

Prof Amanda Barnier¹, Emma Scanlan²

¹ARC Centre of Excellence in Cognition and its Disorders, Macquarie University, ²Australian Hearing

Hearing loss due to normal ageing is one of the most common conditions affecting older adults. Over half of Australians aged between 60 and 70 experience some kind of hearing difficulty. Research suggests that people with mild symptoms of hearing loss may be twice as likely to develop dementia as those with healthy hearing, and people with severe hearing loss may be five times more likely to develop dementia. Hearing difficulties may reduce quality of life through social isolation, feelings of loneliness and depression, and a loss of independence. These factors in turn may increase the risk of developing dementia. Thus, early identification and treatment of hearing difficulties is crucial. We discuss current protocols for assessing and treating hearing loss, including in older adults with dementia and other cognitive issues. We note the challenge of distinguishing symptoms of hearing loss from those of cognitive decline with some clients as well as the challenge of capturing disruptions in everyday communication and collaboration. We focus especially on delays in treatment. On average, people wait seven years to seek treatment following a diagnosis of hearing loss, which is very problematic given reported associations between hearing health and brain health. We conclude by describing a study with long-married older couples who remembered a range of everyday information either alone or together with their spouse. Couples who remembered successfully together used well developed communication and joint memory strategies. But if one or both spouses self-reported hearing difficulties (56% of husbands, 41% of wives), they received little or no collaborative benefit. These findings not only highlight the value of including ecologically valid measures of communication and collaboration in assessments of hearing difficulty, but the possibility that if hearing loss leads to cognitive and social isolation, we may be at greater risk of cognitive decline and dementia.

15E.3 – On the impact of hearing impairment on spoken conversation

Mr Timothy Beechey¹, Joerg Buchholz², Gitte Keidser²

¹National Acoustic Laboratories, ²HEARing Cooperative Research Centre; Department of Linguistics, Audiology section, Macquarie University

Spoken communication is near universal across cultures and is central to older adults' everyday lives due to its crucial role in building and maintaining relationships and engaging in activities of daily living. Measuring and ameliorating the impact of hearing loss on speech perception is one of the primary goals of hearing assessment and rehabilitation. However, because spoken communication is inherently interactive it challenges our methods of assessment and intervention, which are typically focused on the individual. The provision of devices including hearing aids and cochlear implants is our main tool of intervention and

provides valuable assistance to many older adults. However, while hearing devices improve the audibility of speech and increase the availability of redundant information, they cannot assist with the interactive aspects of conversation. This fact partially explains a growing body of literature showing that results of clinical hearing assessments are often inconsistent with peoples' self-reported hearing and communication impairment in real-life settings. In addition to low level perceptual processes, everyday conversational interactions rely on a range of complex behaviours. Among these are: (i) the use of contextual information and shared cultural and general knowledge; (ii) fine-grained temporal coordination between interlocutors; (iii) exploitation of redundancies in speech; and (iv) strategies including positioning in space, use of visual cues, noise avoidance, question asking and signalling of communication difficulties. During conversation, interlocutors enter into a complex feedback system. To-date, our understanding of how hearing impairment interferes with this feedback system is not well understood. Based on recent experimental data, in this presentation we describe what is currently known about the specific ways in which hearing impairment affects spoken communication and future prospects for assessing the benefits of hearing devices for communication.

15E.4 – Social participation and connection in anxious and depressed older adults

Henry Brodaty⁴, Brian Draper³, Prof Andrew Georgiou⁵, Ron Rapee², **Dr Viviana Wuthrich**¹

¹Centre for Emotional Health, Macquarie University, ²Centre for Emotional Health, Department of Psychology, Macquarie University, ³School of Psychiatry, University of New South Wales, ⁴Centre for Healthy Brain Ageing, University of New South Wales, ⁵Australian Institute of Health Innovation, Macquarie University

Introduction: Anxiety and depression in later life are associated with decreased quality of life (QOL), decreased social participation (including paid employment, volunteering, child minding, community participation) (Douglas, Georgiou, & Westbrook, 2016; Hodgetts et al., 2017; Golden et al., 1999), and greater disability and health costs (service use, medication use, suicide, poorer overall health behaviours, mortality) (deBeurs et al., 2009; Wetherell et al., 2004). Social participation (such as community participation, socialising, volunteering, child-minding, paid employment) is a strong protective factor from suicide risk, depression, anxiety, loneliness and poor quality of life. Social participation is therefore an important therapeutic target that also has the potential to increase the economic benefits attributed to greater social participation by older adults. Despite this, studies have not directly targeted social participation in mental health interventions. This new study aims to examine the impact of treating anxiety and depression along with increasing social participation on therapy outcomes, as well as economic outcomes, in a large randomised controlled trial. Method: Participants over the age of 65 years with an anxiety or mood disorder are randomised to our established cognitive behavioural therapy (CBT) program (Ageing Wisely), or an enhanced CBT program that seeks to also increase social connection and social participation. Exclusion criteria are kept to a minimum. Participants complete demographic, self-report symptom measures, semi-structured clinical interviews, quality of life and economic measures, pre, post and at 6 month follow up. Results: Changes in symptoms will be examined using mixed model analyses to compare conditions, economic analyses will examine health and productivity costs using linked data from medical, and pharmaceutical records, as well as from a purpose build social participation measure to capture changes in social participation. Initial findings will be discussed.

15E.5 – Towards a new assessment battery: hearing, cognition, and emotional health

Dr Paul A. Strutt^{1,2}, Prof Amanda J. Barnier^{1,2}, Prof David McAlpine^{5,13}, Dr Brent Edwards^{5,6}, Prof Cath McMahon^{2,5,13}

¹Department of Cognitive Science, Macquarie University, ²ARC Centre of Excellence in Cognition and its Disorders, ³Neuroscience Research Australia (NeuRA), ⁴Australian Hearing, ⁵HEARing Cooperative Research Centre, ⁶National Acoustic Laboratories, ⁷Department of Linguistics, Audiology Section, Macquarie University, ⁸School of Health and

Rehabilitation Sciences, University of Queensland,⁹Centre for Emotional Health, Department of Psychology, Macquarie University,¹⁰School of Psychiatry, University of New South Wales,¹¹Centre for Healthy Brain Ageing (CHeBA), University of New South Wales,¹²Australian Institute of Health Innovation, Macquarie University,¹³Macquarie University Centre for Implementation of Hearing Research

According to the recent report of the Lancet Dementia Commission (2017), interventions targeting risk factors for dementia have the potential to delay or prevent up to a third of dementia cases. An important step in the fight against dementia is to develop innovative research programs that can target known risk factors, particularly those that occur earlier in life before the onset of degenerative disease. Research suggests that up to 16% of new cases could be prevented by addressing midlife risk factors of hearing loss, social isolation, and depression. It is important then, to have tools that can sensitively assess these factors before, during and after any intervention. In this presentation, we describe and invite feedback from attendees on a new comprehensive clinical assessment battery that our multidisciplinary team is developing, which aims to measure: (1) hearing, (2) cognition, (3) communication and collaboration, (4) emotional health and wellbeing, and (5) neurophysiology. We aim to include, for instance, more ecologically valid and socially sensitive measures of hearing and cognition, especially those that capture common yet important everyday communication and collaboration with their spouses and family. This research will help us to better understand the links between hearing loss, hearing treatment, emotional health and wellbeing, and cognitive state. In future, we hope to profile older adults so that we can identify who benefits most from hearing treatment and the best predictors of treatment success. Such findings and informative, fine-grained measures should assist hearing practitioners in moving towards increased personalisation or “precision medicine”. Personalisation may help to maximise the benefits that older adults receive from hearing treatment and ensure flow on benefits for their cognitive health and overall wellbeing.

Session 15F – Elder Abuse Symposium – Understanding, Responding, and Preventing Elder Abuse

Dr Luke Gahan¹

¹*National Ageing Research Institute*

In 2017, Senator the Honourable George Brandis QC, Attorney-General of Australia, stated that all Australians have rights, that do not diminish with age, to live dignified, self-determined lives, free from exploitation, violence, and abuse. He declared that Australian laws and legal frameworks should provide appropriate protections and safeguards for older Australians, while minimising interference with the rights and preferences of the person. In response to the Attorney-General's call to actions, much is being done in Australia to better understand elder abuse, to more adequately respond to incidences, and to prevent future occurrences.

Expanding on the first Elder Abuse symposium at this conference, presenters in this symposium will share their current research and recent experiences in an effort to better understand elder abuse and the ways in which society understands, responds, and acts to prevent its occurrence.

Audience members will gain an understanding of what social, medical, and legal agencies and organization understand and do about elder abuse, what existing Australian aged care and legal system responses might tell us about societal attitudes to older people and sexuality, what kind of research and consultation might deliver the best protocols for journalists reporting about elder abuse, and current efforts to produce research informed prevention materials.

15F.1 – Tasmanian stakeholder organisations knowledge of and responses to elder abuse?

Dr Susan Banks¹, Olivia Hasler¹, Terese Henning³, Dr Suanne Lawrence², A/Prof Christine Stirling⁴

¹*School of Social Sciences, University of Tasmania*, ²*Faculty of Health Sciences, University of Tasmania*, ³*Tasmanian Law Reform Institute, University of Tasmania*, ⁴*University of Tasmania*

Elder abuse is receiving increasing attention in Australia, such that all states and territories have developed and published prevention strategies and/or practice guidelines. Within these strategies, however, attention on elder sexual abuse may be missing or downplayed, and the extent to which the policies and practices of relevant agencies and organisations reflect states' strategic aims is unknown.

More specifically, what do agencies and organisations with medical, social or legal responsibility for the well-being of older people understand and do about elder abuse, and elder sexual abuse in particular?

We conducted two qualitative studies with staff in Tasmanian community sector, legal/enforcement, medico-legal, health services union and guardianship agencies and organisations to address these questions.

The first study used an interviewer-administered survey to ascertain any gaps practitioners have identified in elder-abuse detection and response in Tasmania.

The second study (supported by an R M Gibson award), used in-depth interviews with managers and executive officers in the same range of agencies to explore approaches and practices toward the sexual abuse of older women, with the aim of revealing any institutional cultural attitudes towards sexual abuse of older women.

This paper reports the combined analysis of these two studies, reporting on current responses and factors that undermine their effectiveness (including social and organisational culture and misconceptions about elder sexual abuse). One common theme reported by managers is confusion about where, or to whom, to report the suspected elder abuse.

The findings have implications for better translation of research and policy into practice and build knowledge on this topic of national relevance.

15F.2 – Developing journalism protocols for reporting elder abuse in Australia

Dr Susan Banks², Katrina Clifford³, Dr Peta Cook¹, **Dr Lyn McGaurr^{1,2}**, Rob White⁴

¹COTA Tasmania, ²School of Social Sciences, University of Tasmania, ³Faculty of Arts and Education, Deakin University, ⁴Criminology, University of Tasmania

Until recently, elder abuse was largely hidden from the public gaze, just as child abuse, domestic violence and depression were in past decades. But this may be changing: in 2017, revelations of elder abuse at the Oakden older persons' mental health facility made headlines around the country, appearing in more than 670 Australian press stories in the course of the year; in the month that the Australian Law Reform Commission released its 400-page report into elder abuse, the term itself appeared in 160 press reports; and in the days of the Fifth National Elder Abuse Conference in Sydney earlier this year, the topic generated nearly 40 media items, ranging across local, state, national, commercial, public, generalist and special-interest media. Often news reports about these kinds of incidents, events or developments are accompanied by the stories of people who have experienced elder abuse. As governments and NGOs work to increase public awareness of the problem, it is important for journalists to have the knowledge and resources necessary to portray the problem sensitively. Our presentation explores the way forward for developing journalism protocols for reporting elder abuse and ageism. We compare and contrast our proposal with the exemplary work of the Mindframe project in developing protocols for journalists reporting suicide and mental illness, and the resources disseminated by Our Watch for journalists reporting domestic violence. We discuss our plans to conduct preliminary media frame analysis in December this year, when attention from journalists is likely to increase for a time if the Council of Australian Governments fulfils the commitment given by the Attorney-General to develop a national plan to address elder abuse. We then consider what kind of research and consultation might deliver the best protocols, and discuss options for dissemination and evaluation.

15F.3 – What can we learn from cases of sexual exploitation of aged care residents by care workers with cameras?

Dr Susan Banks¹, Valerie Williams⁵, Terese Henning³, **Dr Suanne Lawrence²**, A/Prof Christine Stirling⁴

¹School of Social Sciences, University of Tasmania, ²Faculty of Health Sciences, University of Tasmania, ³Tasmanian Law Reform Institute, University of Tasmania, ⁴University of Tasmania, ⁵School of Law, University of Tasmania

In 2017, a male aged care worker was convicted of having taken (and shared) sexually exploitative images of a resident in a Tasmanian aged care facility. Photographs showed, among other things, the worker poking his tongue out, with his face alongside the resident's genitals, and an incontinence pad partially inserted into the resident's vagina. He forwarded to a colleague a photograph that was on-sent a number of times before it was reported to management four months later. Police were informed and the worker pleaded guilty to breaching sections 13B and 13C of the Police Offences Act 1935 (Tas)—possession of prohibited visual recording, and publishing or distributing prohibited visual recording, respectively. He was sentenced

to two months' imprisonment, wholly suspended. The sexual assault element of the case was not prosecuted.

Over the past two decades, elder abuse has become a topic of worldwide discussion although elder sexual abuse – and, in particular, the sexual abuse of vulnerable aged care residents – remains the least studied, least acknowledged, and least understood aspect of elder mistreatment. While the Australian healthcare and legal systems have tried to meet their responsibility to protect vulnerable aged care residents from the preconceived acceptance of what constitutes a sexual assault, they have largely ignored their duty to protect vulnerable residents from sexual exploitation (including by care workers with camera devices). Through an investigation of cases of sexually indecent, image-based abuses by care workers in aged care facilities, we consider what existing Australian aged care and legal system responses might tell us about societal attitudes to older people and sexuality. Why are these incidents so rarely treated as compulsorily reportable cases of serious sexual crimes? We conclude by considering the implications for aged care provider policy and practice.

15F.4 – Preventing elder abuse in care relationships: challenges and opportunities

Ms Anne Muldowney¹

¹*Carers Victoria*

Carers Victoria recently coordinated a Victorian government funded project to develop elder abuse prevention materials targeting carers and raise awareness of the role of carers as potential victims and perpetrators of elder abuse.

More than a third of people aged 65 and over need assistance with daily activities and more than 618,000 Australian carers are themselves aged 65 and over. 76 percent of older primary carers care for their spouse or partner, while others care for their children, parents, other relatives or friends.

While carers are commonly portrayed as a group who perpetrate elder abuse, older carers can be vulnerable to abuse committed by the people they care for and others. Although research is limited, abuse within care relationships can take the form of intimate partner and/or intergenerational violence.

Carers Victoria's research with carers found they were readily able to identify different forms of elder abuse and cite instances of its occurrence with people they knew. However, where the person they cared for had a cognitive impairment or mental illness, they often viewed abusive behaviours as unintentional and the subsequent harm caused to them as older people was not identified as 'elder abuse'. Even more concerning were those carers who indicated they felt responsible for the behaviour of the person and tolerating abusive behaviours was part of the caring role.

This presentation will describe the review and consultation process informing the development of the resources. It will also outline the challenges of balancing the views of carers, practitioners and funders to create resources with which carers can readily identify and act on.