Community Engagement for Productive Ageing: Models to Support rural Healthy Ageing Through the Maintenance of Community Involvement and contribution

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Project Aims and Phases

1. To explore the process of age-related social disengagement in rural communities by identifying the factors that may trigger a process of disengagement and the mechanisms through which these may function.

2. To prepare an national and international map of relevant services, policies, models and regimes

3. To utilise the outputs from Phases 1 and 2 to develop a coordinated services model designed to circumvent, or slow, age-related social disengagement pressures and processes among rural older people
The Team

• Forged through a series of rural ageing projects
• Industry partners: DHHS (HACC), TasCOSS
• Strategically multi-disciplinary
  – Prof. Judi Walker – Team Leader
  – A/Prof. Elaine Stratford
  – Prof. Andrew Robinson
  – Dr Peter Orpin – Academic Research Leader
  – Ms Kim Boyer – ‘Partnership Maintenance’ Manager
  – Dr Hazel Baynes – Post-Doctoral Fellow
  – Ms Janet Carty – DHHS HACC Program Representative
  – Dr Carol Patterson - TasCOSS
  – Ms Nadia Mahjouri – Linkage Industry Fellow
Project Rationale

• The challenge of an ageing demographic
• Social engagement and ageing well correlation
• Ageing process challenges social engagement, especially in the old-old - loss
• Timely intervention: before disengagement
• Rural Context – social, demographic, cultural, economic change
Phase 1 Methodology

• One-on-one semi-structured interviews with 69 older rural people 65+ (one aged 63) across three rural areas
• Focus groups and/or one on-one-interviews with 32 services providers in the same areas.
• One-on-one interviews with 11 key policy and planning bureaucrats.
Site Selection

• Looked for variation across:
  – Geography – physical, spread within the state;
  – Demographic mix – including inflows and outflows;
  – Economic/industrial base;
  – Socio-cultural history and environment; and,
  – Service access and availability.

• Central Highlands – Bothwell/Ouse
  – Agricultural, drought and services-change stress, under-researched

• Circular Head – Stanley/Smithton
  – Mix agriculture/industrial, and tourism, marked demographic and social change (in Stanley esp.), some level of physical and social isolation

• West Coast – Queenstown/Strahan
  – Mixed mining/tourism, marked isolation, marked economic, demographic and social, change and diversity.
The Experience of Ageing

- Bare list of changes, challenges and opportunities associated with ageing much as expected
- Important insights into how these are experienced – unique interactive product of the individual, the context, a history and a process of meaning making and agency.
- **The task**: translating a complex nuanced understanding (‘every case is unique’) into the ‘real world’ of policy and practice – the search for broad ‘across case and context’ understandings that don’t render individuality invisible.
  - Similar problem facing on-the-ground services deliverers
Health and Capacity

• Ageing brings with it inevitable deterioration in health and loss of capacity; however the rate of loss and the impact of that loss on quality of life varies widely with different individuals and different contexts.

• Declining health and capacity (and loss) both limit, and force, choices about involvements
  – Selection, optimisation and compensation. (Baltes & Baltes 1990)
Engagement and Ageing ‘Well’?

• The well established correlation between social engagement and ageing well is unlikely to be a simple causal relationship but rather a complex product of a constellation of personal and social traits operating over a lifetime.

• No simple: more engagement = better ageing formula
Networks

• Ageing also appears to bring with it a consolidation of networks attended by the shedding of wider networks of weaker ties in favour of investments in a smaller circle of emotionally close and supportive ties (Socio-emotional Selectivity Theory Carstensen 1992).

• It is the quality, not quantity of ties or circles, that is important and the match between social network as experienced and expectations and aspirations is crucial in that regard.
A Summary View

• Ageing is a natural process not simply a set of problems to be fixed. Recognise:
  – the pathologies without pathologising
  – inherent resilience and adaptive strengths

• Service and support goals: to minimise the restrictions on choice arising from age related changes.

• A subtle, gentle and individualised approach:
  – holistic
  – grounded in a personal relationship
  – based on an intimate knowledge and understanding of each client and their community
  – flexible and adaptive: tailored and targeted to the individual.
Differing Perspectives

• Older rural participants and service providers identify much the same issues related to ageing:
  – declining health and capacity;
  – social loss and isolation; and,
  – distance and travel issues in relation to service access.

However:
  – Service providers generally identify all of these issues within their own, and the government’s, duty of care.
  – While older rural participants accept government responsibility for health services, they emphasise personal responsibility for most other issues of personal welfare and fiercely guard their independence.
  – This complicates the provision of broader well-being services – reluctant, under-informed and even fearful, help-seekers and acceptors.
Rural Service Providers

• Service providers recognise the need for adopting a very flexible, adaptive approach to service delivery; one that is based on individualised responses grounded in personal relationships.

• Intimate local knowledge and understanding crucial

• They feel that the regulations, protocols and fragmented, programme-based funding that mark present service models:
  – hamper the cooperative, flexible approach required for older clients in rural contexts;
  – lead to clients being under-informed, confused about services at risk of ‘falling between the cracks’;
  – mean that rural service need to be willing to ‘work outside the box’ when it is in the clients’ interests.
  – Visiting/commuting service providers face challenges in this respect
Phases 2 and 3

In Phases 2 & 3 the Team is using knowledge gained to assist in developing community-based services and supports that:

- recognise that rural older people have many strengths
- take an individualised approach and response to particular circumstances
- make it possible for individuals to choose to engage as fully as they desire
- assist rural people to maintain vibrant rural communities that value older people and encourage them to remain involved
- work with, build on the strengths that already exist.

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A Possible Model – Rural Alive and Well

• Male farmer suicide prevention initiative
• Locally embedded and immersed operators who can connect with clients on their level.
• Not service providers but relationship builders and facilitators
• Low key approach – ‘it takes as long as it takes’
• Build and utilise local networks of ‘looking out for’
• Make connections – within community and between services and those in need (diligent referral follow-up)
• Use high visibility and widespread presence to counteract stigma.
• Social entrepreneurs
Ongoing Research

• ARC Linkage grant application to:
  – Link with RAW to trial expansion of their model to supporting older people at risk of disengagement
  – Action research model
  – Industry partners:
    • DHHS
    • Social Inclusion Unit.