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

- Forged through a series of rural ageing projects
- Strategically multi-disciplinary
- Current team makeup:
  - 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 – Manager HACC
  - Dr Carol Patterson - TasCOSS
  - Ms Nadia Majhouri – Linkage Industry Fellow
Informing and Driving Change through Partnership

- Team: united in wanting to see change in policies and services to support successful ageing
- Inclusion of differing knowledge and skills, viewpoints cultures and agendas
- Linkage Industry Fellow: bureaucratic-academic interdisciplinarity
- Finding an accommodation between evidence and achievable change
Project Rationale

- The challenge of an ageing demographic
- Productive social engagement
- Social Engagement
- Ageing process challenges social engagement especially in the old-old
- Timely Intervention
- Rural Context
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 audit 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
Phase 1 The Research Questions

• What events, issues and processes associated with the ageing process, challenge rural older people’s capacity to maintain their preferred social networks and levels of engagement?

• What are the mechanisms and processes by which these challenges act on networks and social engagement, particularly in the rural context?

• It is possible to identify particular critical junctures in this process that may provide opportunities for interventions designed to ameliorate disengagement pressures?

• Are older rural individuals, or we as researchers, able to identify services, supports or strategies that they/we believe can assist in maintaining social engagement in the face of age-related challenges?
Phase 1 Methodology

- One-on-one semi-structured interviews with approx 60 (in practice 69) older rural people (65+ - one age 63) across three rural areas
- Focus groups and/or one on-one-interviews with services providers in the same areas.
- One-on-one interviews with key policy and services 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.
Profile of participants

Gender

- Female: 52%
- Male: 48%

Age Range

- 60-64: 1
- 65-69: 14
- 70-74: 19
- 75-79: 16
- 80-84: 9
- 85-89: 9
- 90+: 1

Pilot Site

- Bothwell/Ouse: 23
- Smithton/Stanley: 25
- Queenstown/Strahan: 21

Self-rated Health

- Excellent: 9
- Good: 30
- Fair: 24
- Poor: 6
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
Pathologising Ageing

• Recognising the pathologies of ageing without pathologising ageing
• Ageing brings change (as do all phases of life) – large variation in whether met as a disaster, a challenge, an opportunity or a ‘fact of life’ to be accepted, accommodated and ‘get on with it’
• Considerable ‘natural’ adaption and compensation
• However, as with other phases of life, unaddressed pathologies and unsympathetic environments – physical, social, economic, health - and inadequate services and supports increase the challenge and diminish the opportunity
Coping Styles – Ageing ‘Well’?

• Individual responses to age related change, demonstrate divergent coping styles which appear independent of the nature and external conditions of the change and distributed along a continuum from **active resilient** (more often) to **passive defeatist** (in a minority) with strong distal tendencies.

• Personal styles were evident not so much in individual statements or choices but in the tone of both the interview and the life as lived.

• It is likely these reflect life-long patterns rather than specific responses to ageing.
Active Resilient Response Style

• **Accept** limitations and vulnerabilities: ‘There’d be a point in time where we could no longer look after ourselves, or for health reasons we couldn’t live here’

• **Adjust** goals and expectations: ‘Now I’m saying, OK I think I need to step back a bit [from volunteer activities], the younger ones can continue.’

• **Find alternate ways or compensate:** the keen hunter who now sits on a stump near the car and waits for the rabbits to come by.

• **Maintain a general optimism and positive outlook:** ‘I think I’m doing fairly good considering all the things that’s going on with me’.

• **Find a comparison that is worse off:** can’t get out of the house but know someone who can’t get out of bed.
Diversity and Complexity

• **Attitudes to ageing** – Many simply don’t see themselves as old: ’... We don’t feel old! We in for a shock one of these days when “Whoops we are old.” When J asked us if we’d take part [in the research] “Are we old enough for that?”.’

• This appeared to be to some extent correlated with variations in maintaining a level of continued social engagement.
  – SmM4 on those of similar age he visited in a nursing home: *But they’ve aged earlier. I’m pretty good really. I don’t feel that old.*’
  – SmM7/F9 on their contemporaries in residential care: *Our interests are so different. There are a lot of old people inside the place who just sit inside and look out. That isn’t our game.*’
Passive Defeatist Response

• Dwell on losses: ‘I just as soon not know that I have diabetes . . . because it makes your life miserable’

• Less inclined to seek alternate or compensatory strategies or activities: ‘I used to have a computer. I don’t worry about it any more because the brain and hands don’t work any more.’

• Little or no interest in social participation: ‘I just watch TV a lot. I used to do a lot of cooking once but I just let go of it.’

• Generally pessimistic with negative focus of outlook: ‘Age is the reason I have stopped doing things . . . I am running downhill so things have got to change.’
Acceptance and Compensation

• All participants report that ageing has brought with it reduced capacity and energy – in some cases very marked.

• In general this is accompanied by a compensatory adjustment ‘I’m reasonably comfortable . I look after my rabbits’ or even ‘sitting in chairs, looking at one another’

• They become adept at pacing themselves: ‘I go into the garden in the morning for an hour, and in the afternoon for half an hour – spend half that time sitting on a chair, do a bit, have a rest, do a bit more and rest a bit more.’
Diversity and Complexity

• Participants varied widely across a range of measures, both personal and contextual/environmental, which leads to very different ageing experiences
Diversity and Complexity

- **Differences in individual resources**: mental, physical, personal and social
- **Differences in health**: most were dealing with multiple health issues but rated their health as either ‘good’ (about ½) or ‘fair’ (about 1/3)
- **Differences in mobility**: a large gap between those with access to a private car and those without. Some still physically very active but majority dealing with restrictions
- **Differences in education**: most education at the lower end of the scale. Some but not a lot of continuing education.
Diversity and Complexity

• **Differing financial circumstances**: many facing financial constraints (‘difficult’) on activities. GEC a concern at time of interview. Many used to managing with limited finance.

• **Differing family relationships**: many have regular contact and support although only some face-to-face. Important source of support for many

• **Differing community relationships**: Most connected to their communities and confident of support if and when needed but some withdrawn and isolated

• **Differing values on social engagement**: Most very sociable, high value on community involvement, some (minority) low value and many ‘taking up your time’, many slowly withdrawing due to diminishing capacity/
Change and Emerging Issues

- Amid the complexity and individuality there are a range of emerging ‘across case’ issue with substantive policy and services implications
Ageing as Pathology 2

- Easy to underestimate extent to which people can manage their own ageing process – accepting, adjusting, compensating. Most ageing ‘well’

- **Policy and Service Implications**
  - They don’t expect anyone to ‘fix’ ageing
  - To address those external and environmental factors that impinge on their ability to manage and live their lives in the manner of their choosing
  - Expectations are generally modest but important– HACC bus trips
  - Better understanding of individual need and flexibility allows for better targeting (and therefore efficiency and effectiveness).
  - Trusting those ‘on the ground’
Choice

• Age narrows the range of exercise of personal choice
• In areas where they can still be exercised, choice, autonomy and control becomes increasingly valued and their loss most keenly felt
• Most, regardless of their state of health, came over as fiercely independent and self-reliant
• All had expectations of good support and care but only in terms of enabling them to live their lives as they choose

• Policy and Service Implications
  – No room for paternalism
  – Inbuilt tension with legal, moral and bureaucratic environment – duty of care, OH&S – needs careful balancing and management
Health

• Objectively, high levels of poor (sometimes catastrophic) health – co-morbidities, debilitation, incapacity
• Most report health and capacity effects on former involvements, particularly sport/physical
• Despite this generally self-rate health fair or above (‘all things considered’). Lower ratings appear associated as much with coping styles as actual level of disability
• **Future fears** more an issue than present coping

• **Policy and Service Implications**
  – One area where service and support expectations are high
  – Travel distance and future fear main areas of concern
  – Perceptions of current services vary wildly (although agree on problem with travel distances) – Oust/Bothwell data heavily skewed.

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Energy and Commitment

• Many, if not most, with a good history of community involvement but winding back levels of involvement and commitments – husbanding available capacity

• Seek to retain involvement with reducing commitment BUT the process of community organisational renewal is faltering placing them in a ‘if don’t go will fold’ bind

• Policy and Service Implications
  – Need fill some of the gaps left by failures of self-renewing community – maintain or substitute community engagement activities
  – Community development (low profile) approach likely to be most acceptable – at least to current cohort
  – Large unknowns about community futures and therefore future roles for government.
Social Engagement and Recreation

• Changing patterns – socialisation progressively moving closer to ‘home and hearth’ and from more to less physically demanding (from golf to gardening) - although some remain engaged in sport or in sporting clubs through support roles.

• Generally good acceptance as inevitable – sanguine resignation with compensation.

• Knowing when to push: ‘Enjoys it when we get there!’

• Possible differential effect for rural males whose socialisation is often based around outdoor activities

• Policy and Service Implications
  – **The do not** see any government obligation to provide social engagement opportunities
  – Initiatives likely to be better accepted if couched in terms of community development
Self-reliance and Responsibility

• Strong narrative of self-reliance and individual responsibility – quite circumscribed expectations of government

• Subtle but clear distinction – government obligation to provide medical and independent living (house and home) support – presumably because these needs arise from factors beyond the individual’s control BUT social disengagement and lack of community participation seen clearly in terms of personal choices – ‘take a horse to water but cant make it drink’

• Policy and Service Implications
  – Need to negotiate some complex cultural understanding about individual, community and government responsibility. A need and opportunity to leverage off community and notions of community

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Residential and Place

• Very strong attachments to place and home – need to leave either seen as major threat to well-being
• Attachment multi-faceted: historical, aesthetic and social – place central to recounted lives
• Houses, gardens and workshops (male) sources of pleasure and comfort.
• Most prefer to age in place but some recognise probably need to move to more urban setting closer to services
• Major financial disadvantages in rural to urban move – considerable amenity downgrade with financial penalty
Residential and Place

• Policy and service implications
  – Requirements to facilitate ageing in place already well known:
    • Access to appropriate health supports and services
    • Better more flexible and affordable transport options
    • More and more flexible supports for maintaining house and home
    • Affordable accessible and appropriate local step-down options
  – What the study will add, as we move to case based analysis, is a greater understanding of the nature of individual attachments to place – what is and isn’t important and compensatable (e.g. men’s sheds for loss of workshop, community gardens). This will allow for a more sophisticated approach to providing for either ageing in place options or ways of easing the move.
Mobility and Transport

- Mobility and availability of flexible transport options single largest determinant of quality of ageing experience after health – restrictions on personal mobility better tolerated and compensated than restrictions on geographical mobility.
- Little or no public transport - access to private car unrivalled as best option esp. for social and recreational purposes. Supports freedom and sponteniy.
- Available community transport options essential and highly valued
  - Varied views on adequacy but likely barely adequate in most cases
  - Highly dependent on operational flexibility - limits probably not fully explored on demand side.
Mobility and Transport - Policy and Service Implications

• Already best known and most challenging policy and service problem for rural area – still the one to solve!
• Area with promise of greatest gain in improving ageing experience – even more than improved health services.
• Ease and flexibility of use crucial – minimal rules, paperwork and hassles in arranging
• The private car provides the aspirational model
• Volunteer drivers – still major untapped potential
Partners and Families

• Difficult to overestimate crucial role that intimate partners play in the ageing experience
• Intimate partnership (where present) increasingly define the ageing person’s social world
• Differentials in health and capacity major source of challenge: ‘Get him out of the house’
• Death of intimate partner can require a full reconstruction of social world
• Children important supports even when scattered

Policy and Service Implications
– The need for services to acknowledge the dyadic relationship when providing services and supports to individuals
– Death of partner major disengagement flag
Being Informed

- Virtually all participants had problems with getting information about, and understanding, the smorgasbord of available services and supports – what was available, eligibilities and relationship between services.
  - One described it as ‘like the secret service’

- Even those receiving services and supports that they were very happy with had no real idea of how they were funded and who managed them

- **Policy and Service Implications**
  - It is probably not that there isn’t the information out there but it is not in a form that is easily accessible and appropriate for the target audience
  - Older rural people seek their information face to face from those they trust
  - Information at a time when its not needed is not heeded
Using findings to help plan future services

• Discussion with rural aged care service providers and planners show that they:
  - do understand the issues
  - do approach their work as flexibly as they can
  - do understand the need to respond sensitively to individual needs.

• Phase 1 demonstrates that providing rural ages care services and supports is a balancing act
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 to maintain vibrant rural communities that value older people and encourage them to remain involved
- work with, build on the strengths that already exist.