



Bringing Research to Life

14th National Conference of Emerging Researchers in Ageing

Program & Proceedings

7-8 December 2015, Melbourne

**National Ageing Research Institute
34-54 Poplar Rd, Parkville, Melbourne**

<http://www.era.edu.au/ERA+2015>

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Welcome from the 2015 Convenor



It is with great pleasure that I welcome you to the 14th National Conference of Emerging Researchers in Ageing (ERA). The National Ageing Research Institute (NARI) is very pleased to be hosting this event. I look forward to seeing the conference theme of “Bringing Research to Life” realised through a vibrant line up of presentations and activities.

This conference brings together a diverse range of students at various stages of degree completion, a broad range of interests in ageing and a range of methodological approaches. The ERA conference gives them an opportunity to present their work and to receive feedback from their peers. It is also an opportunity for emerging researchers in ageing to network and form relationships that will foster future collaborations.

We are very fortunate to have two excellent keynote speakers. Professor Keith Hill, who has been a long-standing advocate and supporter of early career researchers, will give some sage advice about how to “avoid the tumble” in your early years as a researcher. Dr Elizabeth Cyarto will share her experience of coming full circle from her first presentation as an early career researcher at the 2005 ERA conference to an invited keynote in 2015.

For the first time this year, we will have a Rapid Fire Presentation competition after the welcome reception. This competition is sponsored by the Australian Association of Gerontology (AAG) Victorian Division and is open exclusively to AAG members (including student members). In this competition, participants will answer the challenge of presenting their work in 5 minutes with a generous cash prize for the winner.

I would like to acknowledge and thank our sponsors for their generous support. Our sponsors are listed in the program and throughout the conference venue.

I always make a point of coming to the ERA conferences because it is often where the most cutting edge research in ageing is presented. The student and early career researcher presenters are singularly passionate about their work and they set a high standard in oral presentations. So welcome once again to ERA 2015, I hope you enjoy it as much as I will.

Associate Professor Briony Dow
Conference Convenor
Director, NARI
Associate Professor, School of Population and Global Health, University of Melbourne

Acknowledgements

We would like to acknowledge that the traditional owners of the land on which this conference is being held, the Wurundjeri people of the Kulin Nations. We respectfully recognise Elders both past and present.

We appreciate the generous support of the following sponsors for ERA 2015:

ERA Sponsor

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The conference Organising Committee for ERA 2015 included:

- * Associate Professor Briony Dow, NARI/University of Melbourne
- * Dr Matthew Carroll, Monash University/ERA
- * Ms Susan Hunt, Monash University/ERA
- * Ms Debra O'Connor, NARI
- * Dr Xiaoping Lin, NARI
- * Ms Ellen Gaffy, NARI

We would like to acknowledge the staff and volunteers from NARI for all their hard work and assistance in ensuring the success of this event. We would also like to thank Wendy Wang (RMIT student) for her assistance to the conference during her placement at NARI.



ARC CENTRE OF EXCELLENCE IN
POPULATION AGEING RESEARCH

CEPAR - the ARC Centre of Excellence in Population Ageing Research - is a unique collaboration bringing together academia, government and industry to address one of the major social challenges of the twenty first century.

Based at the University of New South Wales (UNSW) with nodes at the Australian National University (ANU) and The University of Sydney, CEPAR produces world-class research, provides global solutions to the economic and social challenges of population ageing, and builds a new generation of researchers with an appreciation of the multidisciplinary nature of population ageing.





Dr Helen Feist
President,
Australian Association of
Gerontology

The Australian Association of Gerontology (AAG) is proud to once again be sponsoring the Emerging Researchers in Ageing Conference.

Emerging Researchers in Ageing (ERA) have played an important role through providing support and encouragement to students undertaking higher degrees by research in the field of ageing in Australia.

The AAG is the peak national body supporting gerontologists and those with a fervent interest in ageing research. With over 1,000 members across Australia, we run a series of events at the local and national level, including an annual national conference. Many of the events are free for members, or are offered at a significantly discounted rate. The AAG also supports a raft of Special Interest Groups, as well as networking activities with research centres around Australia.

Through AAG's vibrant Student and Early Career Group, students and early career researchers and practitioners engage in a range of collegial activities throughout the year. This assists them to develop their professional skills in research and practice, while providing them with networks to grow their careers in gerontology. Activities include workshops, seminars, symposia and webinars, all designed with professional development in mind.

If you are new to the area of ageing research, we encourage you to consider joining the AAG. It will open up a world of opportunities in gerontology and support you in your passion for ageing research.

We look forward to meeting with you at the conference. Please come and say hello or visit the AAG stand for more information. Enjoy the conference.



Belinda Cash
President, Student and
Early Career Group
Australian Association of
Gerontology

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- Take part in our research.
- Volunteer at NARI.
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- Sign up to our Ageing Well newsletter and other publications.
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Speaker Profiles

Keynote Speakers

Professor Keith Hill, BAppSc(Physio), GradDipPhysio, PhD



Professor Keith Hill graduated from Lincoln Institute of Health Sciences as a physiotherapist in 1980. He has worked primarily in gerontological and neurological physiotherapy clinical roles. He completed his PhD at The University of Melbourne in 1998, investigating balance dysfunction in older people. Since then, he has transitioned to primarily research roles at the National Ageing Research Institute and La Trobe University, prior to becoming head of the School of Physiotherapy and Exercise Science at Curtin University in 2012. He has over 180 publications, more than \$16million in research grants, and has supervised to successful completion 14 PhD students, 2 Professional Doctorate students, 5 Masters and 7 Honours students

Dr Elizabeth Cyarto, BSc (Hons), MSc, PhD



Dr Elizabeth Cyarto is the Healthy Ageing stream leader at NARI. She is committed to helping older adults flourish. Dr Cyarto created her first seniors' fitness program in 1992. She so enjoyed working with older people that she made their health her life's work. She went on to earn her PhD from the School of Human Movement Studies at The University of Queensland. For her research project, she developed and evaluated the Have A Try (HAT) exercise program. HAT comprises strength and balance exercises that can be done at home or in a group format. Ten years on, residents of two retirement villages in Brisbane continue to exercise. At NARI, Dr Cyarto has adapted the HAT program to create a unique model of engaging culturally diverse groups in health promotion activities. Trained peer leaders are now sustaining HAT in their community. Other projects that Dr Cyarto has managed include the development of the Healthy Ageing Quiz, two randomized controlled trials investigating whether home-based walking programs can slow cognitive decline and the creation of a virtual exercise program using gaming technology.

Speaker Profiles

Gold Sponsor Address

Ms Lou O'Neill, Australian Department of Health



Lou O'Neill is the Assistant Secretary, Ageing and Sector Support Branch of the Australian Department of Health. The Ageing and Sector Support Branch delivers policies and programmes across dementia in aged care, aged care workforce and the diverse needs of aged care recipients. Prior to taking up this position Lou worked on the Government's aged care election commitments, and the development and delivery of the aged care reform package. Lou has been in the public service for more than ten years, having worked in key roles with regard to Aboriginal and Torres Strait Islander health, in the Pandemic Flu H1N1(2009) Emergency Response Team, the COAG Indigenous Health National Partnership and the Closing the Gap Initiative. Lou started her career as a Registered Nurse and has had more than 15 years in the nursing profession. She also has qualifications and experience in communications. Lou has dedicated her career to improving access to health and education for Australians and in particular Aboriginal and Torres Strait Islander people and older Australians.

Silver Sponsor Address

Dr Helen Feist, President, AAG



Dr Helen Feist Dr Helen Feist is President of AAG and Acting Director of the Australian Population and Migration Research Centre at the University of Adelaide. Helen has been an active committee member of AAG at both state and national level since 2004, and is also an active member of the Institute of Australian Geographers and the Australian Population Association. Helen's particular research and professional interests include place and ageing, rural issues and their influence on older people, community connectedness and the social networks of older people, and the demography of ageing. Much of this work has an emphasis on spatial analysis. Helen's background is in community development, working in not-for-profit community based organisations for over 20 years, both in Australia and overseas.

Prizes

ERA Best Oral Presentation

Presented by Dr Ruth Williams, Hallmark Ageing Research Initiative Academic Convenor, The University of Melbourne

Presenting an oral paper at a research conference requires the ability to present a complicated research program in a clear, visually appealing and engaging manner. The presenter considered by the judging panel to be the best will be awarded a prize to the value of \$250 and a certificate. This year, the prize is sponsored by the University of Melbourne, Hallmark Ageing Research Initiative.

ERA Best Poster

Presented by Dr Matthew Carroll, ERA National Convenor

Successful poster presentations requires great skill in displaying just the right amount of content in an eye-catching way in order to get the desired message across. The poster considered by the judging panel to be the best will be awarded a prize to the value of \$250 and a certificate.

ERA Best Full paper

Presented by Dr Matthew Carroll

ERA prides itself on providing the opportunity to conference presenters to submit a full paper for peer review and have these papers included in the conference proceedings. The full paper considered by the judging panel to be the best will be awarded a prize to the value of \$250 and a certificate.

Helen Bartlett Prize for Innovation in Ageing Research

Presented by Dr Matthew Carroll

The Helen Bartlett Prize for Innovation is awarded for the most original and creative research presented at the conference. The prize recognises the outstanding contribution made by Professor Helen Bartlett, Pro Vice - Chancellor, Monash Malaysia, to the field of ageing research in Australia, particularly as the founder of the ERA initiative. The recipient will be awarded a prize to the value of \$250 and a certificate.

Prizes

Best presentation by an AAG member **Presented by Dr Helen Feist, President, AAG**

The AAG plays an active role in supporting the development of student and early career researchers. In line with this support for their members, the AAG National prize will be awarded to the best presentation by an AAG members as considered by an AAG judging panel. This prize is sponsored by AAG and the recipient will be awarded a prize to the value of \$250 and a certificate.

Best Rapid Fire Presentation **Presented by Dr Rajna Ogrin & Dr Ralph Hampson, AAG, Victorian Division**

The Rapid Fire Presentation competition is usually held at the end of the year forum by the AAG Victorian Division. This year, it will be held at the ERA conference. Each presenter will have 5 minutes to present and is limited to one static slide. As an AAG sponsored event, participants will need to be an AAG member (including a student member) or willing to become an AAG member (including a student member) prior to the conference. Only six places for participation are available on a first-in basis. The prize to the value of \$1,000 and a certificate will be given to the presenter who uses the best presentation style to engage with and communicate to a diverse audience. This prize is sponsored by the Australian Association of Gerontology, Victorian Division.

Bursaries

Sponsored by Australian Department of Health & Victorian Department of Health and Human Services

One of the ways the ERA initiative provides support for the training of a new generation of emerging researchers is through the provision of travel bursaries to ERA 2015 participants. This year 13 bursaries valued at \$150 and \$250 each were provided to higher degree students to assist with the expenses of participating in the conference.


The 2015 ERA Bursary recipients are:

Jeofrey Abalos	Australian National University
Natasha Ginnivan	Australian National University
Christine While	La Trobe University
Sarah Catchlove	Swinburne University
Angela Rong Yang Zhang	University of Adelaide
Tazeen Majeed	University of Newcastle
Alison Rahn	University of New England
Teresa Somes	University of South Australia
Lisa Kouladjia	University of Sydney
John Mach	University of Sydney
Saliu Balogun	University of Tasmania
Daniel Hoyle	University of Tasmania
Friso Schotel	University of Tasmania

Conference Program

Monday 7th December 2015

8:00 – 9:00	Registration Board Room, Building 1
9:00 – 10:10	Opening Plenary Hospital Education Centre (HEC), Building 3
	<p>Welcome & Acknowledgement</p> <p>Opening Associate Professor Briony Dow Conference Convenor, Director, National Ageing Research Institute & Associate Professor, School of Population and Global Health, University of Melbourne</p> <p>Message from our Gold Sponsor Ms Lou O'Neill Assistant Secretary, Ageing and Sector Support Branch, Australian Department of Health</p> <p>ERA welcome and introduction to Keynote Dr. Matthew Carroll ERA National Convenor</p> <p>Keynote Address Professor Keith Hill Head, School of Physiotherapy and Exercise Science, Curtin University <i>Avoiding the tumble: Tips to maintain your balance as an early career researcher</i></p>
10:10 – 10:40	Morning Tea and poster viewing Board Room, Building 1

	Session A	Session B	Session C
10:40 – 12:00	Residential Aged Care Room 1, Hospital Education Centre (HEC), Building 3 Chair: Sophie Mephram	Cultural Diversity Room 2, Hospital Education Centre (HEC), Building 3 Chair: Betty Haralambous	Pharmacology Seminar Room, Building 9 Chair: Stephen Gibson
	<p>Opening a can of worms: consenting partners in aged care Alison Rahn <i>University of New England</i></p> <p>What orients staff in daily care delivery? An ethnographic study Angela Rong Yang Zhang <i>University of Adelaide</i></p> <p>The rhetoric and reality of aged care nursing: views from the inside Jenny Davis <i>Monash University</i></p> <p>Nursing staff perceptions of caring for the deteriorating resident before and after the introduction of a hospital avoidance program Barbara O'Neill <i>Central Queensland University</i></p> <p>Work ability: the key to employee recruitment and retention in residential aged care? Victoria Weale <i>La Trobe University</i></p> <p>Investigating external cause deaths among nursing home residents to inform prevention policy and improve care provision Briony Murphy <i>Monash University</i></p> <p>Sponsored by Benetas</p> 	<p>Perceptions and challenges of the ageing migrant communities and service providers in regional Australia Savana (Sabine) Augustine <i>Charles Sturt University</i></p> <p>Self-perceptions of ageing from a cross-cultural perspective: do collectivist cultures provide a buffering effect for the impact of negative stereotypes about age? Natasha Ginnivan <i>Australian National University</i></p> <p>Availability of support and provision of care among older persons in the Philippines Jeofrey Abalos <i>Australian National University</i></p> <p>Depression and anxiety among older Chinese living in Australia Xiaoping Lin <i>University of Melbourne & National Ageing Research Institute</i></p> <p>Managing social support needs in old age for childless and poor older Malaysians Yin Mei Ng <i>The University of Queensland</i></p> <p>Relationships between older care recipients and their live-in home care workers in Israel Karen Teshuva <i>La Trobe University</i> 2013 ERA Travel Award Recipient</p>	<p>Age stereotypes and complementary medicine: can we change the paradigm? Joanna Harnett, University of Sydney & Catherine Rickwood, Three Sisters Research</p> <p>The impact of sedative reduction on agitation and falls in aged care facilities: preliminary findings Daniel Hoyle <i>University of Tasmania</i></p> <p>Implementation of the drug burden index with home medicines review in older Australians: a feasibility study Lisa Kouladjian <i>University of Sydney</i></p> <p>Ageing and drug induced liver injury: insights from animal studies John Mach <i>University of Sydney</i></p> <p>Lessons from a multi-strategic program to promote appropriate sedative use in residential aged care facilities Friso Schotel <i>University of Tasmania</i></p> <p>Effect of vitamin D supplementation on effusion-synovitis in knee osteoarthritis: a randomised controlled trial Xia Wang <i>University of Tasmania</i></p>

12.00-1.00	Lunch and poster viewing Board Room, Building 1	
	Session D	Session E
1:00 – 2:20	Cognitive health and dementia Hospital Education Centre (HEC), Building 3 Chair: Elizabeth Cyarto	Work and social participation Seminar Room, Building 9 Chair: Xiaoping Lin
	<p>The ethical framing of successful cognitive aging: what it is and why it matters Cynthia Forlini <i>The University of Queensland</i></p> <p>Human brain oxygen utilization and age-associated cognitive decline Sarah Catchlove <i>Swinburne University</i></p> <p>Dietary supplement use in older people attending Australian memory clinics Amanda Cross <i>Monash University</i></p> <p>Physical function in dementia: what are care staff saying? Benjamin Fox <i>University of Queensland</i></p> <p>Sharing Stories: The use of visual research methods to support the inclusion of people with dementia in a qualitative research study Christine While <i>La Trobe University</i></p>	<p>Retirement is not on their horizon: stories from late career professionals Alison Herron <i>Swinburne University of Technology</i></p> <p>Health predictors of workforce participation over time – longitudinal evidence for young women Tazeen Majeed <i>University of Newcastle</i></p> <p>Identifying the barriers and enablers influencing community participation amongst older adults Nicole Papageorgious Edith Cowan University</p> <p>Dividing the divisions: rethinking the experience of social inclusion/exclusion in later life Aaron Wyllie Monash University</p> <p>Defining sexuality in an ageing population Ashley Macleod <i>Australian Catholic University</i></p>
2:20 – 2:50	Afternoon Tea and poster viewing Board Room, Building 1	

	Session F	Session G
2:50 – 4:00	Housing and care in the community Hospital Education Centre (HEC), Building 3 Chair: Briony Dow	Healthy ageing and physical functioning Seminar Room, Building 9 Chair: Ellen Gaffy
	<p>Shaping housing in aging societies: change and inertia in independent living Kirsten Bevin RMIT University</p> <p>Can low income older home renters successfully age in place? Exploring the impacts of the aged care reforms Victoria Cornell University of Adelaide</p> <p>When family accommodation arrangements go bad: the inadequacy of current legal responses and suggestions for reform Teresa Somes University of South Australia</p> <p>Stuck in time: examining the official discourse of older homeless people in Singapore Harry Tan Monash University</p> <p>Important case management functions and activities and associated factors in community aged care practice Emily (Chuanmei) You University of Melbourne</p>	<p>Psychometrics, sports medicine, educational measurement and everything in between: an ERA travel grant experience Benjamin Fox University of Queensland 2014 ERA Travel Award Recipient</p> <p>The role of e-health in healthy aging Urooj Raza Khan Charles Sturt University</p> <p>Does muscle strength mediate the association between 10-year falls risk and Vitamin-D, physical activity, pain and dysfunction? Findings from the Tasmanian Older Adults Cohort (TASOAC) study Saliu Balogun University of Tasmania</p> <p>Fear of falling, physical activity levels and objective measures of strength and physical function, and physical and global self-perceptions among community dwelling older adults Myrla Sales Victoria University</p> <p>Altered meniscal shape and maceration are associated with knee osteoarthritis severity and progression: data from the osteoarthritis initiative Benny Antony University of Tasmania 2013 ERA Travel Award Recipient</p>

4:00 – 5:00	<p style="text-align: center;">Closing Plenary Hospital Education Centre (HEC), Building 3</p>
	<p style="text-align: center;">Keynote Address Dr Elizabeth Cyarto Research Fellow, National Ageing Research Institute 10 Years MAD (Making A Difference)</p> <p style="text-align: center;">Announcement of Prizes</p> <p style="text-align: center;">Message from Silver Sponsor Dr Helen Feist President, The Australian Association of Gerontology (AAG)</p> <p style="text-align: center;">Introduction to the ERA 2016 Conference Dr Matthew Carroll ERA National Convenor</p>
5:00–6:30	<p style="text-align: center;">Rapid Fire Presentation Hospital Education Centre (HEC), Building 3 <i>Sponsored by AAG Victorian Division</i></p> <p style="text-align: center;">Welcome Reception Board Room, Building 1 <i>Sponsored by Australian Unity</i></p> <div data-bbox="778 1473 1088 1635" data-label="Image"> </div>

Posters

Posters will be displayed throughout Monday 7th December 2015 in Board Room, Building 1. Delegates are encouraged to take time during the tea and lunch breaks to view the posters and meet the authors.

No	Title	Authors
1	Trends in general practitioner services to residents in aged care	Jodie Hillen University of South Australia
2	The electronic toilet-top bidet in residential aged care: A potential improvement in clinical care	Meredith Gresham University of Sydney
3	Operational considerations when trialling assistive technology in the residential aged care setting	Jessica Shute Monash University
4	How older people with depression self-manage their illness in order to optimise well-being	Meg Polacsek Victoria University

Post-conference Workshops

Tuesday 8th December 2015

Post-conference Workshops

Poplar Learning Centre, Orygen Youth Health, 35 Poplar Rd, Parkville, Melbourne

9:00 - 10:30	<p>Action Research (Room 1, Poplar Learning Centre)</p> <p>Presented by</p> <ul style="list-style-type: none"> • Ms Betty Haralambous, NARI • Ms Paulene Mackell, NARI 	<p>Grant writing (Room 2, Poplar Learning Centre)</p> <p>Presented by</p> <ul style="list-style-type: none"> • Dr Matthew Carroll, Monash University/ERA • Mr Luke McAvaney, Monash University • Professor Colleen Doyle, NARI & Australian Catholic University • Dr Rachel Winterton, La Trobe University
10:30 - 11:00	<p>Morning Tea Poplar Learning Centre</p>	
11:00 - 12:30	<p>Action Research (Continued) (Room 1, Poplar Learning Centre)</p>	<p>Grant writing (Continued) (Room 2, Poplar Learning Centre)</p>
<p>Action Research—This workshop will describe this participatory research methodology and the benefits of using action research.</p> <p>Grant writing—This workshop will teach the basics of grant application processes, including appropriate persuasive language and how to clearly describe your proposed research.</p>		
12:30	<p>End of post-conference workshops</p>	

ERA 2016

Come to Canberra for the 15th National Conference of Emerging Researchers in Ageing



31 October – 1 November, 2016

The 2016 ERA conference will be hosted by the Centre for Research on Ageing, Health & Wellbeing (CRAHW) located in the Research School of Population Health at the Australian National University in Canberra.

CRAHW was established in January 2012, and aims to optimise the wellbeing of individuals and communities through the life course by conducting innovative and translational research and contributing to public policy.

More conference information and a call for abstracts will be available at www.era.edu.au/ERA+Conferences early next year.

This event is being held immediately prior to the Australian Association of Gerontology (AAG) conference in Canberra on 2-4 November to give participants the opportunity to attend both if they wish.

Conference co-convened by:



CENTRE FOR RESEARCH ON AGEING, HEALTH & WELLBEING

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Abstracts

Oral Presentation Abstracts

Session A

Residential Aged Care

Opening a can of worms: consenting partners in aged care

Alison Rahn

University of New England

What orients staff in daily care delivery? An ethnographic study

Angela Rong Yang Zhang

University of Adelaide

The rhetoric and reality of aged care nursing: Views from the inside

Jenny Davis

Monash University

Nursing staff perceptions of caring for the deteriorating resident before and after the introduction of a hospital avoidance program

Barbara O'Neill

Central Queensland University

Work ability: the key to employee recruitment and retention in residential aged care?

Victoria Weale

La Trobe University

Investigating external cause deaths among nursing home residents to inform prevention policy and improve care provision

Briony Murphy

Monash University

OPENING A CAN OF WORMS: CONSENTING PARTNERS IN AGED CARE

RAHN Alison, LYKINS Amy, BENNETT Cary, JONES Tiffany

University of New England, NSW

With Consumer Directed Care (CDC) on the horizon and a wave of baby boomers who are ageing, aged care providers need to be aware of and respect the desires and requirements of future 'consumers'. In contrast with current provider arrangements, funding is linked to the individual rather than the institution in a CDC model, with the likelihood that there will be greater demand for those facilities that meet emerging consumer expectations and offer couple-friendly environments. One group that has largely been ignored at all levels in residential care, from government policy to service provision, is couples, or partnered individuals. Situated within a broader study exploring the needs of partnered baby boomers, this paper investigates whether existing residential aged care facilities provide the conditions needed to facilitate the sexual and intimacy needs of partnered aged care residents. Such exploration is particularly pertinent at a time when the National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy is being implemented. In this presentation we report on early findings of a phenomenological study using semi-structured interviews conducted in 2015 with 29 key informants with expertise and experience in aged care law, policy, practice, health, education, research and related service areas. Early findings suggest that difficult though necessary conversations are being avoided by older people, by those representing them, and by service providers. Recommendations for aged care providers include the need for comprehensive education and training in the areas of sexuality and intimacy with the aim to facilitate communication around residents' sexual needs and the formulation of individually tailored care plans. We believe that such initiatives would have the potential to create more positive outcomes for partnered older persons and aged care staff.

WHAT ORIENTS STAFF IN DAILY CARE DELIVERY? AN ETHNOGRAPHIC STUDY

ZHANG Angela Rong Yang

University of Adelaide

This paper discusses the text-mediated coordination of care in the local setting of residential aged care. This study focuses on the identification of the 'local text' in daily care delivery and its main characteristics. This research is based on the fieldwork of an ethnographic project of residents' lived experiences in residential care facilities. Using ethnographic materials, the author explores the text-act relation in care activities within a theoretical framework of Institutional Ethnography. This work aims to reveal what orients staff in daily care delivery and what makes the local text meaningful. Findings from this study demonstrate, when the residents' preferences and personal needs were made into the local 'task-sheets', the person-centred care ideal could be made real in the smooth flow of care activities. To implement evidence-based policy in local setting, the working of the local text and its meaning to daily care delivery need to be understood. Instead of spending a disproportional amount of staff-time on care plans which are not meaningful in the local, more resources need to be allocated to the development of person-centred and integrated local text.

THE RHETORIC AND REALITY OF AGED CARE NURSING: VIEWS FROM THE INSIDE

DAVIS Jenny

Monash University

Australian government aged care policy initiatives focused on healthy ageing and active consumer participation are transforming practice and service expectations for aged care stakeholders. Whilst the rhetoric of policy initiatives suggest a changing landscape for aged care in Australia, this does not necessarily translate readily into practice settings situated within complex, socio-politically entrenched health and social care systems.

The portrayal of population ageing as 'problematic' for health and social support systems is pervasive and negative; common to the language used in reference to older people and aged care generally. This also extends to the area of aged care nursing, where current estimates suggest that more than 70% of those working in the sector are not nurses. In the context of all this change, the voices of aged care nurses are often lost in the rhetoric of government policy and regulation. This study aims to give aged care nurses a voice, and by association the voices of older people living within aged care can be heard.

This is a presentation of results from semi-structured interviews conducted in 2014 exploring the experiences of nurses working in aged care. The sample included 14 nurses working in various roles for a single not-for-profit aged care provider in Victoria, Australia. Thematic analysis identified some key challenges for nurses working in aged care, particularly meeting higher consumer expectations amidst a changing policy environment. Participants also highlighted positive features including: provision of holistic care, personal satisfaction, and close relationships with clients and families. The majority of participants had significant work experience in other aged care settings and roles, and did not speak in isolation of these past experiences.

NURSING STAFF PERCEPTIONS OF CARING FOR THE DETERIORATING RESIDENT BEFORE AND AFTER THE INTRODUCTION OF A HOSPITAL AVOIDANCE PROGRAM

O'NEILL Barbara, DWYER Trudy, PARKINSON Lynne, REID-SEARL Kerry

Central Queensland University

Emergency hospitalisation of aged care residents is expensive and stressful for the elderly residents; therefore, aged care organisations are under pressure to prevent hospitalisations and are responding by introducing hospital avoidance programs and strategies. Nursing staff are instrumental to the success of these efforts because they are the first to detect signs of deteriorating health and to manage the course of care; yet little is known about how they manage this area of their work. Thus, the information provided in this presentation is significant because it is the first known study to discuss nursing staff perceptions around managing the deteriorating resident before and after the introduction of a hospital avoidance program. The research was situated at an aged care organisation in Queensland where a pilot hospital avoidance program was instituted to provide nursing staff with the skills, knowledge and equipment necessary to keep residents at their facility instead of transferring them to hospital. Focus groups were held before and after the program's implementation; questions were guided by the Theory of Planned Behaviour and aimed to better understand nursing staff attitudes, beliefs, behaviours and intentions. A thematic analysis of the transcripts was conducted. A common theme in both the pre- and post-program focus groups was that nursing staff preferred to keep residents in their "home" but were challenged by the added workload implications. However, an unexpected finding in the pre-program focus groups was that other residents added to the workload demands by "acting up" when they realised attention was redirected to the deteriorating resident. A key finding in the post-program focus groups was that the nursing staff welcomed the hospital avoidance program and were more confident in their response to deteriorating residents. Further discussion of all the themes and their implications for future practice will be provided in this presentation.

WORK ABILITY: THE KEY TO EMPLOYEE RECRUITMENT AND RETENTION IN RESIDENTIAL AGED CARE?

WEALE Victoria

La Trobe University

As Australia's population ages, the need for aged care services will increase. To meet this need, aged care service providers will need to recruit and retain additional workers. However, measures to attract and retain employees also need to take into account that the workforce as a whole is also ageing, and this is of particular importance in residential aged care, since this workforce comprises a large proportion of older workers. The design of work is an important determinant of employee health and wellbeing outcomes, and one way to aid recruitment and retention of staff is to ensure that work is well designed so that it enhances employee health and wellbeing. This has many benefits for employees, their families, service providers, and ultimately individuals for whom care is provided. This paper reports findings from the quantitative component of a recent mixed methods study that (a) used a questionnaire to identify workplace demands operating on residential aged care employees, and (b) examined relationships between these demands and self-reported work ability, which is an indicator of health and wellbeing and has been shown predict mortality and disability in later life. Work family conflict was also investigated as a possible mediator between workplace demands and work ability. Workplace demands were moderate, with demands related to the physical work environment and workload being most problematic. Higher demands resulted in decreased work ability, and work family conflict mediated the relationship between demands and work ability. The results can be used to inform both policy and practice relating to recruitment and retention of staff in the aged care workforce. Recruitment and retention can be improved by redesigning work to address workplace demands, and also reducing potential for work family conflict through increasing the provision of flexible working practices.

INVESTIGATING EXTERNAL CAUSE DEATHS AMONG NURSING HOME RESIDENTS TO INFORM PREVENTION POLICY AND IMPROVE CARE PROVISION

IBRAHIM Joseph, MURPHY Briony, BUGEJA Lyndal, & RANSON David

Monash University

Older adults living in nursing homes are at risk of death due to external causes such as trauma and complications of clinical care due to their physical frailty, comorbidities, and need for care coordination. However, little information exists about the frequency and determinants of deaths in nursing homes that may be premature or preventable. With an ageing global population, the need to identify deficiencies and improve care for older adults living in nursing homes is more important than ever. This research comprised a retrospective cohort study using routinely collected data contained within the National Coronial Information System to describe the nature and extent of external- cause deaths of residents of accredited nursing homes in Victoria, Australia. The study included all nursing home residents who had died from external causes and whose deaths were reported to the Coroners Court between July 1, 2000, and December 31, 2012. Basic descriptive analysis was conducted to measure frequencies and proportion of exposures within each outcome group, and rates were calculated using population data. A total of 1,296 external cause deaths of nursing home residents were identified. Deaths were due to falls (n=1,155, 89.1%), choking (n=89, 6.9%), suicide (n=17, 1.3%), complications of clinical care (n=8, 0.6%) and resident-on-resident assault (n=7, 0.5%). Deaths occurred more frequently in women (n=814, 62.8%), in keeping with the sex distribution in nursing homes, and residents aged 85 and older (n=923, 71.2%). The number of inquests held to investigate a death as a matter of public interest was small (n=24, 1.9%). A significant proportion of nursing home resident deaths occur as a result of external causes and are potentially preventable. Analysis of medico-legal information on deaths among nursing home residents can help to inform policy changes to improve quality of care for older adults living in nursing homes.

Session B

Cultural Diversity

Perceptions and challenges of the ageing migrant communities and service providers in regional Australia

Savana (Sabine) Augustine
Charles Sturt University

Self-perceptions of ageing from a cross-cultural perspective: do collectivist cultures provide a buffering effect for the impact of negative stereotypes about age?

Natasha Ginnivan
Australian National University

Availability of support and provision of care among older persons in the Philippines

Jeofrey Abalos
Australian National University

Depression and anxiety among older Chinese living in Australia

Xiaoping Lin
University of Melbourne & National Ageing Research Institute

Managing social support needs in old age for childless and poor older Malaysians

Yin Mei Ng
The University of Queensland

Relationships between older care recipients and their live-in home care workers in Israel

Karen Teshuva
La Trobe University
2013 ERA Travel Award Recipient

PERCEPTIONS AND CHALLENGES OF THE AGEING MIGRANT COMMUNITIES AND SERVICE PROVIDERS IN REGIONAL AUSTRALIA

AGUSTINE Savana(Sabine), MUNGAI Ndungi

Charles Sturt University

The proportion of older people from culturally and linguistically diverse (CALD) backgrounds is projected to increase significantly over the next decade. The composition has been shifting from a mainly European base to include new source countries from Asia and Africa. This growth and complexity provides a range of challenges for practitioners and policy makers working in this field. One of the gaps in knowledge about ageing issues for these migrant groups is what constitutes 'old age' and what new services, if any, are needed to accommodate them. The government recognises the age of 65 as the start of old age. However, some cultural groups have a lower life expectancy and experience issues associated with old age at an earlier age. Considering particular challenges associated with the perception of 'old age' and appropriate service provision, this paper aims to ascertain the migrant community's perceptions and age related issues. This paper reports on exploratory qualitative research using focus group with CALD groups and individual interviews with aged care service providers in Wagga Wagga, New South Wales. The paper also explores the preparedness for emerging ageing issues and highlights specific challenges associated with the concept of 'aged' and 'ageing' among service providers and CALD groups in a regional location. Recommendations are made, aimed at designing more flexible and diverse services for aged migrants in regional Australia.

SELF-PERCEPTIONS OF AGEING FROM A CROSS-CULTURAL PERSPECTIVE: DO COLLECTIVIST CULTURES PROVIDE A BUFFERING EFFECT FOR THE IMPACT OF NEGATIVE STEREOTYPES ABOUT AGE?

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¹Australian National University, ²University of Sydney, ³Yale University

Previous research has shown that older adults who are under conditions of stereotype threat tend to underperform on memory tasks. Cross-cultural research has shown that older adults in a more collectivist culture (China) performed better than older adults from an individualistic culture (USA) on a recall task designed to target age-related memory decline. The present study's aims are to explore possible mechanisms which contribute to cross-cultural discrepancies in memory performance using a mixed-methods approach. First, we compared young (20-35 years) versus older (60-85 years) adults' attitudes and self-perceptions of ageing in individualistic (Australian) and collectivist (Philippines) cultures using a focus group design. Then with a separate sample from both cultures, we conducted memory tests under stereotype conditions and used a survey based approach to examine perceptions and stereotypes of ageing amongst the older participants (60-75 years old, Australians $n = 66$, $M = 65.7$, $SD = 9$; Filipinos $n = 41$, $M = 65.9$, $SD = 5.6$) in their respective cultures. We hypothesised that older participants in a collectivistic culture would show more positive attitudes towards ageing than those in an individualistic culture. Results showed that the subtle explicit primes about age which constituted stereotype threat did not have any significant effect on memory performance across different conditions. However, older Filipinos across the experimental and control conditions combined performed significantly better than Australian participants on the culturally-neutral visual recall task, but there were no differences between cultural groups in an auditory language-based recall task. Results from the survey showed that there was a strong correlation between the social value of 'elder respect' and positive aspects of ageing for Filipinos but not for Australians. The wider implications from this cross-cultural study is that a more socially cohesive frame of reference for the ageing self as seen in more collectivistic cultures may have a buffering effect for older people's sense of self which possibly extends to their performance on memory tasks.

AVAILABILITY OF SUPPORT AND PROVISION OF CARE AMONG OLDER PERSONS IN THE PHILIPPINES

ABALOS Jeofrey

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This paper aims to examine the availability of support and provision of care among older persons in the Philippines. Specifically, the paper will first describe the living arrangements of older Filipinos and map out the location and proximity of their children in order to assess the potential pool of caregivers available to them. It will then examine who actually provides care to the Filipino older persons when their health deteriorates. Data for this research will be drawn from the 2007 Philippine Study on Ageing, a nationally representative survey conducted among 3,105 Filipinos age 60 years old and over. Two indicators of caregiving will be used in this study. The first indicator is a general question that asks who usually takes care of the older Filipinos whenever they get sick. The second indicator comprises of a series of questions that asks who primarily provides assistance to the older Filipinos when they need help in performing activities of daily living, such as eating, dressing and bathing, among other things. Factors associated with these indicators of support and caregiving, and the implications of these on the well-being of the older Filipinos will also be explored in this study. Analysis will be stratified by sex and urban-rural status in order to assess whether the personal care and healthcare needs of older Filipinos differs across these key demographic variables. Results of the study will serve as inputs in designing appropriate policies and programs to address the demands for formal and informal support systems of the older Filipinos.

DEPRESSION AND ANXIETY AMONG OLDER CHINESE LIVING IN AUSTRALIA

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Depression and anxiety are common among older people. This study explored these problems among older Chinese immigrants and was funded by *beyondblue*. It comprised a literature review, consultations with workers, and interviews with older Chinese immigrants. The consultations were conducted through individual and group interviews with a convenience sample of 33 workers (11 health professionals and 22 community workers). It found that there is generally a lack of understanding about depression and anxiety in the community. Furthermore, older Chinese immigrants usually do not consider mental health problems as illness and there is a strong stigma associated with these problems. A total of 87 participants (44 Cantonese speaking and 43 Mandarin speaking older people) were recruited and interviewed, mainly through Chinese seniors groups. The Geriatric Depression Scale was used to measure depression and a 20% prevalence rate was reported. This rate is consistent with those from earlier studies (20-25%), but higher than the 10%-15% prevalence among the general older population, suggesting that older Chinese immigrants are at greater risk of depression. The Geriatric Anxiety Inventory was used to measure anxiety and a 9% prevalence rate was reported. There are currently limited data on the prevalence of anxiety among older Chinese immigrants and this study suggested that anxiety is common among this group. The study further found that Mandarin-speaking people are at higher risk of depression and anxiety than Cantonese speakers. This result has not been reported in earlier studies. This study has resulted in a number of resources to help health professionals detect depression and anxiety among older Chinese people, including translated screening tools and tip sheets on screening depression and anxiety among this group.

MANAGING SOCIAL SUPPORT NEEDS IN OLD AGE FOR CHILDLESS AND POOR OLDER MALAYSIANS

NG Yin Mei

The University of Queensland

Social support in old age has been extensively researched, however, limited attention has been given to childless and poor older people and how they manage living in the community. This is particularly important to understand in the Malaysian context where support is expected to be primarily provided through family networks, especially the children. In this paper social support is explored in the areas of income support, housing and social networks. Semi-structured interviews were completed with a purposive sample of 34 childless and poor older Malaysians in Kuala Lumpur, Malaysia. The life course concepts such as cumulated disadvantage, linked lives and human agency are used in the interpretation of the data. The data shows most of the participants rely heavily on the financial assistance from the welfare department and that participants without stable and affordable housing are struggling. Social networks played an important role in providing housing, food, casual work and other support. Not all older people had contact with family members or found support from extended family acceptable given they were not able to reciprocate. Some participants managed through developing new social networks. Existing policies and programs provided income support but also played a role in excluding some from affordable housing. In the absence of family, the state and non-government organizations and the agency of individuals have a vital role in assisting this vulnerable group to avoid institutional care.

RELATIONSHIPS BETWEEN OLDER CARE RECIPIENTS AND THEIR LIVE-IN HOME CARE WORKERS IN ISRAEL

TESHUVA Karen

La Trobe University

Karen Teshuva, recipient of a 2013 ERA international exchange scholarship, was hosted at the Herczeg Institute on Aging at Tel Aviv University in Israel in March-April 2014. During this time she worked on the Institute's mixed-method study on migrant live-in carer workers that included face-to-face interviews with 73 older care recipients and 116 migrant live-in carers. This model of care is used in many developed countries to assist frail older people remain living at home. Previous research has found that the quality of client-carer relationships is a crucial factor in determining quality of care; however, research on relationships between older clients and migrant care workers is scarce. This paper is based on findings from analysis of qualitative and quantitative data that address the research question: How do migrant in-home care workers and older care recipients rate and describe their relationships with each other? The study findings indicated similarities and differences in the ways in which the participants perceived their relationships. The duality of relationships between older people and in-home carers has implications for the wellbeing of both parties.

Session C

Pharmacology

Age stereotypes and complementary medicine: Can we change the paradigm?

Joanna Harnett, University of Sydney & Catherine Rickwood, Three Sisters Research

The impact of sedative reduction on agitation and falls in aged care facilities: preliminary findings

Daniel Hoyle

University of Tasmania

Implementation of the drug burden index with home medicines review in older Australians: A feasibility study

Lisa Kouladjian

University of Sydney

Ageing and drug induced liver injury: insights from animal studies

John Mach

University of Sydney

Lessons from a multi-strategic program to promote appropriate sedative use in residential aged care facilities

Friso Schotel

University of Tasmania

Effect of Vitamin D supplementation on effusion-synovitis in knee osteoarthritis: a randomised controlled trial

Xia Wang

University of Tasmania

AGE STEREOTYPES AND COMPLEMENTARY MEDICINE: CAN WE CHANGE THE PARADIGM?

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¹University of Sydney, ²Three Sisters Research, ³Three Sisters Research

This paper examines literature from psychology, consumer behaviour, complementary medicine (CM) and western medicine, to develop a conceptual model for exploring the relationship between CM use and attitudes towards ageing. Healthcare, as we age, has been identified as one of the largest contributors to fiscal pressures in the future. Evidence shows that older adults self-categorise themselves according to age and are generally aware of stereotypes regarding their age groups. Potentially, age-based stereotyping rather than facts threatens the future wellbeing of Australians, leading to negative health outcomes and an increased economic burden. Complementary medicine (CM) is a broad umbrella term to describe a diverse group of non-conventional healthcare practices currently employed by an estimated 70% of Australians in the management of their health. An association between CM use and attitudes towards ageing has not been investigated despite an estimated 69.2 million visits by adults to CM practitioners in a 12-month period - almost identical to the estimated number of visits to medical practitioners (69.3 million). Polarised viewpoints dominate media space rather than facts about the evidence for efficacy and safety of specific CMs commonly used in the prevention and treatment of age related diseases. Australian GPs and Pharmacists are not formerly educated about the efficacy and safety of specific CMs. A large Dutch study found that patients whose GPs knew about CM had up to 30% lower health care costs related to fewer hospital stays, less prescription medicines and lower mortality rates. No such study has been found to exist in Australia. Whether a positive or negative association exists between an individual's attitudes towards ageing and their decision to use CMs or not is unknown. Developing a study that explores the relationship between CM use and attitudes towards ageing is crucial to providing evidence that influences policy making, professional education programs and fiscal projections.

THE IMPACT OF SEDATIVE REDUCTION ON AGITATION AND FALLS IN AGED CARE FACILITIES: PRELIMINARY FINDINGS

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Sedative medications, predominantly antipsychotics (APs) and benzodiazepines (BZs), are commonly prescribed in residential aged care facilities (RACFs). APs are often used to treat behavioural and psychological symptoms of dementia, while BZs are frequently given for insomnia and anxiety. Despite only modest efficacy for these indications, the risk of severe adverse effects, and guidelines recommending only short-term use, evidence suggests that sedative medications are not regularly reduced due to fear that the initial symptoms may deteriorate. Previous sedative reduction programs have lacked resident monitoring, impacting upon their widespread clinical acceptance and uptake for addressing barriers to sedative reduction. The aim of this research is to assess the impact that sedative reduction has on residents of RACFs involved in a multifaceted program to improve sedative use (the Reducing the Use of Sedatives project; RedUSE). We studied the effect that sedative reduction had on agitation and falls in a preliminary sample of 67 residents participating in RedUSE. Residents were classified as AP/BZ 'reducers' or 'non-reducers' based on their AP and BZ use over four months. Resident agitation was evaluated using the Cohen-Mansfield Agitation Inventory (CMAI). Nurses kept a record of falls for participating residents. Results indicate that there were no changes in agitation between BZ reducers and non-reducers ($p=0.5$), and AP reducers and non-reducers ($p=0.2$). There were also no differences in the mean number of falls between BZ reducers and non-reducers ($p=0.5$), or AP reducers and non-reducers ($p=0.2$). The preliminary results, albeit based on a small sample, suggest that sedative reduction has no impact on agitation or falls.

IMPLEMENTATION OF THE DRUG BURDEN INDEX WITH HOME MEDICINES REVIEW IN OLDER AUSTRALIANS: A FEASIBILITY STUDY

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INTRODUCTION: Exposure to anticholinergic and sedative medications is associated with poor clinical outcomes in older adults. This has led to the development of the Drug Burden Index (DBI) pharmacologic risk assessment tool. Home Medicines Review (HMR) is a comprehensive medication review service, involving General Practitioners (GPs), pharmacists and patients, which aims to enhance quality use of medicines, especially in older adults taking multiple medications. The feasibility and utility of adding a report on a patient's DBI to the HMR service has not been assessed. **AIMS:** To assess whether addition of a report on DBI as a risk assessment tool is feasible and useful in the HMR setting. **METHODS:** An interventional implementation study was conducted: pharmacists who regularly conduct HMRs were recruited to participate. Each pharmacist provided ten de-identified HMR datasets as a historical control, was educated on medication use in older adults and implementation of the DBI into practice, and given access to the Drug Burden Index Calculator® web-based software to generate a DBI report that could be incorporated into the HMR report for the GP. Patients 65 years or older were recruited by pharmacists conducting their HMRs, asked to complete a questionnaire and contacted for a telephone interview, at 0 and 3 months (post-HMR). **RESULTS:** Preliminary results indicate 83% of patients (n=44/53), 79% of GPs (n=27/34), and 89% of pharmacists (n=16/18) find the DBI report very useful/somewhat useful. Most pharmacists (n=16/18) believe that the DBI report would be feasible in the HMR setting. **CONCLUSION:** The DBI report has been shown to be a feasible tool to report the usage of anticholinergic and sedative medications in older adults in the HMR setting. Further work will establish whether the DBI together with HMR service can reduce anticholinergic and sedative medication exposure and the impact of these changes on clinical outcomes in older adults.

AGEING AND DRUG INDUCED LIVER INJURY: INSIGHTS FROM ANIMAL STUDIES

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Historically, older people (≥65 years) were thought to be at increased risk of drug induced liver injury (DILI). This has not been well established empirically and has serious implications with determining therapeutic dosage. Paracetamol and isoniazid are taken by older people and cause DILI. We aimed to investigate the effect of ageing on DILI in male Fischer 344 rats. Young and old rats were treated via intraperitoneal injection with toxic regimens of either paracetamol (single dose of 800mg/kg) or isoniazid (4 doses/day: 100, 75, 75, 75mg/kg every 3 hours over 2 days) or vehicle controls. After rats were euthanised, sera and liver were collected to measure drug and metabolite levels and assessed for toxicity. Paracetamol treatment resulted in higher serum drug levels in old than in young animals, and elevated serum liver toxicity markers in young animals (Alanine transaminase (ALT): saline 55±3U/L, paracetamol 109±14U/L and aspartate transaminase (AST): saline: 112±11U/L, paracetamol: 350±34U/L, $p<0.05$) but not old. In contrast, hepatic DNA fragmentation was increased in old animals treated with paracetamol when compared to all other groups (young saline: 100±8%, young paracetamol: 335±40%, old saline: 158±30%, old paracetamol: 1397±276%, $p<0.05$). Only minor necrosis was observed with paracetamol treatment in both age groups. Isoniazid treatment resulted in higher metabolite levels in old than in young animals, and elevated AST in young animals (vehicle 131±14U/L, isoniazid 200±19U/L, $p<0.05$), but not in old. Histological assessment showed a trend towards increased necrosis in young isoniazid treated rats, and an increase in hepatic microvesicular steatosis in old isoniazid treated rats, compared to corresponding age control groups ($p<0.05$). Our animal studies indicate that old age affects the pattern and risk of DILI from paracetamol or isoniazid differently. Future research is required to translate this in humans to guide dosing and diagnosis of DILI in patients of all ages.

LESSONS FROM A MULTI-STRATEGIC PROGRAM TO PROMOTE APPROPRIATE SEDATIVE USE IN RESIDENTIAL AGED CARE FACILITIES

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University of Tasmania

Within Residential Aged Care Facilities (RACFs), the use of sedatives, predominantly antipsychotics and benzodiazepines, is highly prevalent, often prescribed for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD), anxiety and nocturnal disruption. However, evidence only shows a modest benefit of using antipsychotics in the treatment of BPSD; and benzodiazepines lose effectiveness after sustained use. Both drug classes are associated with significant risks, including falls, confusion, and death. To encourage the appropriate use of these medications, the Reducing the Use of Sedatives (RedUse) program is being run in 150 Australian RACFs, employing multiple strategies: audit and feedback, an interdisciplinary sedative review process, and staff education. Results of the program to show unexplained variations between RACFs in sedative prevalence reduction. By understanding the variations in sedative prevalence reduction and assessing the implementation of the program in RACFs, there is the potential to identify why some RACFs responded more strongly to the program and thereby improve future programs. We aim to investigate the reasons for the variations in sedative reduction between RACFs and the factors influencing the implementation of the RedUse program which include medication outcomes, organisational features, and the perspectives of key personnel. This paper reports the mixed methods (quantitative and qualitative) of this study. Quantitative methods include multivariate analyses based on medication use and organisational properties of RACFs, and analysis of RACF organisational culture by surveying RACF personnel. Qualitative methods are based on content analysis of structured interviews with RACF prescribers, pharmacists, nurses, care workers, and management. Emerging themes from the interview data are validated by member-checking, on-site observations, and expert-panel discussion. A thorough examination of the factors influencing the implementation of this program will enable its enhancement and facilitate greater understanding of the barriers and enablers to reducing sedative medication when utilising a dedicated implementation program.

EFFECT OF VITAMIN D SUPPLEMENTATION ON EFFUSION-SYNOVITIS IN KNEE OSTEOARTHRITIS: A RANDOMISED CONTROLLED TRIAL

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Worldwide, Osteoarthritis (OA) is a highly prevalent joint disorder impacting on the ageing population, which is also commonly deficient in vitamin D. Our previous study suggested that a higher score of effusion-synovitis (a combination of increased synovial fluid and synovial thickness) was associated with greater knee pain and deterioration of cartilage and bone lesions. Vitamin D supplementation has been reported to have anti-inflammatory effects. Therefore, this study aimed to examine whether vitamin D supplementation reduced effusion-synovitis in knee OA patients with low vitamin D levels. A multi-centre, randomised, placebo-controlled and double-blind clinical trial was conducted with patients with knee OA and low vitamin D levels (12.5 to 60 nmol/l) from Hobart and Melbourne. 413 patients (mean age 63.2 years, 208 females) were allocated to a 50,000 IU vitamin D₃ capsule (n = 209) or placebo (n = 204) monthly for 24 months. The outcomes measures were knee effusion-synovitis volume and grades assessed using magnetic resonance imaging. We found that serum vitamin D level increased markedly in the vitamin D group (40.6 nmol/l) compared with placebo (6.7 nmol/l) after supplementation over 2 years. Effusion-synovitis volume was significantly increased in all patients of both groups (baseline: 8.0 ± 8.5 ml, follow-up: 9.0 ± 10.5 ml), but the increase was less in the vitamin D group compared to controls (0.26 ml versus 2.20 ml, *p* = 0.02). The likelihood of achieving a minimal clinical important improvement of effusion-synovitis in whole joint (relative risk: 1.22; *p* = 0.05) and in the suprapatellar pouch (relative risk: 1.27; *p* = 0.03) was significantly higher in the vitamin D group compared to placebo. These results suggest that vitamin D may protect against synovial inflammation of knee OA, particularly in those with inflammatory phenotype. Given the fact that currently there are no disease-modifying drugs for OA, vitamin D supplementation may be a safe and cost-effective intervention to slow disease progression of knee OA.

Session D

Cognitive health and dementia

The ethical framing of successful cognitive aging: what it is and why it matters

Cynthia Forlini

The University of Queensland

Human brain oxygen utilization and age-associated cognitive decline

Sarah Catchlove

Swinburne University

Dietary supplement use in older people attending Australian memory clinics

Amanda Cross

Monash University

Physical function in dementia: What are care staff saying?

Benjamin Fox

University of Queensland

Sharing Stories: The use of visual research methods to support the inclusion of people with dementia in a qualitative research study

Christine While

La Trobe University

THE ETHICAL FRAMING OF SUCCESSFUL COGNITIVE AGEING: WHAT IT IS AND WHY IT MATTERS

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As the world's population ages, governments and non-governmental organizations in developed countries are promoting cognitive health to reduce the rate of age-related cognitive decline and sustain economic productivity in an ageing workforce. Recommendations from the Productivity Commission (Australia), Dementia Australia, Government Office for Science (UK), Presidential Commission for the Study of Bioethical Issues (USA), Institute of Medicine (USA), among others, are encouraging mental, physical, and social activities, to maintain cognitive health in later life. Prioritizing cognitive health is a beneficial strategy on economic and public health levels. On a social level, however, there is a need to clarify the ethical underpinnings of how cognitive ageing is portrayed through these recommendations. This project has applied an existing neuroethical framework (Racine & Forlini, 2010) to determine whether recommendations for healthy cognitive ageing adhere more closely to a *treatment*, *enhancement* or *lifestyle* model of ageing. Each of these terms creates a paradigm for *successful* cognitive ageing with distinct ethical implications. Among these implications are: (1) what resources are available to support older individuals in maintaining their productivity; (2) the personal responsibility of ageing individuals to maintain productivity for collective benefits; (3) the role of medicine and the medical profession in supporting successful cognitive ageing; (4) how products to delay cognitive ageing are perceived and marketed; and (5) the creation of stigma toward those who do not age cognitively according to the recommendations. Examining the convergences and divergences between paradigms can help detect ethical blind spots that may be hindering uptake of the recommendations for healthy cognitive ageing. Analysing policy recommendations for healthy cognitive ageing will help to understand the expectations and pressures that ageing individuals face as they grow older in a society that values productivity.

HUMAN BRAIN OXYGEN UTILIZATION AND AGE-ASSOCIATED COGNITIVE DECLINE

CATCHLOVE Sarah¹, PIPINGAS Andrew¹, MACPHERSON Helen², MOUM Sarah³, CHEN Yufen³, PARRISH Todd³

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It is well established that advancing age is often accompanied by cognitive deterioration, even in healthy adults. The brain undergoes a multitude of structural, chemical and functional changes across the lifespan, and alterations in metabolism and blood flow. These physiologic changes have the potential to significantly contribute to age-related cognitive decline, especially when considering the increased risk of arteriosclerosis, hypertension and stroke with ageing.

Cerebral metabolic rate of oxygen (CMRO₂) reflects the amount of oxygen used by the brain tissue per unit of time. The rate at which the brain parenchyma uses oxygen is an important indicator of tissue integrity and function and is used in combination with other measures including cerebral blood flow (CBF) and oxygen extraction fraction (OEF) as an index of overall brain health. Despite numerous studies in the area, the effects of age on these parameters remain controversial. Some studies report decreases in both CMRO₂ and CBF but increased OEF, yet others show contradictory results. There is currently no established understanding of the contribution of these hemodynamic indices to age-related cognitive decline.

The current study used a novel MRI-based technique to estimate global CMRO₂ to investigate the differences in resting brain metabolism, blood flow and oxygen extraction between 31 younger (mean age \pm SD =29.97 \pm 6.17, 13 females) and 27 older (mean age \pm SD =65.63 \pm 5.27, 13 females) healthy adults sampled from the general public, and to assess the contribution of these differences to performance on a cognitive assessment that examined processing speed and several domains of memory. The MRI investigation involved a variety of sequences that estimated cerebral blood flow, intracranial volume and venous oxygen saturation.

Preliminary findings indicate that females had higher rates of oxygen consumption and cerebral blood flow than males at all ages. It was also found that there were significant age-related decreases in CBF and OEF, and in cognitive performance. Unexpectedly, linear regressions revealed that these declines were not related.

Further investigations are necessary to establish the relationships between potentially modifiable hemodynamic predictors of healthy cognitive ageing.

DIETARY SUPPLEMENT USE IN OLDER PEOPLE ATTENDING AUSTRALIAN MEMORY CLINICS

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Background: Dietary supplement use is common in older adults. Potential concerns surrounding their use include: patients' misbeliefs regarding their safety, underreporting of their use to health professionals, potential to cause adverse effects, and contribution to overall polypharmacy. There has been limited research into supplement use in people attending memory clinics.

Aim: To explore the use of dietary supplements, particularly non-prescribed supplements, in people with mild cognitive impairment (MCI) or dementia attending Australian memory clinics.

Method: Cross-sectional analysis of baseline data from the Prospective Research In MEory clinics (PRIME) study. Dietary supplement was defined as a product that contains one or more of the following: vitamin, mineral, herb or other botanical, amino acid or other dietary substance. Non-prescribed supplement was defined as a supplement that is usually self-selected. Polypharmacy was defined as use of five or more medications.

Results: 964 patients, mean age 77.6 years, were included. Dietary supplements were used by 550 (57.1%) patients; 353 (36.6%) used two or more. Dietary supplements constituted 21.9% of all medications used. Non-prescribed supplements were used by 364 (36.8%) patients and their use was associated with older age (OR: 1.14, 95% CI: 1.05-1.23), lower education level (OR: 2.18, 95% CI: 1.45-3.27) and a diagnosis of MCI rather than dementia (OR: 1.68, 95% CI: 1.14-2.48). Potential drug-supplement interactions were identified in 107 (11.1%) patients. Inclusion of supplement use in total medication count increased prevalence of polypharmacy, 66.6% vs 51.7%.

Conclusions: Dietary supplements, including non-prescribed supplements, were commonly used by people attending memory clinics. Further research on the impact of supplement use on cognition, medication management, adherence, adverse effects and clinically significant drug interactions is needed.

Acknowledgements: The PRIME study was funded by Janssen-Cilag Pty Ltd

PHYSICAL FUNCTION IN DEMENTIA: WHAT ARE CARE STAFF SAYING?

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University of Queensland

Introduction: Aged care staff are a vital component of the care pathways in aged care and also can provide valuable insight into the physical function of adults with dementia. This research questions were: 'What it means for people with dementia to be physically functionally able?' and 'What is the role of assessment of physical function in aged care?'

Method: Twelve staff members employed in three aged care facilities participated in a 30min semi-structured interview to reflect on the research questions. Staff were free to explore ideas and stories from their experience in caring for adults with dementia. Participants were of experience and had varying professional backgrounds: personal carers (n = 6), nurses (n = 5) and physiotherapist (n = 1). All participants had worked for the care organisation for over 2 years. Interviews were transcribed by the primary author and thematically coded using NVivo 10.

Results Staff indicated that 'physical function' was a complex construct, unique to individual people. Staff indicated that behavioural issues were a significant barrier to 'physical function' and the transient nature of behaviour meant day to day challenges. Overall, mobility and independence in transferring and activities of daily living were considered most important factors in 'physical function' for people with dementia. Staff also reflected on the role of assessment of 'physical function' and indicated that measurement was possible, beneficial and suggested the desire for team work in identifying an individualised care strategy for each resident. Despite this, staff acknowledge the difficulty in doing so.

Conclusions: Assessment for people with dementia is difficult, but staff have indicated that such an endeavour is certainly worthwhile. Ability to mobilise, transfer and in activities of daily living a critical central components of 'physical function' according to staff.

SHARING STORIES: THE USE OF VISUAL RESEARCH METHODS TO SUPPORT THE INCLUSION OF PEOPLE WITH DEMENTIA IN A QUALITATIVE RESEARCH STUDY

WHILE Christine, WINBOLT Margaret, NAY Rhonda

La Trobe University, Melbourne

Little is known about the meaning of home for people with dementia and their experience of receiving help within it. This issue is being explored in a qualitative study situated in the person's experience. The method has been designed to help discover how the person with dementia interprets their home and the presence of the community service provider within it. The data collection method involves an adaptation of two contemporary visual research methods, Photovoice and Digital Story Telling, to support the participant describe their emotions and experiences. These adaptations draw on the experience and advice published by researchers who have used these techniques with people who have dementia. Some of the key adaptations include: a merging of the two methods; removal of the group discussion and focus group component associated with community participatory research; an expedited approach to recruitment, collection of photographs and the accompanying narrative; photographs that are collected by the researcher under the direction of the participant; and journaling replaced by photo elicitation conducted by the researcher simultaneously with the collection of photographs. Early outcomes of this approach have found that it supports the development of trust and relationship building between the researcher and the participant. Participants are relaxed and confident with 'telling their story' and providing photographs to illustrate their history and home. Participants engage with the development of the short film that tells their story, using it as a reminiscence aid for family and the future. It is hoped that by adapting these visual research methods for use specifically with dementia, it will add to the knowledge and practice of researchers who seek to engage with this population.

Session E

Work and social participation

Retirement is not on their horizon: stories from late career professionals

Alison Herron

Swinburne University of Technology

Health predictors of workforce participation over time – longitudinal evidence for young women

Tazeen Majeed

University of Newcastle

Identifying the barriers and enablers influencing community participation amongst older adults

Nicole Papageorgious

Edith Cowan University

Dividing the divisions: rethinking the experience of social inclusion/exclusion in later life

Aaron Wyllie

Monash University

Defining sexuality in an ageing population

Ashley Macleod

Australian Catholic University

RETIREMENT IS NOT ON THEIR HORIZON: STORIES FROM LATE CAREER PROFESSIONALS

HERRON Alison

Swinburne University of Technology

Notions of late working life and retirement are entangled in the contested terrain of today's population ageing debate. For people in late career the focus of research is typically on factors affecting their crossover to retirement. An underlying assumption is that retirement is uppermost in older workers' minds. But what could we learn if we turn the spotlight onto individuals' own stories of their working life right now instead of their retirement intentions? This qualitative study did just that and interviewed 34 professional engineers aged 55 to 77 in a variety of employment arrangements for their experiences and perceptions of late working life in the current economic and social climate. This paper explores the implications of the finding that work and professional identity remain central to the lives of these professionals. Most commonly, their orientation was towards continuing to work – not towards retiring. They believe they still have much to contribute and are hoping for opportunities to do so. Their diverse interpretations of the social construct of retirement included exit from a full-time organisational position to non-standard work arrangements, exit from all paid work, exit from the profession, a new stage of life to enjoy other interests, and fear of the spectre of boredom. The perspectives of these professional engineers support the life course literature that claims the dichotomy between work and retirement is outdated. Theories and practices of retirement transition and planning need to be reframed for people whose professional identity retains core meaning in late career and who do not aspire to retirement. If we are to engage professionals about planning for their continuing career or post-work future, it will be important to connect with them in the space of meaningful work and meaningful lives because the lexicon of retirement is limiting and increasingly irrelevant.

HEALTH PREDICTORS OF WORKFORCE PARTICIPATION OVER TIME – LONGITUDINAL EVIDENCE FOR YOUNG WOMEN

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Research Centre for Gender, Health and Ageing, University of Newcastle

This study aimed to describe workforce participation patterns of women with and without children over time and to explore the impact of health and socio-economic factors on work status. Stratified analysis was done on 1973-78 birth cohort of Australian Longitudinal Study on Women's Health over five surveys. Latent class analysis identified workforce patterns, while stratum specific, survey adjusted multinomial models explored associations between work status (full-time, part-time and not in paid work) and chronic diseases (diabetes, asthma, depression), health and socio-demographic factors. According to latent patterns, majority of women without children worked full time (75%), while 44.3% young mothers were in part time work and 34.5% transitioned in and out of paid work. Multinomial models demonstrated that mothers' work status was associated with socio-demographic and other health factors, while that of women without children was significantly related to chronic diseases and other health factors. Findings provided insight into work patterns and associations existing among women, diversified by motherhood status. Different strategies and policies are needed to cater the needs of these women experiencing varied life roles. While, mothers need accessible and flexible work options, women without children, with chronic diseases need supportive work environments.

IDENTIFYING THE BARRIERS AND ENABLERS INFLUENCING COMMUNITY PARTICIPATION AMONGST OLDER ADULTS:

PAPAGEORGIU Nicole, MARQUIS Ruth, DARE Julie

Edith Cowan University

The older adult population in Western Australia (WA) has significantly increased over the last decade, and continues to grow, highlighting the importance of maintaining the health, wellbeing and independence among this group. This may be achieved by facilitating active ageing, enabling older adults to continue to live meaningful and fulfilling lives, contribute positively to society, and lower the demand on costly health and human services. Occupational engagement is critical to active ageing and occupational therapists have the capacity to facilitate older adults' continued occupational engagement. A lack of social engagement and community participation may hinder healthy ageing and lead to social isolation, which is adversely related to the quality of life and health status of older adults. To date, there appears a paucity of occupational therapy research exploring the factors contributing to the community and social participation of WA's community dwelling older adults. Research states that programs and activities encouraging community and social engagement are more successful when they have been developed with the input of the participants they are targeting. Therefore, this research, aligned with the "Ageing Well in Wanneroo" research project, aimed to identify barriers and enablers to participation in community-based activities experienced by older adults living in and around the City of Wanneroo, WA. This generic qualitative exploratory study employed The Model of Human Occupation as a conceptual model of practice to inform methodology. Semi-structured interviews were conducted with 10 older adults and analysed using thematic analysis. Findings indicated that staying connected to friends, family and the community, personal motivation, outlook, interests, awareness, participation history, resources and environment influence older adults' community participation within the City of Wanneroo. The findings of this study will inform future development and delivery of interventions that promote community and social participation of older adults in the City of Wanneroo.

DIVIDING THE DIVISIONS: RETHINKING THE EXPERIENCE OF SOCIAL INCLUSION/ EXCLUSION IN LATER LIFE

WYLLIE Aaron

Monash University, Department of Social Work

Social inclusion has emerged as a key framework for the development of a range of social policy initiatives ostensibly aimed towards understanding and responding to the needs of older people, and fostering a more socially cohesive and age-friendly Australia. A social inclusion approach argues for a multi-dimensional and life course approach to understanding the complexities of social disadvantage in later life, and emphasises the importance of civic and community engagement. This paper describes how the Australian social inclusion agenda has intersected and engaged with the broader social and economic implications of an ageing population, and examines recent research developments with regards to the unique dimensions of social exclusion in later life. The expectations and assumptions inherent within a social inclusion/exclusion discourse have been a site of considerable sociological debate, particularly with regards to the implications of constructing an 'included majority' and an 'excluded minority'. Drawing on case studies of five community-dwelling older people, each with unique life histories, needs and expectations, this paper challenges an 'either/or' categorisation of older people as excluded/included. In doing so, this paper argues for a more nuanced approach to understanding and responding to social disadvantage in later life, one focused on accepting the multiplicity of 'included' and 'excluded' identities present across the lifespan, and their role in shaping the social experience of older people. Recommendations are made, focused on the development of a new social inclusion/exclusion research agenda which engages with the disjointed and often entangled realities of older people, and provides more realistic benchmarks against which to measure the effectiveness of a social inclusion policy agenda.

DEFINING SEXUALITY IN AN AGEING POPULATION

MACLEOD Ashley, McCABE Marita

Institute for Health and Ageing – Australian Catholic University

Sexuality has been identified as an important factor in overall personal well-being, yet ageist attitudes appear to prevent this concept from being extended to adults over the age of fifty. In an ageing population, recognising the ongoing sexual needs of older individuals is becoming increasingly important and more widely acknowledged. Despite this, there is little consistency in the existing research as to how sexuality is being conceptualised for an older population. A systematic examination of later-life sexuality literature over the last twenty years shows a concerning lack of conceptualisation being done, with a broad and inconsistent range of terms and attributes incorporated into definitions, measures and results. This appears to be related to a general assumption that the term is universally understood, as demonstrated by a recent systematic review which found that 25 out of 45 recent articles on the sexuality of adults over fifty which failed to define sexuality. This ambiguousness has helped to shape what little research exists at this time and has limited the investigation of sexuality for older populations to themes such as sexual frequency and sexual dysfunction. As a result, little has been done to examine a broader range of the biopsychosocial factors involved in the overall sexual experience. In order to move forward in the area of later-life sexuality research, it is important to develop an accurate and inclusive conceptualisation of later-life sexuality. At present, no consistent definition of sexuality for individuals over the age of fifty exists. This presentation examines the current state of later-life sexuality concepts, emphasising the need for a definition which incorporates the existing literature that can be successfully operationalised in order to quantify sexual experience as it pertains to individuals over the age of fifty.

Session F

Housing and care in the community

Shaping housing in aging societies: change and inertia in independent living

Kirsten Bevin

RMIT University

Can low income older home renters successfully age in place? Exploring the impacts of the aged care reforms

Victoria Cornell

University of Adelaide

When family accommodation arrangements go bad: the inadequacy of current legal responses and suggestions for reform

Teresa Somes

University of South Australia

Stuck in time: examining the official discourse of older homeless people in Singapore

Harry Tan

Monash University

Important case management functions and activities and associated factors in community aged care practice

Emily (Chuanmei) You

University of Melbourne

SHAPING HOUSING IN AGEING SOCIETIES: CHANGE AND INERTIA IN INDEPENDENT LIVING

BEVIN Kirsten

RMIT University

Affordable and appropriately designed and located housing is a key variable in older people's independence, emotional security and physical health. This is emphasised in research by academic and non-government organisations, increasingly focusing on the individual consequences of the structural unevenness of housing and homeownership in an ageing Australia. Largely unexamined in academic research is the role played by the independent or retirement living sector, operating outside of aged care but connected to the networks involved in caring for the aged. How has this industry been involved in defining housing problems and proposing housing solutions for an ageing population? This research is a study of changes in independent living, and of the institutions, networks, ideas and practices involved in those changes. The paper presents a case study of the evolution of retirement housing in Australia. It draws on interviews with actors in government, the NGO sector and for-profit providers in Melbourne, and key documents associated with policy development. Understanding the development and evolution of retirement housing solutions, and the actor groups involved in shaping them, can ultimately assist in considering the way in which housing options of older Australians can be expanded.

CAN LOW INCOME OLDER HOME RENTERS SUCCESSFULLY AGE IN PLACE? EXPLORING THE IMPACTS OF THE AGED CARE REFORMS

CORNELL Victoria

University of Adelaide

Housing is fundamental to people's wellbeing, particularly older people. Policies relating to successful healthy ageing in place are premised on the fact that older people's housing is stable and meets their needs. While numbers of older people across tenures have remained steady in recent decades the sustainability of home ownership is under threat. COTA states that a lack of affordable and suitable housing for older people will have 'a major impact on the capacity of other support and care services to deliver effective outcomes.'

A greater capacity to age at home is one of the expected impacts of the aged care reforms, with consumers taking a greater role in directing their care. However, little attention has been paid to the consequences for older people with limited control over their home because of tenure. Those who rent often have restricted rights to modify their accommodation, limited discretionary income and a restricted understanding of government programs. Those at risk of homelessness have even less opportunity to exercise choice and control. To date, there is very limited practical knowledge and awareness about how consumer directed care will interact with other parts of the Australian welfare system, including the housing support system.

This presentation showcases, and solicits input and feedback, on a new project underway which aims to explore experiences and preferences of older low income renters with respect to community aged care; and explore perspectives of housing and community aged care service providers, including the effects of the aged care reforms on community care provision.

The research seeks to optimise outcomes for older people in the context of choice, independence, housing security, participation in community life and wellbeing; and improve older people's futures by ensuring their housing and aged care needs are met in tandem.

WHEN FAMILY ACCOMODATION ARRANGEMENTS GO BAD: THE INADEQUACY OF CURRENT LEGAL RESPONSES AND SUGGESTIONS FOR REFORM

SOMES Teresa

University of South Australia

Family accommodation arrangements, where older members of a family live on or in the same property as younger members, are increasing in number and popularity. A common example is where a parent moves into the same property as a son or daughter and that child's spouse and family. Often, the older adult will make a financial contribution. Therefore, a parent or parents may sell the family home, give some or all of the funds to a child who owns the property on which the older adult will reside with a view to living and being cared for in that property "for life". While this arrangement can be mutually beneficial for both the parent and child, in the event of a breakdown in the relationship, the older party may be required to commence legal proceedings to recover their assets. Unfortunately, and often surprisingly for the persons involved, the legal position regulating family accommodation arrangements is precarious. A dispute involving a family accommodation arrangement can give rise to a confusing amalgam of legal issues including, but not limited to, contract law, real property law (including local government law), equity, trusts and family law. This presentation considers some of the many legal obstacles that may be encountered by an older person in relation to failed family accommodation arrangements. Relevant case law and legislation will be considered and the judicial methodology utilised by the courts examined. Unfortunately, to date there is no consistent approach by the Australian courts in relation to the appropriate cause of action, and appropriate remedies. As such, this paper will explore important proposals aimed at safeguarding the interests of an older party entering into a transaction, as well as possible reforms to existing legal principles that may strengthen an older party's position in the event of the matter being litigated.

STUCK IN TIME: EXAMINING THE OFFICIAL DISCOURSE OF OLDER HOMELESS PEOPLE IN SINGAPORE

TAN Harry

Monash University

In this 50th year of Singapore's independence, I use the occasion to reflect on the growing phenomenon of older homeless people sleeping in public spaces in the city-state. I focus specifically on examining the official discourse of homelessness and older homeless people in Singapore as promulgated in the state's laws, government documents and The Straits Times, the state-controlled national flagship newspaper. Due to a lack of scholarly work done on issues of social justice that arise with the experience of ageing in Singapore, little else is known about this group of older homeless people sleeping in public spaces besides the official discourse provided by the state. By examining official documents and newspaper articles that date back to the mid-nineteenth century, I show that the current understanding and treatment of older homeless people as either 'deserving' or 'undeserving' poor reflect a legacy of more than a century of British colonialism in Singapore. Drawing from my personal experiences as a volunteer working with the homeless both in Singapore and Melbourne, I argue that ideas based on early colonial laws and views of homelessness are no longer relevant for a land-scarce city-state with a rapidly ageing population projected to reach 6.9 million people by 2030. New knowledge about older homeless people and their experiences of ageing in Singapore is urgently required and the sociologist has a role here. I conclude this presentation by suggesting three issues concerning the growing phenomenon of older homeless people in Singapore that demand further sociological research and attention.

IMPORTANT CASE MANAGEMENT FUNCTIONS AND ACTIVITIES AND ASSOCIATED FACTORS IN COMMUNITY AGED CARE PRACTICE

YOU Emily (Chuanmei)^{1,2}, DUNT David², DOYLE Colleen¹

¹Australian Catholic University, ²The University of Melbourne

The aged care reform process has proposed increasing public funding for Australia's community aged care system. Clarifying functions and specific activities within the functions of case managers in this context is important. In this study we aimed to investigate functions and specific activities, and associated factors for community aged care case managers. We conducted 154 questionnaire surveys and 33 semi-structured interviews in Victoria, Australia. The survey investigated participants' importance ratings of 41 specific case management activities. The interviews explored 47 participants' perceptions of important case management functions. We performed descriptive analysis, ordinal regression analyses, and qualitative thematic analysis. Both the survey and interview participants agreed that needs assessment, care planning, care coordination, and monitoring and review were important case management functions in community aged care practice. The interview participants perceived that outcome evaluation was important, but case managers did not conduct it adequately because of lacking time, capacity and organisational support. Moreover, over 85% of the survey participants rated 31 of 41 case management activities as important or very important (high importance rating), and less than 85% assigned high importance ratings to the remaining ten activities, including all four outcome evaluation activities, one needs assessment activity, two care planning activities, one care plan implementation activity, one care coordination activity, and one general functions-related activity. Through regression analyses, we identified older age, longer work experience and clients' strong involvement in case management processes as significant factors associated with participants' greater importance ratings of some activities. This study sets a precedent in identifying important functions and activities, which can provide practical guidance for the practice of community aged care case managers in Australia and beyond. The findings suggest the potential to integrate the survey questionnaire into guidelines for and the necessity to engage clients in case management practice.

Session G

Healthy ageing and physical functioning

Psychometrics, sports medicine, educational measurement and everything in between: an ERA travel grant experience

Benjamin Fox

University of Queensland

2014 ERA Travel Award Recipient

The role of e-health in healthy aging

Urooj Raza Khan

Charles Sturt University

Does muscle strength mediate the association between 10-year falls risk and Vitamin-D, physical activity, pain and dysfunction? Findings from the Tasmanian Older Adults Cohort (TASOAC) study

Saliu Balogun

University of Tasmania

Fear of falling, physical activity levels and objective measures of strength and physical function, and physical and global self-perceptions among community dwelling older adults

Myrla Sales

Victoria University

Altered meniscal shape and maceration are associated with knee osteoarthritis severity and progression: data from the osteoarthritis initiative

Benny Antony

University of Tasmania

2013 ERA Travel Award Recipient

PSYCHOMETRICS, SPORTS MEDICINE, EDUCATIONAL MEASUREMENT AND EVERYTHING IN BETWEEN: AN ERA TRAVEL GRANT EXPERIENCE

FOX Benjamin

University of Queensland

This talk will detail the highlights and benefits from my experience on the ERA travel grant, and undertaking international research to improve my PhD candidature. On April 22nd a spritely PhD student landed in a dreary Chicago, ready to engage in a 6 week cultural and educational learning experience. Chicago was the location of two out of three conferences that I was to attend and present at during my time in the United States. The first was the National Conference on Measurement in Education and was a wealth of knowledge and theory of Item Response Theory, and a picture of modern measurement theory research in action. This conference was immediately followed by the International Outcome Measurement Conference, a two day health related measurement conference in Rash Analysis, where I presented my research of the measurement of physical function for older adults with Dementia. The feedback and collaborations from this conference alone was certainly valuable, but my trip was only 6 days old!

Next stop, a greyhound bus to the University of Illinois, Champaign, Illinois, to meet and learn from Professor Weimo Zhu at the Psychometrics Laboratory and run my own data analysis from my PhD. The hands on experience in data analysis in this method, which I did not have access to in Australia, was valuable by itself, but after a month here, my next stop provided the capstone to the whole trip.

A flight from Chicago to San Diego, California, saw a poster presentation at American College of Sports Medicine Conference. To be honest, I did not expect much from a poster, but had a conversation for nearly two hours regarding my research, which confirmed a lot about what I was doing, that I was on the right track, and some ways to further improve my research.

THE ROLE OF EHEALTH IN HEALTHY AGEING

RAZA KHAN Urooj, ZIA Tanveer

Charles Sturt University

Demographics of 20th century human population are changing as average human lifespan increases and human fertility declines, bringing some unanticipated and unprecedented economic, cultural, medical, social, public health and public policy challenges. This phenomena of population ageing is addressed by the World Health Organization as it promotes healthy ageing with focus on quality of life and a positive perspective on well being in old age. Literature reviews suggest that eHealth, information technology in healthcare, is playing an important role in healthcare access, improved information exchange, cost reduction and better public/private medication management. A gap is observed in the literature regarding the connection between healthy ageing, eHealth concepts and the relationship with eHealth literacy. The aim of this study is to explore the role of eHealth in supporting healthy ageing for seniors. The research questions for this study are: How is eHealth playing a role in delivering positive outcomes for healthy ageing? What is the influence of eHealth literacy on the acceptance of eHealth technologies among seniors for healthy ageing? This study is significant in that it will fill the gaps in the literature by exploring and inter-relating the concepts of healthy ageing, eHealth technologies and eHealth literacy as a vital technology acceptance factor. A qualitative approach will be used to underpin this research using phenomenological research design. Focus group interviews, observation and formally written responses will be used as data collection techniques with Whittlesea U3A Victoria members to determine what and how they have experienced eHealth. The expected outcome of this research is to derive the "essence" of the seniors' experience in using and learning the eHealth technologies by answering the research questions.

DOES MUSCLE STRENGTH MEDIATE THE ASSOCIATION BETWEEN 10-YEAR FALLS RISK AND VITAMIN-D, PHYSICAL ACTIVITY, PAIN AND DYSFUNCTION?

BALOGUN Saliu, WINZENBERG Tania, WILLIS Karen, AITKEN Dawn, JONES Graeme, CALLISAYA Michele

Menzies Institute for Medical Research, University of Tasmania

Aims: To examine whether age-related changes in muscle strength over 10 years mediate associations between falls risk and vitamin D, physical activity, knee pain and dysfunction.

Methods: Data for 1099 participants (51% women; mean age 63 years) studied at baseline, 2.7, 5, and 10 years from the Tasmanian Older Adults Cohort (TASOAC) study were analysed. Falls risk (z-score) was measured using the Physiological Profile Assessment. Leg muscle strength was measured using a dynamometer. Knee pain and dysfunction were assessed using the Western Ontario McMasters Osteoarthritis index (WOMAC). Physical activity was measured using an accelerometer. Mixed effect regression analysis with adjustment for potential confounders was used to model the association between falls risk and vitamin D, physical activity, knee pain and dysfunction. We examined the role of muscle strength in mediating these associations.

Results: Overall, the participants were at mild risk of falling (mean (SD) falls risk scores at baseline, 2.7, 5 and 10 years were 0.18 (0.85), 0.07 (0.86), -0.12 (0.82) and 0.65 (1.11) respectively). Higher vitamin D and physical activity and lower global WOMAC score were significantly associated with a decrease in falls risk. In both men and women, muscle strength reduced the magnitude of the regression coefficients of WOMAC score (men: reduction of 64%; women reduction of 19%) but did not substantially alter the coefficient for vitamin D and physical activity.

Conclusion: Vitamin-D, physical activity, knee pain and dysfunction are associated with falls risk over 10 years. The association between falls risk and knee pain and dysfunction may be explained in part by decline in muscle strength.

FEAR OF FALLING, PHYSICAL ACTIVITY LEVELS AND OBJECTIVE MEASURES OF STRENGTH AND PHYSICAL FUNCTION, AND PHYSICAL AND GLOBAL SELF-PERCEPTIONS AMONG COMMUNITY DWELLING OLDER ADULTS

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This study examined the relationships between fear of falling and self-reported physical activity behavior and objective measures of strength, physical function, gait speed, and physical and global self-perceptions including a measure of global self-esteem among community dwelling older adults. Sixty six participants (71.9 ± 6.6 years; 47 females; 19 males) completed a battery of physical tests (lower limb strength, hand grip strength, gait speed, sit-to-stand) and a number of questionnaires (Falls Efficacy Scale; Incidental Physical Activity Questionnaire; Physical Self-Description Questionnaire (PSDQ)). Multiple regression analyses, controlling for age, gender and falls history, showed that higher levels of fear of falling was predicted by lower levels of global self-esteem (Beta = -.309; P = .005), higher levels of self-perceived flexibility (Beta = -.338; P = .01) and strength (Beta = .294; P = .04), increased knee strength (Beta = -.347; P = .03), and higher gait speed (Beta = -.263; P = .02). Increased levels of planned physical activity behavior was associated with the activity (Beta = .582; P < .001) and coordination (Beta = -.402; P = .003) factors of the PSDQ. Our results suggest that both objective measures of strength and gait speed as well as global and physical self-perceptions are predictors of fear of falling whereas planned physical activity behavior was predicted by physical self-perceptions only. This suggests that intervention aiming at reducing fear of falling and enhancing physical activity behavior in elderly individuals should also target the belief system of this population in relation to their self-perceived physical capabilities as well as their overall levels of self-esteem.

ALTERED MENISCAL SHAPE AND MACERATION ARE ASSOCIATED WITH KNEE OSTEOARTHRITIS SEVERITY AND PROGRESSION: DATA FROM THE OSTEOARTHRITIS INITIATIVE

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Meniscal pathology increases the risk for the incidence and progression of knee osteoarthritis but it is unclear if different types of pathology are associated with symptomatic and structural progression. We aimed to explore the association of different types of knee meniscal pathology with knee pain, bone marrow lesion (BML) volume, and a proxy measure for total knee arthroplasty (TKA). We selected a sample of participants from the Osteoarthritis Initiative (OAI) who had symptomatic knee osteoarthritis and complete data for the OAI Bone Ancillary Project. A musculoskeletal radiologist reviewed the 24-month OAI magnetic resonance images for meniscal pathology by location using a modified International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine (ISAKOS) meniscal tear classification system. We reclassified the types of pathology into 5 categories: normal, degenerative signal, morphological deformity, any tear, and maceration. Outcomes included WOMAC knee pain and BML volume at 24 and 48 month visits. We calculated a proxy for TKA into appropriate and non-appropriate based on the algorithm developed by Escobar (2003) and adapted to OAI by Riddle (2014). 463 participants were included in the analysis with mean age of 63 (9.2) years, 53% male, body mass index 29.6 (4.6) kg/m², 71% having radiographic osteoarthritis. Morphological deformity and maceration, but no other types of pathology, were associated with BML volume (OR:5.85,95%CI:3.40,10.06), increase in BML volume (OR:3.12,95%CI:1.87,5.19), and proxy for TKA (OR:2.62,95%CI:1.38,4.95). Maceration (OR:2.82,95%CI:1.79,4.43) was associated with knee pain but not with increase in knee pain. In conclusion, among the five categories of meniscal pathologies, disruptive pathology (i.e., meniscal shape change or maceration) rather than degenerative or discrete tear can predict knee pain, structural changes and a later clinical state that is proxy for TKA. This suggests that pathologies that impair normal load distribution properties of meniscus can cause damage to the knee joint.

Posters

Trends in general practitioner services to residents in aged care

Jodie Hillen

University of South Australia

The electronic toilet-top bidet in residential aged care: A potential improvement in clinical care

Meredith Gresham

University of Sydney

Operational considerations when trialling assistive technology in the residential aged care setting

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Monash University

How older people with depression self-manage their illness in order to optimise well-being

Meg Polacsek

Victoria University

TRENDS IN GENERAL PRACTITIONER SERVICES TO RESIDENTS IN AGED CARE

HILLEN JB, VITRY A and CAUGHEY GE

University of South Australia, Adelaide

To date, access to appropriate and timely GP services for those in aged care has been described as limited, in part due to inadequate models of care and remuneration. As the Australian population ages and more Australians become dependent on aged care services, the need for good quality medical care that meets the needs of residents will continue to grow.

The purpose of this study was to provide a current analysis of trends in GP services to residential aged care using longitudinal population data (2005 to 2014) to describe the changing population demographics and calculate annual rates for GP services specific to this population. Total population and aged group strata (<85 years and 85+ years) rates were calculated for standard consultations, after-hours consultations, contribution to a care plan and collaborative medication review.

Over the study period, the population increased by 19,800 residents, aged (6% increase in residents aged 85+ years) and became more dependent (14% increase in high-care residents). In total, 1.5 million more services were delivered to this population in 2013-14 compared to 2005-06. Significant increases in rates for all GP services analysed were observed with a shift towards after-hours services. Residents aged <85 years received significantly more services than residents aged 85+ years. GP service delivery continues to be heavily weighted towards standard and after-hours consultations whilst collaborative GP services remain a very small proportion of services accessed by this population. There is scope to increase collaborative GP services which have been linked to improved outcomes for this population.

THE ELECTRONIC TOILET-TOP BIDET IN RESIDENTIAL AGED CARE: A POTENTIAL IMPROVEMENT IN CLINICAL CARE

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Toileting residents is the most frequent activity undertaken by staff in residential aged care. For frail older people assistance with intimate personal hygiene is frequently perceived as undignified, however for residents with cognitive loss, assistance may be perceived as personal invasion and met with distress, resistance or physical or verbal aggression. The electronic toilet-top bidet is an assistive technology designed to provide a water wash of the perineum, through automated, thermostatically controlled cleaning sprays operated from a remote control. There is emerging evidence that the bidet will be an adjunct to managing incontinence in this population. A 12-week single-arm feasibility study of the Coway BA-08 bidet was conducted with 14 residents of a dementia specific aged care facility on the Central Coast of NSW. Participants had moderate/severe dementia, required assistance with transferring, were incontinent and dependent in toileting. Results included: pre-and post staff ratings on a 5-point Likert scale of resident acceptance of the bidet improved from 1.9 -4.5; (higher is better); staff reported successful cleaning by the bidet in 79% of 1,320 episodes of voiding bowels and 94% of 1,285 episodes avoiding bladder. Overall, behaviours of concern during toileting decreased, but separating behaviour associated with bidet use from the toileting process was difficult. No adverse clinical incidents were recorded during the trial. No issues with installation or maintenance recorded. Costs of incontinence products were reduced by \$2198 for the facility compared with the previous financial year. At 18 month follow-up staff report the bidets continue to be regularly utilised. A controlled study of the bidet is currently underway with 32 aged care residents in Victoria, and preliminary results will be presented concerning the effects of bidet use on asymptomatic bacteriuria.

OPERATIONAL CONSIDERATIONS WHEN TRIALLING ASSISTIVE TECHNOLOGY IN THE RESIDENTIAL AGED CARE SETTING

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Innovation, particularly when focused on assistive technologies relating to clinical care, requires rigorous testing in the setting in which it is to be used, to adequately assess equipment safety, as well as outcomes such as impact on staff, operational processes and client satisfaction. Pre-Trial, understanding and acknowledging the existing operational processes, regulatory requirements and individual impact of any new equipment/technology is paramount to the successful implementation and completion of any clinical research. This study reported factors associated with implementing a toilet-top bidet, an assistive device to support continence management, in a residential aged care setting. These factors included organizational; environmental; resident and workforce considerations. Methods used to identify key factors, included: literature review, review of national standards for OH&S and buildings, organizational policy and procedures, education needs of staff and clients, client risk assessments, and multiple consultations with key stakeholders to both inform and build support for the project. Pre-trial planning included; stakeholder engagement across the host organization; review of national/organizational OH&S and Manual Handling recommendations; establishment of a steering committee; open communication and reporting arrangements; appointment of onsite 'champion'; and support provided based on needs of staff and clients; adapting of equipment for individual users; a staff 'Praise and Reward' strategy and development of a consultation strategy, for allied health staff and other key stakeholders. Consideration of all pre-trial factors is essential to the use of assistive technology and its successful implementation. Pre-trial planning involved considering the most likely scenarios/outcomes and potential mitigation strategies were developed. The following were identified as key considerations: meeting regulatory requirements; changes to manual handling practices; OH&S requirements, individual resident health histories and physical needs. Careful consideration and planning, before the implementation of the bidet, resulted in successful engagement of all key stakeholders. Whilst barriers to implementation of trials of assistive technologies are considerable, these can be overcome with attention to key consideration of operational factors and the development of rapport with stakeholders.

HOW OLDER PEOPLE WITH DEPRESSION SELF-MANAGE THEIR ILLNESS IN ORDER TO OPTIMISE WELL-BEING

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Australians have one of the longest life expectancies in the world, but up to 15 per cent of older Australians living at home experience depression. Although depression is a serious condition at any age, it is a significant problem for older people. It often produces adverse physical effects and a decline in overall functioning, and is associated with greater self-neglect, increased risk of dementia and increased risk of death, including death by suicide. Even mild depression has a significant impact on the older person's quality of life. It is inevitable that there will be increasing pressure on services to provide effective support in this area. Given that depression is often chronic and recurring, self-management appears to be a promising intervention. Self-management refers to a person's capacity to manage the symptoms, treatment, consequences and lifestyle issues associated with living with a chronic condition. While much work has focused on the clinical aspects of depression, less is known about how older Australians with depression self-manage their illness and the factors that influence this process. This qualitative research will use grounded theory methodology to explicate the experiences and determinants that affect well-being, and to develop a substantive theory that explains how older people with depression self-manage their illness. Data collection for this new study commenced in November 2015. In identifying and describing the factors that influence self-management of depression in older age, the outcomes of the study will provide context and direction for policies and practical interventions that promote and guide effective self-management. The study has strong potential in terms of research translation, in that increased knowledge of the experience and determinants of depression in older people and a focus on the issue of self-management have direct implications for policy makers and health professionals.

Full Papers

We can confirm that the full papers published in the 2015 ERA conference proceedings are published in full, have been peer reviewed by experts in the field, and were made publically available on the ERA website on 7th December 2015 and so meet the Higher Education Research Data Collection (HERDC) requirements for an E1 peer reviewed conference publication (<https://education.gov.au/higher-education-research-data-collection>). They will not, however, be indexed by CINAHL or similar databases.

Opening a can of worms: consenting partners in aged care

Alison Rahn

University of New England

What orients staff in daily care delivery? An ethnographic study

Angela Rong Yang Zhang

University of Adelaide

The impact of sedative reduction on agitation and falls in aged care facilities: preliminary findings

Daniel Hoyle

University of Tasmania

Lessons from a multi-strategic program to promote appropriate sedative use in residential aged care facilities

Friso Schotel

University of Tasmania

Sharing Stories: The use of visual research methods to support the inclusion of people with dementia in a qualitative research study

Christine While

La Trobe University

Shaping housing in ageing societies: Inertia and change in retirement living

Kirsten Bevin

School of Global, Urban and Social Studies, RMIT

OPENING A CAN OF WORMS: CONSENTING PARTNERS IN AGED CARE

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Abstract

With Consumer Directed Care (CDC) on the horizon and a wave of baby boomers who are ageing, aged care providers need to be aware of and respect the desires and requirements of future 'consumers'. In contrast with current provider arrangements, funding is linked to the individual rather than the institution in a CDC model, with the likelihood that there will be greater demand for those facilities that meet emerging consumer expectations and offer couple-friendly environments. One group that has largely been ignored at all levels in residential care, from government policy to service provision, is couples, or partnered individuals. Situated within a broader study exploring the needs of partnered baby boomers, this paper investigates whether existing residential aged care facilities provide the conditions needed to facilitate the sexual and intimacy needs of partnered aged care residents. Such exploration is particularly pertinent at a time when the *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* is being implemented. In this presentation we report on early findings of a phenomenological study using semi-structured interviews conducted in 2015 with 29 key informants with expertise and experience in aged care law, policy, practice, health, education, research and related service areas. Early findings suggest that difficult though necessary conversations are being avoided by older people, by those representing them, and by service providers. Recommendations for aged care providers include the need for comprehensive education and training in the areas of sexuality and intimacy with the aim to facilitate communication around residents' sexual needs and the formulation of individually tailored care plans. We believe that such initiatives would have the potential to create more positive outcomes for partnered older persons and aged care staff.

Rationale

It is generally assumed that older people 'do not', 'cannot' or 'should not' engage in intimate moments in a residential aged care setting. (Bauer et al., 2013; Hajjar & Kamel, 2003; Roach, 2004). However, in 2012, 21% of women and 44% of men in residential aged care reported having a spouse or partner (AIHW, 2012). From the limited research that exists, there is evidence that some aged care residents still feel the need to express their sexuality in a variety of ways including 'companionship, intimacy, touching, hugging, flirting, grooming, attire, being able to share a bed with another person, masturbation and intercourse' (Bauer et al. 2013, p. 305). Residents' ability to display affection is often dependent on the culture within each facility (McAuliffe et al., 2007; Nay & Gorman, 1999).

The research question guiding this presentation is 'to what extent do existing residential aged care facilities (RACFs) provide the conditions needed to facilitate the sexual and intimacy needs of partnered aged care residents'? A review of the literature suggests barriers to sexual expression in RACFs include staff attitudes (Bauer et al., 2013; Hajjar & Kamel, 2003; McAuliffe et al., 2007; Roach, 2004), inadequate staff education (Bauer et al., 2013; McAuliffe, Bauer & Nay, 2007; Osborne, Barrett, Hetzel, Nankervis & Smith, 2002), privacy issues (Bauer, 1999; Heron & Taylor, 2009), intervention by family members (Bauer et al., 2013), and non-conducive environments (Bauer et al., 2013).

Given the sheer numbers of baby boomers approaching old age – a group who were exposed to the Sexual Revolution and the Civil Rights Movement of the 1960s and 1970s - it is timely to investigate whether the present culture in residential aged care is suitable for the next generation and identify what and where conflicts may arise.

Methods

Using a phenomenological method of inquiry, one that seeks to trace how people understand and interpret the world and their experiences in it (Pollio et al., 1997). Phenomenological methods include engaging empathically with another person (Bentz and Shapiro, 1998) to explore the meanings of human experience (von Eckartsberg, 1998).

This study will comprise two phases. Phase one involved semi-structured interviews with key informants in the aged care sector, selected using purposive sampling. Phase 2 will involve a self-administered, online survey of partnered baby boomers. In this paper we present findings from phase one. Over a period of 10 weeks, invitations were sent to 69 people, of which 29 were recruited and subsequently interviewed. Participants comprised senior public servants, academics, gerontologists, consumer advocates, educators

and trainers, quality assessors, senior managers and workers in aged care facilities, a lawyer, a sex worker and a sexual health physician. Approximately 80% of interviewees were baby boomers and many had parents in RACFs. Interviews were conducted by phone, Skype or face-to-face. Written transcripts were created from audio recordings of each interview.

Results

Data analysis, drawn from Interpretive Phenomenological Analysis (Smith and Shinebourne, 2012), involved reading transcripts in their entirety multiple times, annotating themes and impressions, coding emergent themes, and clustering themes for conceptual similarity. Extracts from transcripts were then used to illustrate thematic relationships.

Early findings confirm the barriers to sexual expression identified in the research literature. While still in the early stages of data analysis, several themes are clearly emerging:

Sexuality becomes problematic when difficult conversations are avoided

Firstly, people involved with older people, and indeed older people themselves, tend to avoid conversations that make them feel uncomfortable. Secondly, when older people do ask for something they need, they are not always listened to. Consequently, open, respectful conversations are needed between older people and those representing them and caring for them - with family, with lawyers, with doctors and with aged care providers - to make clear what their companionship needs are and how they could be provided for.

What is important for one person may not be for another and, at present it seems that too much is assumed by all parties concerned. As one participant said:

'if we don't talk about it and say what we want, because we avoid it, then we'll get more of the same' (tertiary educator and aged care consultant)

Interviewees spoke of the widespread acceptance of the ageist 'asexual' stereotype of older people and several respondents expressed the need for legislation and regulations to drive change.

'the industry is very reluctant to move unless it's legislated to ... that's why standards are so important .. they're very risk averse, so if the government says 'you must do this' they'll do it ... there's no actual measure of sexuality in there at all. If it's not in there it's not going to happen' (aged care consultant)

Conversations with family

It is unusual for people to discuss their sexual needs with family members at any stage of life and when older people do, it is often met with embarrassment and silence, as evidenced by this example:

'I do remember one time when a son went to visit his father and he said to him 'I'd just like to have sex one more time' and his son just left the room and never raised the topic again, [he] couldn't bear it.' (tertiary educator and consultant)

Family members often project their own beliefs and values onto elderly relatives rather than acknowledging and supporting their needs, as in this case:

'a woman had someone visiting her ... and the staff were really open about her relationship with him and used to let her lover come and visit ... but then the family found out ... they didn't know their mother had been having a relationship with someone else for a number of years so they then stopped that from happening, because they had the Power of Attorney'. (tertiary educator and consultant)

Reasons given for children vetoing a parent's new relationship included ageist stereotypes, misinformation, or a desire to control one's inheritance.

Conversely, there was evidence that when older people have these sensitive conversations and actively enlist the support of their family, those family members can become advocates on their behalf.

'I feel very strongly, from a point of advocacy, that they really have to look at these things ... the nursing staff sort of giggle about having walked in on my parents once in the middle of the night and apparently something was going on under the covers and they were quite shocked. Dad was furious

... it's so unkind and cruel that their intimacy was interrupted during the night ... it's an appalling thing.' (resident advocate)

Conversations with staff

Older people rarely express their sexual needs unless asked (Hinchcliff & Gott, 2011). Our interviewees indicated that many RACFs do not include a sexual health assessment on admission, often resulting in the omission of sexual needs from residents' care plans.

'it's about having an open conversation with older people as soon as they are admitted into a care environment ... [about] their sexual needs. ... some may not feel comfortable talking about it from the outset but if you have that conversation at the beginning to let them know that 'if this is a real need of yours that might surface in the future, know that we're willing to talk to you about it' ... I often find that in not having that conversation up-front, older people ... feel like they're not allowed to express it' (Research Fellow in health)

When sexual needs are discussed and included in the care plan, it can benefit staff as well as residents by reducing 'challenging behaviours'. When the culture in a RACF supports residents' sexuality it can create a more joyful, harmonious environment.

Our respondents expressed the view that staff who receive inadequate sexuality training are unable to distinguish between their personal and professional values and respond as best they can:

'sexuality [is] not part of undergraduate training, it's not part of any Certificate III or IV training, so service providers are going into their job and encountering situations they're completely unprepared for' (research academic/ consultant)

Interviewees spoke of residents being infantilised, objectified, dehumanised and shamed by inadequately trained staff and that staff with appropriate skills are better equipped to handle situations without shaming people.

Implications for policy and practice

Due to the attitudes of staff and families, some older people experience discriminatory practices that limit opportunities to express their sexuality. Our research points to the need for: (1) terms such as 'sexuality', 'reasonable sexual behaviour' and 'inappropriate sexual behaviour' to be clearly defined in the *Aged Care Act 1997*, the *Aged Care Standards* and the *Charter of Care Recipients' Rights and Responsibilities*; (2) individual sexual behaviours to be classified, with nationally standardised staff responses developed for each, similar to the Canadian model (Steele, 2012); and (3) mandatory and nationally consistent sexuality training for aged care staff.

Summary

Older people need support to voice their sexual and relationship needs. We suggest that the beliefs and attitudes of staff and family influence older people's ability to exercise autonomy and choice when expressing their sexuality and conducting their private relationships. We contend that expressing one's sexuality is fundamental to being human. RACFs need to foster a culture where residents' wellbeing, including their sexuality and relationship choices, is a high priority. We propose a number of recommendations that we believe will help family and staff better understand and assist residents in making informed choices, respecting those choices, and enabling those choices. Central to these recommendations is the development and implementation of comprehensive sexuality education and training programs for managers and care staff designed to facilitate communication around residents' sexual needs and the formulation of individually tailored care plans. We believe such initiatives would have the potential to create more positive outcomes for partnered older persons and aged care staff.

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WHAT ORIENTS STAFF IN DAILY CARE DELIVERY? AN ETHNOGRAPHIC STUDY

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Abstract

This paper discusses the text-mediated coordination of care in the local setting of residential aged care. This study focuses on the identification of the 'local text' in daily care delivery and its main characteristics. This research is based on the fieldwork of an ethnographic project of residents' lived experiences in residential care facilities. Using ethnographic materials, the author explores the *text-act* relation in care activities within a theoretical framework of Institutional Ethnography. This work aims to reveal what orients staff in daily care delivery and what makes the local text meaningful. Findings from this study demonstrate, when the residents' preferences and personal needs were made into the local 'task-sheets', the person-centred care ideal could be made *real* in the smooth flow of care activities. To implement evidence-based policy in local setting, the working of the local text and its meaning to daily care delivery need to be understood. Instead of spending a disproportional amount of staff-time on care plans which are not meaningful in the local, more resources need to be allocated to the development of person-centred and integrated local text.

Rationale

The rapid growth of the ageing population and its impact on care service pose challenges to the *status quo* in contemporary western countries. One of the challenges comes from the complexity of organising institutional service to meet individual needs. It occurs on a large scale in and across multiple sites at varied points of time and involves the activities of people with different bodies of knowledge and sets of skills.

In the Australian residential aged care setting, such examples involve the two interrelated aspects of care practice: the allocation of resources (money and labour) and the coordination of care delivery. Both aspects constitute an array of activities across the national and local level. The concerted effects of these activities not only give shape to the entire sector, but also the local practice and the older persons' experiences of care.

What links people to each other when they work in different time and space? What regulates activities across multiple sites and levels? These questions are central to the inquiries in Institutional Ethnography. The answer is in the text. It was found that one single piece of text, produced on a higher level, oriented local people in multiple settings for standardised activities (Smith, 2006). In health service delivery, it was recognised that the invisible governing was embedded in the policy, such as the funding scheme (Sinding, 2010).

In Australia, the Aged Care Funding Instrument (ACFI) possesses in its text form the power of governing. The resident's care plan bears the same conceptual framework and categorising criteria as that of the ACFI. While directly or indirectly utilised in activities of funding appraisal or care planning, the ACFI takes effects in the local setting. Text like the ACFI works *translocally* coordinating the local activities.

Bearing the mark of ACFI, the care plan is designed to pass down the ruling to the local setting of care. It is hypothesised that staff are oriented by the written care plan to deliver individualised care, maintain the continuity of care and promote team communication (Dellefield, 2006).

However, this assumption is challenged in empirical studies. It is reported that staff did not refer to care plans in care delivery as they often thought care plans were not meaningful for delivering individualised care (Yun-Hee, 2013). It is also reported in a Norwegian study that when the residents were provided with person-centred care even their care needs were not reflected in their care plans (Sandvoll, 2012).

If the resident's care plan does not coordinate the daily care work, then what orients staff in daily care delivery? Apart from the tacit dimension of knowing and doing care (Zhang, 2014), in what ways is text meaningful in the *text-act* relation in care activities? This paper aims to answer these two questions using data collected from an ethnographic study.

Methods

This ethnographic study was conducted in two care facilities in Australia. This project consists of 12 months

of fieldwork with an overarching goal to understand the older people's experiences of care. The data used in this paper was mostly collected within the first three months of the author's fieldwork. Research methods, including discourse analysis, participant observation and interview are organically used in this study.

The Human Research Ethics Committee in the University of Adelaide approved the study, and it was endorsed by both facilities. Residents, staff and visitors were informed of this project via meetings and posters. Tape-recorded interviews were conducted with the written informed consent of residents and staff.

The two care facilities were situated in metropolitan suburbs in Adelaide, South Australia. Facility A has 76 government-subsidised aged care beds and is part of a private sector company which is based interstate. Facility B, with 160 beds, is managed by a not-for-profit organisation.

Altogether 94 documents were collected. Among them, 83 were from the organisational websites and sites. The other 11 were from the websites of Departments of Social Services and Health and Ageing.

All documents were closely read and categorised according to the content. Thirty-two documents were identified under "clinical management". A sub-category of "daily care management" was established during the process of participant observation. Work sheets with listed tasks and care-related practical texts were identified for further investigation.

Up to 377-hour of participant observation was undertaken in the first three months of fieldwork in both facilities. Brief conversations were exchanged between the researcher and staff while the work was carried on. In-context communication yielded significant amounts of data. Brief and indicative notes were taken at the intervals of participant observation. Field-notes with memorised details and contextual information were written immediately after daily fieldwork.

Based on data collected from participant observation, 7 residents (4 male 3 female) and 4 staff members (all female) were formally interviewed. All seven residents were cognitively intact and fluent in communication. Three out of the four staff members were care workers and one was a Registered Nurse. They had working experience in aged care ranging from 7 to 15 years.

Results

Task-sheets, including Handover Sheet, Total Care List and Technical Needs Sheet were found daily used by all care staff in care delivery. The Total Care List was nicknamed "Shower List" by care workers. It allocated staff-time to each resident (15-20 minutes per resident) for shower/wash and personal care activities in morning hours. The Technical Needs Sheet was prescribed separately to meet the residents' "complex care needs", such as massage.

The actual formats of these task-sheets varied from area to area in both facilities, but all the task-sheets shared one commonality: indexed with contextual (temporal, spatial and relational, etc.) indicators to facilitate mutual referencing. A list of resident's names matched with their room numbers on the Handover sheets provided reference to the Total Care Lists and the Technical Needs Sheets while the former referred to the residents with room numbers and the latter their names.

The term "local text" is used in this study to specify the type of text working exclusively in the local setting, including the three above-mentioned task-sheets and other practical text such as the "Breakfast Serving List" and the "Incontinence-pad Distribution List". Locality is highlighted in this term to differentiate the text of this type from the 'translocal text' such as the ACFI.

The main characteristics of the local text emerged in the process of its identification. Three characteristics are considered to be vital in making the local text meaningful:

First, the local text was developed from the long-term staff's experiences of working in the same area continuously. It took into consideration the residents' needs and preferences, the overall workload in the area and the sensible allocation of staff-time.

Secondly, the local text oriented staff for "where to go and what to do". New and agency staff relied on the task-sheets for navigating their ways in an unfamiliar territory. One middle-aged female staff once told the researcher: "I don't have permanent shift here. But with these", she waved the three task-sheets in her hands, "I can fly."

Thirdly, the most up-to-date information documented in the local text had immediate impact on the residents' experiences of care. Unlike the resident's formal care plan, the local text was constantly reviewed in handovers and oral communication. The residents' changes in health status and needs were often reflected on the local text before the formal referral could be arranged. The hand-written "soft diet" under Mrs Smith's name on the morning shift Handover Sheet led to the change of meal served by the evening staff. Mrs Smith was content with the changed texture of her meals *before* she was assessed by the speech pathologist and her changed dietary needs were officially made into her care plan.

Implications for policy and practice

It is important in implementation study to understand what mediates or moderates intervention effects (Bunce et al., 2014, p. 3). Text in a variety of forms was found in cross-sites, inter-organisational and local clinical settings and reflected the "struggles" over conceptions and prioritisation of clinical activities (p. 6).

In a time bombarded by documents of myriad sorts, effective implementation calls for better understanding of *what* text orients staff in daily care delivery. Text is crafted in different settings to work as the coordinator of the diversities of the local members' subjectivities (Smith, 2006). What makes the text meaningful in the body work on the floor is different from that made from the paper work in the office.

It is crucial that the task-sheets orient staff for the "residents" not the "tasks". The key to the person-centred local text is the constant and consistent updating of the residents' changes in care needs, preferably on a shift basis. By doing so, the task-sheets could be made bearing adequate consideration of the residents' preferences and personal needs. While the task-sheets are activated in care delivery, the loaded person-centred care information takes the most direct effects. What makes the local text even more meaningful is its potentiality to make the person-centred care ideal *real*.

Summary

In the local setting of residential aged care, providing person-centred care to each resident poses a challenge to the service provider. The challenge comes from the complexity of allocating limited staff-time to meet each resident's needs when they are most in need of care. Seeking to understand what orients staff in daily care delivery, this ethnographic study discusses the text-mediated coordination in care activities. The working of the local text and its characteristics are illustrated.

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THE IMPACT OF SEDATIVE REDUCTION ON AGITATION AND FALLS IN AGED CARE FACILITIES: PRELIMINARY FINDINGS

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Abstract

Sedative medications, predominantly antipsychotics (APs) and benzodiazepines (BZs), are commonly prescribed in residential aged care facilities (RACFs). APs are often used to treat behavioural and psychological symptoms of dementia, while BZs are frequently given for insomnia and anxiety. Despite only modest efficacy for these indications, the risk of severe adverse effects, and guidelines recommending only short-term use, evidence suggests that sedative medications are not regularly reduced due to fear that the initial symptoms may deteriorate. Previous sedative reduction programs have lacked resident monitoring, impacting upon their widespread clinical acceptance and uptake for addressing barriers to sedative reduction. The aim of this research is to assess the impact that sedative reduction has on residents of RACFs involved in a multifaceted program to improve sedative use (the Reducing the Use of Sedatives project; RedUSE). We studied the effect that sedative reduction had on agitation and falls in a preliminary sample of 67 residents participating in RedUSE. Residents were classified as AP/BZ 'reducers' or 'non-reducers' based on their AP and BZ use over four months. Resident agitation was evaluated using the Cohen-Mansfield Agitation Inventory (CMAI). Nurses kept a record of falls for participating residents. Results indicate that there were no changes in agitation between BZ reducers and non-reducers ($p=0.5$), and AP reducers and non-reducers ($p=0.2$). There were also no differences in the mean number of falls between BZ reducers and non-reducers ($p=0.5$), or AP reducers and non-reducers ($p=0.2$). The preliminary results, albeit based on a small sample, suggest that sedative reduction has no impact on agitation or falls.

Rationale

Sedative medications, predominantly antipsychotics (APs) and benzodiazepines (BZs), are widely used in residential aged care facilities (RACFs). APs are often used to treat behavioural and psychological symptoms of dementia (BPSD), and BZs are utilised as a sleep aid and anxiolytic.

Despite limited effectiveness for these symptoms (Banerjee, 2009; Bourgeois, Elseviers, Van Bortel, Petrovic, & Vander Stichele, 2013), and an increased risk of death with APs (Schneider, Dagerman, & Insel, 2005) and falls with both APs and BZs (Bloch et al., 2011), sedative medications are not often reduced once commenced (Westbury, Jackson, & Peterson, 2010). Studies have indicated that concerns regarding the potential for deterioration in the residents' symptoms can be a significant barrier to sedative reduction in RACFs (Azermay, Stichele, Van Bortel, & Elseviers, 2014; Jolyce Bourgeois et al., 2013). Randomised controlled trials have demonstrated that AP withdrawal in residents displaying mild BPSD does not lead to an increase in the severity or incidence of these behaviours (Declercq et al., 2013). However, residents with severe baseline BPSD are more likely to have behavioural disturbances upon AP cessation (Ballard et al., 2004).

Falls are a major source of injury in RACFs. APs and BZs have been implicated as major risk factors for falls (Bloch et al., 2011). However, studies have also reported increased falls and fractures with lower rates of sedative use (Briesacher, Soumerai, Field, Fouayzi, & Gurwitz, 2010; Hughes et al., 2000).

Despite interventions successfully reducing the use of sedatives in RACFs, there is a lack of evidence as to how this relates to resident-related outcomes, such as agitation and falls. This impacts on their suitability to address barriers to reduction (Aldred et al., 2013; Declercq et al., 2013).

To improve the review and use of APs and BZs in Australian RACFs, a multifaceted intervention (the Reducing the Use of Sedatives Project; RedUSE) has been designed (Westbury, Jackson, Gee, & Peterson, 2010). RedUSE involves auditing, benchmarking and feedback of sedative prescribing in RACFs to nursing staff, who provide the majority of resident care and strongly influence sedative prescribing (Westbury, Jackson, Gee, et al., 2010). Pharmacists and doctors also receive training. A multidisciplinary sedative review is provided for all residents taking regularly charted sedative medications. RedUSE is being rolled out over four waves to 150 Australian RACFs and includes monitoring of resident outcomes. Currently RedUSE is entering its fourth wave.

The aim of this paper is to discuss the effect that sedative reduction has on the symptoms of agitation and falls for residents involved in wave two of RedUSE.

Methods

Permanent residents of RACFs involved in wave two of the RedUSE project roll-out were recruited. Eligible residents were identified by a champion nurse at each RACF; Inclusion criteria: residents taking BZs or APs on a daily basis as indicated by their medication chart. Exclusion criteria: diagnosis of a severe psychiatric illness (e.g. bipolar disorder) or receiving end-stage palliative care.

Structured interviews with nursing staff at baseline and four months captured changes in resident agitation using the Cohen-Mansfield Agitation Inventory (CMAI). Additionally, the number of falls that residents had were recorded by nurses.

To enable comparison across different drug types, daily AP and BZ doses were converted to chlorpromazine (CPZ) and diazepam (DZ) equivalents, respectively (Alcohol and Drug Information Service, 2014; Danivas & Venkatasubramanian, 2013). Residents were defined as either BZ or AP 'reducers' if their daily DZ or CPZ dose equivalents had decreased between baseline and four months. The remaining residents were classified as BZ or AP 'non-reducers'.

Changes in the total CMAI median scores and mean falls were compared between BZ/AP reducers and non-reducers using non-parametric and parametric statistics, as appropriate. The SPSS statistics package version 22 was used for all statistical analyses.

Results

In wave two of RedUSE, 67 residents were recruited from Tasmanian (n=2) and South Australian (n=7) RACFs. There were seven deaths, two withdrawals and one resident relocation to a different RACF over the study period.

Overall, 14 residents had their BZs reduced compared to 32 non-reducers, and seven residents had their APs reduced compared to 13 non-reducers. Nine residents were taking both BZs and APs at baseline. Reducers and non-reducers did not differ significantly in their baseline characteristics (Table 1).

Table 1: Baseline characteristics for BZ and AP reducers/non-reducers.

	BZ reducers	BZ non-reducers	p-value	AP reducers	AP non-reducers	p-value
Female, n (%)	11 (78.6)	25 (78.1)	0.1	5 (71.4)	9 (69.2)	0.9
Age (years), mean (SD),	87.1(5.2)	88.3 (6.9)	0.6	85.6 (5.0)	87.1(5.6)	0.6
Mean baseline DZ/CPZ equivalent daily dose, mg (SD)	5.4 (4.7)	5.7 (5.1)	0.9	76.9 (87.0)	49.0 (47.5)	0.4
Mean number of regular medications (SD)	9.7 (3.5)	11.9 (4.7)	0.1	12.0 (4.0)	9.9 (4.5)	0.3
Residents with dementia diagnosis, n (%)	8 (57.1)	9 (28.1)	0.1	6 (85.7)	9 (62.2)	0.4
Median baseline CMAI total score (min-max)	51 (29-89)	38 (29-93)	0.2	36 (29-64)	47 (29-89)	0.4

Agitation

There were no significant changes in the total CMAI median scores between baseline and four months for BZ non-reducers (p=0.8) and reducers (p=0.5), and AP non-reducers (p=0.5). However, AP reducers had significantly increased scores at four months (p=0.04). There were no differences in the changes in total CMAI median scores between BZ reducers and non-reducers (p=0.5), or AP reducers and non-reducers (p=0.2) (Figure 1).

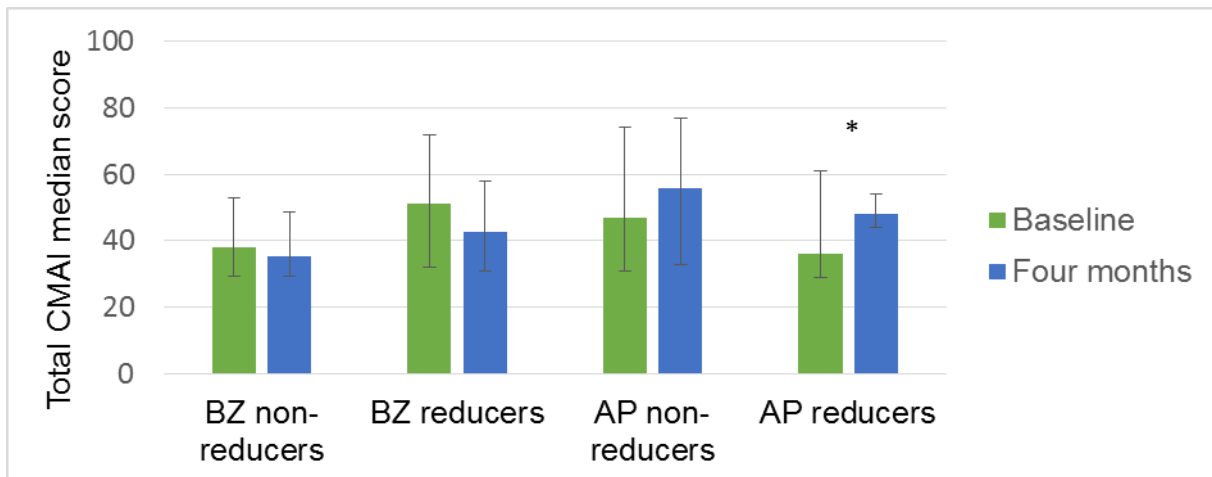


Figure 1: Mean total CMAI scores for BZ and AP reducers/non-reducers; error bars represent interquartile range. Higher score = more agitation.

Falls

Overall, 44% (n=25) of residents had at least one fall over the study period. The small numbers limit meaningful analyses, but differences in falls between AP non-reducers (62% of group had a fall, n=8 residents, mean falls per resident=2.0) and AP reducers (29%, n=2, mean=0.6) were not statistically different (p=0.3). Similarly, differences between BZ non-reducers (34%, n=11, mean=1.0) and BZ reducers (57%, n=8, mean=1.6) were not significant (p=0.5) (Figure 2).

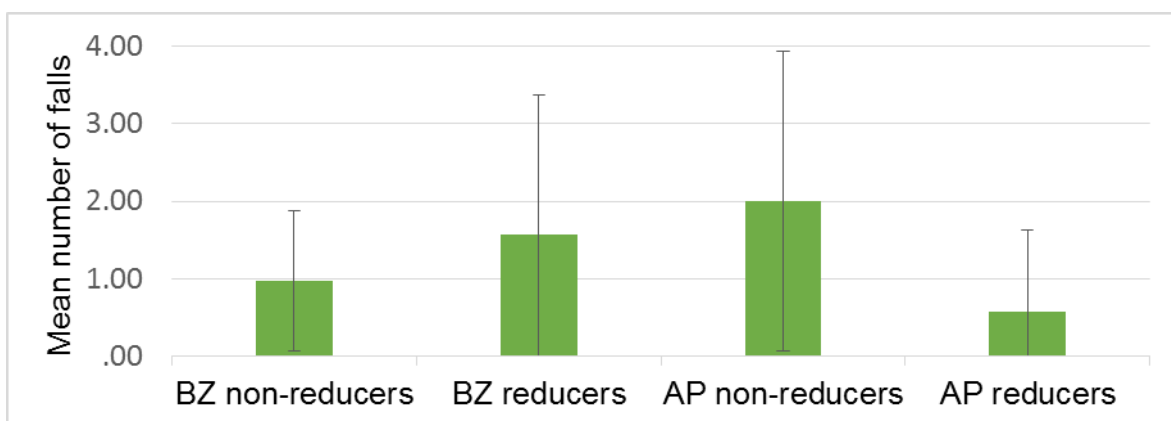


Figure 2: Mean falls in BZ and AP reducer/non-reducer groups; error bars represent 95% confidence intervals.

Summary

Despite variability and a small sample size, preliminary data suggests that sedative reduction does not significantly impact resident agitation, or lessen falls, when compared to non-reducers. Whilst a significant increase in agitation was reported for AP reducers, the worsening in agitation was similar in the non-reducer group and may be related to the general deterioration of the residents' conditions.

The major limitation is the use of a pseudo-control group (non-reducers). Despite reducers and non-reducers having similar characteristics, it could be argued that unmeasured factors may have influenced the decision for sedative reduction. The small sample also precludes a subanalysis by the baseline severity of BPSD.

Data collection will be finalised by March 2016 and will provide information on over 200 residents involved in the RedUSE project.

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LESSONS FROM A MULTI-STRATEGIC PROGRAM TO PROMOTE APPROPRIATE SEDATIVE USE IN RESIDENTIAL AGED CARE FACILITIES

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Abstract

Within Residential Aged Care Facilities (RACFs), the use of sedatives, predominantly antipsychotics and benzodiazepines, is highly prevalent, often prescribed for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD), anxiety and nocturnal disruption. However, evidence only shows a modest benefit of using antipsychotics in the treatment of BPSD; and benzodiazepines lose effectiveness after sustained use. Both drug classes are associated with significant risks, including falls, confusion, and death. To encourage the appropriate use of these medications, the Reducing the Use of Sedatives (RedUse) program is being run in 150 Australian RACFs, employing multiple strategies: audit and feedback, an interdisciplinary sedative review process, and staff education. Results of the program to show unexplained variations between RACFs in sedative prevalence reduction. By understanding the variations in sedative prevalence reduction and assessing the implementation of the program in RACFs, there is the potential to identify why some RACFs responded more strongly to the program and thereby improve future programs. We aim to investigate the reasons for the variations in sedative reduction between RACFs and the factors influencing the implementation of the RedUse program which include medication outcomes, organisational features, and the perspectives of key personnel. This paper reports the mixed methods (quantitative and qualitative) of this study. Quantitative methods include multivariate analyses based on medication use and organisational properties of RACFs, and analysis of RACF organisational culture by surveying RACF personnel. Qualitative methods are based on content analysis of structured interviews with RACF prescribers, pharmacists, nurses, care workers, and management. Emerging themes from the interview data are validated by member-checking, on-site observations, and expert-panel discussion. A thorough examination of the factors influencing the implementation of this program will enable its enhancement and facilitate greater understanding of the barriers and enablers to reducing sedative medication when utilising a dedicated implementation program.

Rationale

High use of antipsychotics and benzodiazepines has previously been found in Sydney, Tasmania, and West Australia (Snowdon, Galanos, & Vaswani, 2011; Somers et al., 2010; Westbury, Beld, Jackson, & Peterson, 2010). Both antipsychotics and benzodiazepines are often prescribed for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD), despite the limited evidence of the benefits and the known potential risks associated with these treatments (Briesacher, Tjia, Field, Peterson, & Gurwitz, 2013; Stevenson et al., 2010). Aggression and agitation are BPSD for which treatment with antipsychotics can be beneficial, but only in a minor proportion (20%-30%) of cases (Corbett, Burns, & Ballard, 2014). Adverse effects associated with antipsychotic use in people with dementia include: worsening of cognitive impairment, abnormal gait, increased cerebrovascular incidents and death (Burns, Jayasinha, Tsang, & Brodaty, 2012). Therefore, attempts of non-pharmacological treatment are to be made prior to resorting to treatment with antipsychotics, and even then, preferably in low dosages and only for a short period of time, i.e. 6-12 weeks (Burns et al., 2012).

The high prevalence of benzodiazepines, often used for the treatment of anxiety and/or nocturnal disruption, also raises concern (Stevenson et al., 2010). Evidence for the efficacy of benzodiazepines for the short-term (i.e. 2-4 weeks) management of these two disorders is questioned and long-term use (i.e. >4 weeks) of benzodiazepines is discouraged (Burns et al., 2012). Possibly due to reduced drug clearance and elimination, older adults experience adverse effects of benzodiazepines with an increased magnitude, in particular sedation, and memory and psychomotor impairment (Lindsey, 2009). Risks associated with long-term use of benzodiazepines include: cognitive decline, impaired gait, physical dependence and an increased risk of dementia (Burns et al., 2012; Lindsey, 2009). Although benzodiazepines and antipsychotics make up different drug classes, the high prevalence of both drug classes in RACFs suggest that these medications are often used inappropriately in daily practice or in disagreement with current guidelines.

The RedUSE program is an ongoing initiative deployed to tackle the problematic use of antipsychotics and benzodiazepines in RACFs. Within this program, multiple approaches are employed to improve the appropriate use of these medications: educational sessions for RACF staff and pharmacists, academic detailing of General Practitioners (GPs), medication audits and feedback of Quality Use of Medicine (QUM) pharmacists, benchmarking, and promotion of interdisciplinary collaboration (Westbury, Jackson, Gee, & Peterson, 2010). The program is being delivered to a total of 150 RACFs throughout Australia by several contracted pharmacists, providing practical support of the program implementation in RACFs. Interdisciplinary collaboration is stimulated via 'Sedative Review Plans' (SRPs). These SRPs contain recommendations for dose reduction and/or cessation from the nurse and QUM pharmacist to the GP for residents eligible for antipsychotic and/or benzodiazepine medication review. Although the program is delivered to each RACF in a similar way, initial results of the program indicate considerable variations between individual RACFs in the magnitude of antipsychotic and benzodiazepine prevalence reduction. This variation could be explained by the model of 'nursing home prescribing culture' published by Tjia, Gurwitz & Briesacher (2012). The model suggests that medication use in RACFs is the product of a complex interplay between environmental and cultural factors, captured in the concept of organisational culture. Within this concept, the behaviour of key personnel in an organisation, potentially including the way in which they implement the RedUSE program, is shaped by the values, beliefs, and norms of the members of the organisation (Tjia et al., 2012). The pharmacists delivering the program have also reported organisational variations in program implementation, such as time or staff allocation, and staff enthusiasm towards sedative reduction.

The study described in this paper aims to investigate the processes that influence the implementation of the RedUSE program in RACFs. This investigation comprises not only of an assessment of the effectiveness of the implementation within RACFs, but also the identification of the organisational factors influencing the implementation. Assessment of the effectiveness of the implementation includes antipsychotic, benzodiazepine dose reduction and/or cessation in RACFs participating in the program. Identification of the factors includes assessment of the organisational features of RACFs, and assessment of the experiences and attitudes of health care professionals towards the RedUSE program itself.

Methods

A multi-site cross-sectional mixed methods design, concurrently combining quantitative and qualitative data, is used in this study. The quantitative strand consists of two components. The first assesses the medication outcomes for residents, including: relative prevalence reduction, dose reduction, and number of residents newly starting on antipsychotic or benzodiazepine medication. The second quantitative component aims to explore the relationship between medication outcomes and RACF organisational features, such as size and location. The association between the medication outcomes and organisational features is explored by multivariate analysis. The qualitative strand encompasses interviews and on-site observations to investigate the behaviour, and social and cultural norms within RACFs. Purposive sampling, opportunistic and maximum variation sampling is applied until data saturation is reached (Shenton, 2004). To provide initial insights on the implementation and to provide a platform for sample selection, semi-structured interviews are conducted with all the pharmacists employed to deliver the program to the RACFs. To improve comparisons of RACFs and the transferability of findings, structured interviews are conducted with key personnel of interest, where applicable: Registered Nurses, Clinical Managers, Directors of Nursing, GPs, and pharmacists (Shenton, 2004). In instances where carers and/or Enrolled Nurses emerge as key informants, they are invited to participate. Interviews are conducted by phone. On-site observations encompass an ethnography, aiming to explore and describe organisational culture and program implementation in daily practice. Interviews and observational reports are analysed according to the method of content analysis (Graneheim & Lundman, 2004). Trustworthiness of the qualitative strand is improved by thick and rich description of RACF contexts, member-checking, secondary coding and expert-panel discussion of findings (Shenton, 2004).

Implications for policy and practice

Greater understanding of the organisational factors influencing the implementation of the RedUSE program has the potential to enable the enhancement of not only the RedUSE program itself, but also to improve future initiatives aiming to stimulate the appropriate use of medication in the RACF environment.

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Sharing Stories: The use of visual research methods to support the inclusion of people with dementia in a qualitative research study

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Abstract

Little is known about the meaning of home for people with dementia and their experience of receiving help within it. This issue is being explored in a qualitative study situated in the person's experience. The method has been designed to help discover how the person with dementia interprets their home and the presence of the community service provider within it. The data collection method involves an adaptation of two contemporary visual research methods, Photovoice and Digital Story Telling, to support the participant describe their emotions and experiences. These adaptations draw on the experience and advice published by researchers who have used these techniques with people who have dementia. Some of the key adaptations include: a merging of the two methods; removal of the group discussion and focus group component associated with community participatory research; an expedited approach to recruitment, collection of photographs and the accompanying narrative; photographs that are collected by the researcher under the direction of the participant; and journaling replaced by photo elicitation conducted by the researcher simultaneously with the collection of photographs. Early outcomes of this approach have found that it supports the development of trust and relationship building between the researcher and the participant. Participants are relaxed and confident with 'telling their story' and providing photographs to illustrate their history and home. Participants engage with the development of the short film that tells their story, using it as a reminiscence aid for family and the future. It is hoped that by adapting these visual research methods for use specifically with dementia, it will add to the knowledge and practice of researchers who seek to engage with this population.

Rationale

As the geography of care moves from the institutional setting out into the community, there is a danger that home may come to be seen as a health care setting where the presence of carers and care activities have an impact on the older person's meaning, function and experience of home (Wiles, 2005). People with dementia and their family are a key group that engage with community services to support continuation of home life as neurocognitive decline impacts on functional ability and often safety.

In a qualitative research study, the meaning of home and experiences of receiving in-home support for people with dementia and their resident family is being explored. A major consideration in the study design was how to enable people with dementia to participate fully in qualitative research. The research design needs to be flexible to overcome the cognitive changes associated with dementia such as, memory loss, perceptual and language difficulties (Dewing, 2002).

There is an increasing body of knowledge regarding research methods that facilitate participation by this population. It is based on the understanding that the person with dementia can be supported to communicate their thoughts and feelings through the approach taken by the researcher (Cowdel, 2006). Use of open ended questions and memory cues such as photographs and other props can facilitate discussion (Dewing, 2002). Photovoice and Digital Story Telling are methods that restore equality in research participation for marginalised and stigmatised groups such as people with dementia (Lal, Jarus, & Suto, 2012; Wiersma, 2011).

This paper describes how the data collection method has adapted contemporary visual research methods to support the participant to describe their emotions and experiences.

Method

The design of this study has sought to limit the use of cognitively challenging approaches. It incorporates the use of visual data to complement the spoken word commonly used to describe personal and social experiences (Prosser & Loxley, 2007). Harper (2002) describes data in image and text formats as symbolic representations that tap into different physiologic functions of the brain. Equally visual information has a greater capacity illustrating aspects of life that are difficult to describe (Novek, Oswald, & Menec, 2012).

The use of visual methods in research has a number of supportive functions which include: a visual prompt or cue to trigger memories, support reflection and facilitate discussion (Lal et al., 2012); a visual representation of a lived experience or the physical environment that cannot be effectively communicated

through language alone (Hibberd, Keady, Reed, & Lemmer, 2009; Novek et al., 2012); and co-construction of the meaning of the phenomenon under examination (Lal et al., 2012).

Photovoice and Digital Story Telling are both visual community participatory research methods where by the researcher and community stakeholders identify the assets and needs within their community to drive community change. In each of these methods the meaning and shared understanding of the topic under study is co-constructed through the narrative of each photo and group discussion or individual interviews. The term and method of 'Photovoice' was introduced by Wang and Burris in 1997. They engaged with marginalised women in rural China to establish their reproductive health needs using a participatory method (Wang & Burris, 1997).

Photovoice has emerged from three theoretical foundations: Friere's critical education where photos are used to help people to think critically and talk about concerns with their community; Feminist theory that compares those in positions of power who have their voices heard and have the opportunities to make decisions with those who are powerless have and no voice or choices and health promotion principles within community based photography to promote social change (Lal et al., 2012).

Digital storytelling is also a participatory method used to enable the community to convey their experiences and needs related to health and social issues (Lambert, 2007). It involves personal or community storytelling, the use of digital technology and sharing stories of significance with an audience (Lambert, 2007). As yet, its use as a research method is minimal. Like Photovoice, it is informed by Freire's critical thinking theories to support the construction of stories by community participants to describe their communal issues and collective realities into a physical form (Gubrium, 2009).

The digital story amalgamates visual mediums such as photos, drawings, diagrams, text, movie clips and video with audio tracks consisting of narration and music in a 3-5 minute clip (Gubrium, 2009). The script is the key component to a digital story.

As interest in visual research methods increases, a review of research studies utilising Photovoice has been conducted by Lal et al. (2012). This review failed to provide sufficient detail of the participants involved in the studies, but did identify that only 7% of the 191 studies involved people over the age of 55 (Lal et al., 2012). However, the same review revealed that 31 studies used Photovoice as a method to explore issues related to the built environment.

In the literature since the last published review in 2012, there have been four new studies that used Photovoice or digital story telling with participants who have dementia. More useful, there are authors who have reflected on their experiences of using Photovoice and provided advice on the adaptations they would make to the data collection protocol when working with a research population involving people with dementia (Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Catalani & Minkler, 2010; Hibberd et al., 2009; Lal et al., 2012; Mahmooda et al., 2012; Novek et al., 2012; Wiersma, 2011).

By drawing on the experience and advice from researchers who have used these techniques with people who have dementia, adaptations to the traditional Photovoice and Digital story telling procedures have been made for this doctoral study. Some of the key adaptations are described.

First the Photovoice and Digital Story Telling methods have been merged in order to capitalise on the use of storytelling and photos to trigger memories, support reflection and enable the person to tell their story. Through co-production, the person with dementia controls the representation of the research (Wiersma, 2011).

Recruitment and data collection methods associated with community participatory research methods can take a remarkable amount of time to organise and complete. People with dementia would be disadvantaged by the time factor. For this study, recruitment and data collection occur in a very short time frame, with subsequent visits completed within a two week time frame.

Photovoice and Digital storytelling are usually facilitated within discussion groups and focus groups. Given the difficulty that can arise for older people and people with dementia accessing activities outside the home as well as losing the benefits of context by conducting the interview in familiar surroundings, the group discussion phase of the Photovoice /digital story telling is omitted. All data collection is conducted on an individual basis at the participant's home address.

Both of these visual research methods traditionally provide cameras to participants to self-generate their photographic data. For participants of this PhD study, the ability to use a camera could be affected by age related changes to dexterity, vision and a tremor as well as the persons level of familiarity with a camera and newer technology technology (Lal et al., 2012; Novek et al., 2012). In this study older 'point and shoot'

cameras were available for participants who have the ability and desire to take their own photographs. But generally the researcher accompanies the participant and takes the photos, ensuring that the participant is in-charge of choosing the photographic content (Lal et al., 2012; Novek et al., 2012).

Traditional visual research methods engage the participant to maintain a journal, describing the reason for taking each photograph, often guided by photo elicitation questions. Journaling for people with dementia has potential drawbacks, so instead the research student encourages the participant to 'tell their story' whilst the photos are taken (Castleden et al., 2008; Novek et al., 2012; Wiersma, 2011). The student researcher gains permission to audio record the narratives. This initial narrative around the photos has two purposes: to provide the script for the digital story and the initial analysis which informs the development of semi structured questions for the subsequent interview that explores the person's experience of in-home services.

Results

Early outcomes of using this adapted form of visual research has found that it supports the development of trust and relationship building between the researcher and the participant. Discussion is facilitated, participants are relaxed and confident with 'telling their story' and providing photographs to illustrate their history and home. Participants engage with the development of the short film that tells their story, using it as a reminiscence aid for family and the future. In one instance, the participant and their family carer experienced a degree of unease resulting from the taking of photographs. This has led to the sourcing of more photographs and images from the creative commons sites on the World Wide Web to help illustrate a participant's story.

Implications for policy and practice

Qualitative researchers who seek to engage with people living with dementia strive to provide supportive approaches to facilitate discussion of the person's perspectives as well as supporting and promoting their autonomy (Novek et al., 2012). It is hoped that by adapting these visual research methods for use specifically with dementia, it will add to the knowledge and practice of researchers who seek to engage with this population.

Summary

Adaptation to two visual research methods, Photovoice and Digital Story Telling has the potential support the inclusion of people with dementia in qualitative research, thereby promoting their autonomy.

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SHAPING HOUSING IN AGEING SOCIETIES: INERTIA AND CHANGE IN RETIREMENT LIVING

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Abstract

Affordable and appropriately designed and located housing is a key variable in older people's independence, emotional security and physical health. This is emphasised in research by academic and non-government organisations, increasingly focusing on the individual consequences of the structural unevenness of housing and homeownership in an ageing Australia. Largely unexamined in academic research is the role played by the independent or retirement living sector, operating outside of aged care but connected to the networks involved in caring for the aged. How has this industry been involved in defining housing problems and proposing housing solutions for an ageing population? This research is a study of changes in independent living, and of the institutions, networks, ideas and practices involved in those changes. The paper presents a case study of the evolution of retirement housing in Australia. It draws on interviews with actors in government, the NGO sector and for-profit providers in Melbourne, and key documents associated with policy development. Understanding the development and evolution of retirement housing solutions, and the actor groups involved in shaping them, can ultimately assist in considering the way in which housing options of older Australians can be expanded.

Rationale

In Australia, home ownership acts as a form of insurance outside of public welfare - a 'fourth pillar' of retirement income within the 'wage-earners' welfare state' defined by Castles (1997). While the majority of independent over-65s remain in their homes as they age, some move to housing developed specifically for older persons, as listed in Table 1. The most well-known and largest sector of this type of housing, the resident-funded retirement village, has developed in response to entrenched homeownership. The model is based upon homeowners realising the value of their family home and purchasing a long-term lease on a different housing asset, at a marginally reduced entry price to release additional cash for retirement. The model is based on capacity to realise the value of the family home, therefore it must be recognised that older people in the private rental market are in a perilous position. Although this is arguably the most urgent housing problem for an ageing Australia (Howe, 1992; Millane, 2015), the focus of this paper is on the resident-funded solution built on assumed homeownership.

Like all social problems, housing problems for older persons are established through different discourses and institutional practices (Goerres & Vanhuyse, 2012; Jacobs, Kemeny, & Manzi, 2003). Industry representatives claim that resident-funded villages provide solutions to a number of 'problems' of housing an ageing population. Retirement villages and apartments save the federal government money by delaying entry to aged care facilities (a fiscal crisis solution), they provide targeted community amenities (a local government infrastructure solution), they provide a model for downsizing (a housing efficiency solution), they provide accessible or adaptable housing (an ageing in place solution), as well as a secure environment including general maintenance and a ready-made community (a solution to social isolation).

The retirement village sector has undergone significant change during the past half-century and in particular the past decade. The product has been diversified and the institutions building and running them have transformed from a cottage industry to a professionalised and corporatised sector. With the entry of the baby boomers into their market, the sector is anticipating continuing change through innovation and necessity. Yet, there is an unclear story about what retirement housing is, made murkier by mottled perceptions of state and local government officers and unflattering media coverage. While some research has explored retirement living from a resident perspective, very little has examined the industry - Stimson (2002) and Jones, Howe, Tilse, Bartlett, and Stimson (2010) are notable exceptions. Through the development of retirement living, a whole industry is actively participating in defining housing problems and proposing solutions. The research question for the part of the study that informs this paper is therefore: *How has the retirement living industry defined housing problems and proposed housing solutions for an ageing population?*

Table 1: Types of age-specific housing for independent living

	Operator	Urban form and location	State legislation (VIC)
Independent Living Units (ILUs)	Not-for-profit groups	Built 1950s-70s by church & charitable groups, small clusters of units, generally central and well-located areas.	Retirement Villages Act 1986 (RVA) or Residential Tenancies Act 1997 (RTA)
Rental villages	For-profit companies	Generally broad-acre villages in suburban and regional areas.	RTA
Manufactured housing parks	For-profit companies	Relocatable homes owned by resident on leased suburban, regional and coastal land.	RTA Part 4A
Retirement villages / apartments (focus of paper)	Both not-for-profit & for-profit companies	Broad-acre villages in suburban and regional areas or medium-density apartments in central capital city areas or desirable coastal areas.	RVA

Methods

Through a case study of the retirement village sector operating in Metropolitan Melbourne, the research aim is to draw together analysis of the complicated historical context and current institutional approaches. The case study is a vital approach to the research of older persons housing issues. Changing meanings and experiences of old age are socially constructed and cannot be understood in isolation from structures of welfare, labour, the state and class (Estes, 2001; Jackson, 1998). Institutional change, especially involved in the long-term timeframes of housing development, is deeply contextual – influenced by both global and local forces and historically path-dependent (Bengtsson & Ruonavaara, 2010).

Historical data analysed includes a range of policy and key documents from global, federal, state and local sources. Globalisation is a force in the construction of old age and overarching approaches to care and 'positive ageing' are framed by supranational bodies, for example by the WHO's Age Friendly Cities program and its network of local and municipal governments. The Australian Federal Government takes an integrationist approach to aged care, while retreating from involvement in housing. All levels of government policy, in health and housing and also in tax and welfare, influence how housing options for older people are provided by the market.

The case study to date includes interviews with 10 senior managers and professionals involved in the development and operation of retirement housing, plus 5 professionals involved in research, local government, industry and consumer peak bodies. Many participants from the retirement village industry have in excess of 20 years' experience in their role, and a wealth of contradictory opinions of the past and future of the sector. While some participants were recruited through a search of companies, many more were identified through snowballing techniques, facilitated by the close network of professionals in the industry. The institutional diversity of the industry is indicative of the substantial limits and also the richness of the research findings. Beyond identification of well-known development challenges (cost of land and prohibitive planning policy) little can be generalised. Each interview revealed different aspects of a diverse sector and a different 'imagined world' of retirement housing.

Preliminary results

The aim of historical research and interviews with key informants is to build up a more lucid picture of retirement housing solutions and explain how they have evolved. Retirement villages are one of four main models of age-specific housing for independent older persons, as identified in Table 1. Within the retirement village model, further variants are shaped by institutionally-specific approaches to risk, geography and operation. Preliminary analysis suggests that rather than being responses to diversifying demands of ageing Australians, these housing solutions are shaped by the ways that a range of institutions – from medical, charitable and property backgrounds - negotiate the idiosyncratic policy environment.

Institutional involvement in the development of housing for older persons has a complicated history (Commonwealth of Australia, 1993; Gibson, 1998). Unsurprisingly, this history is tied to wider trends of privatisation, welfare pluralism, and changing approaches to old age and care. Identifying the phases of Australian retirement housing development enables analysis of the causes of change. Three main phases are identified. Firstly, a phase of post-war expansion through federal government subsidies to not-for-profit and community groups and the construction of over 33,000 ILUs between 1954-1986 (McNelis, 2007). A redefinition of state welfare roles in the 1980s brought a period of privatisation and the entry of private for-profit companies into the 'policy vacuum' of ceased federal involvement (Howe, 2003). Demographic projections and the scale of the USA retirement village market encouraged investment in a 'lifestyle' sector, although easy profits proved illusory.

I suggest that the current phase is one of diversification and disparity. This phase is characterised by the 'third age', in which an increasingly heterogeneous population have left work but remain independent for many years, and the 'third way' politics of decentralisation, public-private partnerships and emphasis on personal choice and market provision of services. Both for-profit and not-for-profit sectors of the retirement housing industry have consolidated and corporatised in the past decade. Interviews with key informants describe a sense that 'new blood' in management is continuing to drive a shift away from the older 'cottage industry' (Stimson, 2002), and away from medical and hospital models.

Three main factors of change emerge from the interviews for further research. Firstly, unevenly increasing cost of land impacts the basic logic of the suburban location and deferred payment structure of retirement villages. This shapes a trend toward development of 'premium' retirement apartments in high value areas, and the growth of manufactured housing parks in outer suburban and regional areas. Secondly, interviews reveal a depth and granularity of institutional factors that influence retirement housing provision. Different institutions have different approaches to development risk, organisational structure, market focus, management and resident involvement, integration with the wider community, and, most critically, to changing expectations and needs of care. The role of care forms the third and most crucial factor of future potential change. While village operators have historically distanced themselves from the provision of care, interviews reveal an awareness of both the issues and opportunities of residents ageing in place, and the potential for villages to fill a low-care gap. How this evolves will be significantly influenced by the current practices, approaches and networks of the institutions involved.

Implications for policy and practice

The three factors of change identified in interviews – geography, institutions and care - are a starting point for further investigating the way that housing problems and solutions are shaped. The retirement living peak body is currently advocating for planning policy changes to encourage and enable more development (Property Council of Australia & RPS Australia, 2015), while consumer advocacy groups argue for further regulation of the sector. With a broad range of companies involved and a sense of a new phase of change, understanding the pre-existing and constantly rebuilt conditions and practices of the retirement housing sector is a critical first step in considering ways that housing options can be expanded or transformed.

There are clear cross-disciplinary links between housing, health, disability and aged care and this research takes as a given that housing should be seen as a vital component of the broader approach to aged care. While housing research in the field of ageing has generated an international 'folio' of exemplar design approaches, there has been little investigation of the local drivers of provision and innovation. This research aims to contribute empirically to knowledge of the particular institutions, practices and ideas of the Melbourne retirement housing case study. At a theoretical level, it contributes to a framework for analysis of social problem construction and institutional change.

Summary

Two major institutional shifts in retirement housing – the entry of private for-profit companies into a sector of church and community groups in the early 1980s, and the consolidation and corporatisation of the industry in the past decade – have brought about significant changes in urban form and funding. This research proposes a detailed case study focusing on the construction of 'problems' of housing and old age, and the evolution of Australian retirement housing solutions. The case study is based in Melbourne, however it is expected that the analysis and results will be relevant to wider Australia and to other western liberalised nations with ageing societies. In particular, preliminary research reveals the complex institutional and policy environment within which approaches to housing and care are constructed.

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Note pages



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Published by National Ageing Research Institute

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