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 – DHHS HACC Program Representative
  - Dr Carol Patterson - TasCOSS
  - Ms Nadia Mahjouri – 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
- Social engagement and ageing well
- Ageing process challenges social engagement, especially in the old-old
- Timely intervention: before disengagement
- 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 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

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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
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.
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
Cohort Effects

• The ageing experiences of older rural participants are very much a product of the place and time in which they have lived their lives.

• Policies and service models cannot be static but continually need to evolve to reflect changing times and changing cohorts.
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.
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.

• 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.
Support Ties

- The most important ties in the ageing experience for older participants appear to be:
  - Firstly, spouse and close kin (especially adult children and grandchildren); and’
  - Secondly, a small number of very close and supportive friends and confidants.
Community

• Attachment to place and reciprocal connection to community are powerful influences in the ageing experience and an important resource for older participants.
  – It is not at all clear to what extent this observation holds for those who move into rural communities late in life.

• Community support manifests as ‘being there if and when needed’ rather than as day-to-day intense relationships or interactions.
Community Engagement

• Community involvement and engagement decreases with declining health and capacity, for almost all older participants.

• This pattern comes from a combination of:
  – volitional withdrawal to conserve diminished energy; and,
  – declining opportunity.
Community Engagement 2

- Declines in many traditional and formerly cherished organisations and activities – failure of succession
- Loss of social role through retirement from paid work and from community engagement and/or leadership positions leads to a loss of networks.
- Financial constraints can limit socialisation for some, although for many this continues a lifelong pattern
Mobility

• Declining mobility, in terms of walking and driving, can have catastrophic effects on social engagement and quality of life in rural communities where the problems of dispersed infrastructure and service are compounded by very poor or non-existent public transport.

• Community transport option, especially for health reasons, is generally adequate although:
  – There is some reticence to fully utilise its potential for social transport – prioritising and possible misinterpretation of governing protocols.
  – Sustaining a sufficient pool of volunteer drivers is a concern
  – HACC outings highlight of many older participant’s lives
Health Services

• There are widespread concerns in the data expressed by both older participants and rural aged care service provider participants about the costs, strains and inconvenience of having to travel long distances to access many health services and treatments.

• There are limited number of instances of people feeling that they were missing out completely on necessary services or treatments.
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.
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.

- 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.
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 aged 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 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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