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

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?

Methodology

- One-on-one semi-structured interviews with 69 older (65+) rural people 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 services planning bureaucrats.

- Academic and 'grey' literature search for models and frameworks

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.
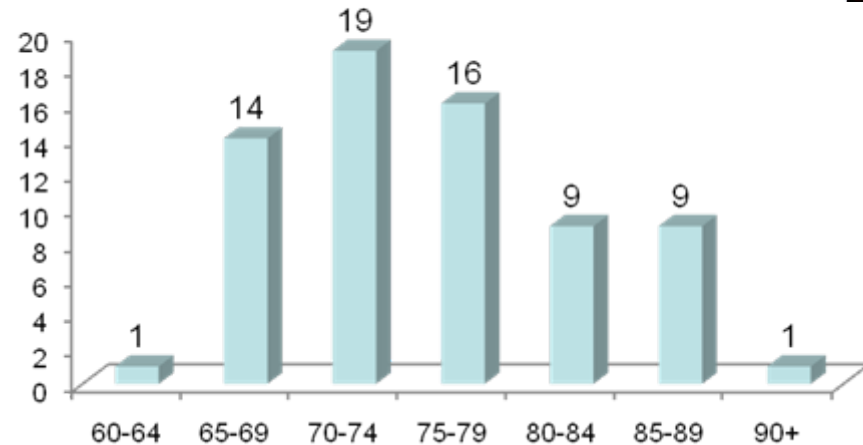
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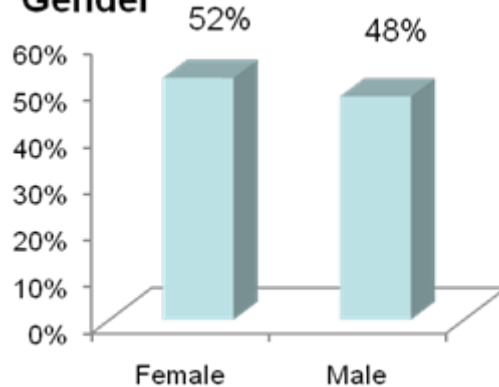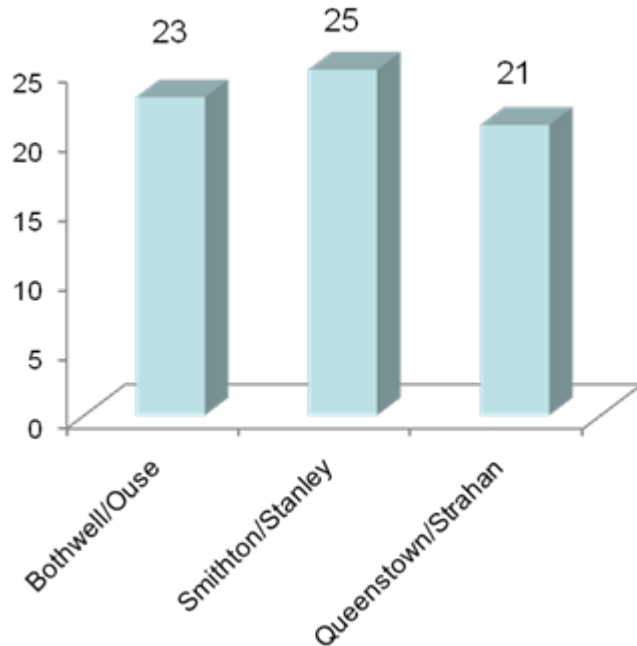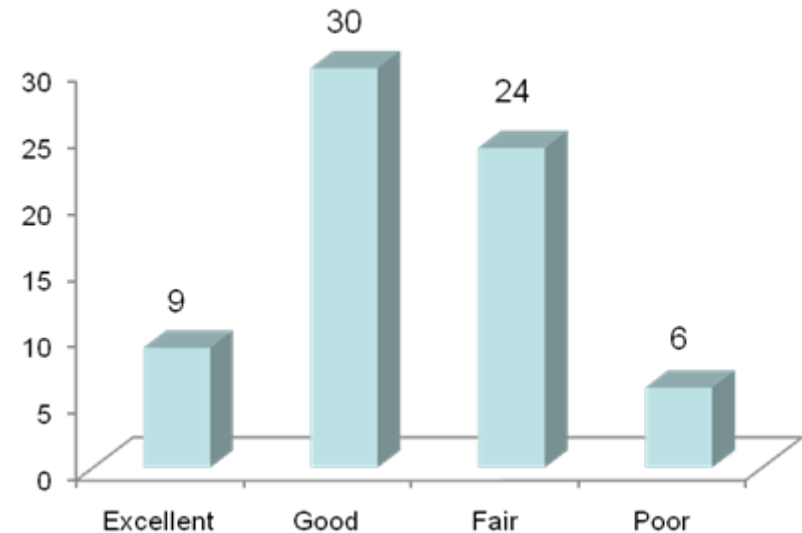
Engagement and Ageing 'Well'?

- 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.

- Socialisation preferences highly individual

- No simple more engagement = better ageing formula

The Voice of the Older Rural Participant
(ORP)

The Experience of Ageing

- Ageing is a natural process not a pathology:
  - Normalised by ORP as one more step on a life's journey.
  - It can't be cured - need to address the pathologies without pathologising the aged or the process
  - Need to acknowledge power and potential of acceptance, resilience and adaptive compensation

- Each experience of ageing presents as a unique product of:
  - The nature and extent of challenges – poor predictor of ageing well
  - The individual – personality, psychosocial and material resources
  - The context – a time, a place, a history
  - Processes of meaning making and agency
    - Making sense of change – match to expectations critical
    - Adaptive compensation: Active resilience ← → passive defeatism
  - Policies and services need to continually evolve to reflect different cohorts in different environments – baby boomers

The [Social Engagement] Challenges of Ageing

Largely defined by loss:

- Of capacity, especially:
  - Mobility
    - Especially loss of licence or licence holder
    - Greater consequences in rural setting with no public transport, loss of traditional support structures and dispersed infrastructure
  - Energy – threat to viability of cherished community organisations and infrastructure
  - Exacerbated by high demand carer roles
    - Time and energy demands
    - Decay of social networks and social skills
- Of significant others through death and outmigration
  - Loss of spousal and/or confidants
  - Scattered families
  - Disruption of multi-generational cross family ties

The [Social Engagement] Challenges of Ageing

- Of traditional support structures
  - Changing employment –especially women
  - Outmigration – especially younger generations
  - Incomers – support structures left behind in place of origin
- Of important social roles and functions
  - Connections
  - Sense of meaning, identity, contribution and control
- Of familiar social and cultural norms, forms and activities
  - Changing community structures and activities – not necessarily less but different
  - Incomers especially those seeking more affordable living
  - IT related change

Result: A shrinking social world – declining engagement with age

Coping with a Shrinking Social World

- Almost a universal experience among ORP

- Accords with existing research

BUT

- To a large extent an adaptive response to declining capacity:
  - Volitional
  - Welcome
  - Adaptive

- Adaptive Compensation – extracting greater value out of preserved engagement (Socio-emotional selectivity Theory Carstensen 1992)

- Not viewed by ORP as problem to be addressed:
  - Stoic, un-reflexive acceptance – 'just get on with it'
  - Reluctant help-seeking – protective of self-reliance and independence
  - Own business and responsibility – not government

A Case for Intervention?

- ORP saw no case

But

- Small numbers ORP clearly disengaged, isolated and unhappy
- Likely underestimate – problems of identifying and connecting with the dis-connected.
- Quality of life impacts on remainder masked by stoic acceptance
- Unacknowledged vulnerabilities – coping but on the edge
- Loss of engagement has negative impacts on the community as well as the individual
- Wider change processes heightening risk – especially in rural setting

The Experience of Health Providers
(HPs)

- Ageing as a constellation of pathologies
- Identified similar age-related challenges – especially transport, loss of licence, morbidity and death of spouse
- Cognizant of importance of social engagement to health and well-being and aspire (or are striving) to working more flexibly and holistically to support ageing well

BUT

- Health and medical priorities for limited resources
- Constrained by:
  - High and narrowly prescribed workloads and scopes of duty
  - Environment of highly regulated accountability - financial, time, OH&S, professional scopes of practice
  - Reluctant help-seeking and help accepting among older rural clients – wary of threats to independence, control and sense of self-reliance.

A Framework for Nurturing Social Engagement

Nurturing Social Engagement

- Aim: to bring together/make the connection between:
  - An individual who is ready, willing and able to engage
  - Appropriate, attractive and accessible engagement opportunities

- 'Ready, willing and able': barriers include practical barriers such as mobility/transport and access, but go well beyond these to encompass psycho-social, cultural and community/group dynamics.

- Transcending these barriers requires an intimate understanding of the individual, the community and the present and historical relationship between the two.

Nurturing Engagement Opportunities

- Day Centres and HACC Outings
  - Highly valuable and valued but not a substitute for 'community'
  - Connect, occupy, educate and entertain but limited capacity for **contribution, control, reciprocity and meaning**

- Peer-led organisations
  - Pivotal to ORP's sense of themselves as contributing and engaged members of community
  - Many under threat from:
    - Breakdown in succession as ORPs withdraw from leadership roles and/or regular attendance
    - Changing demographics and community interests
    - Increasing regulatory complexity
    - Many likely to fold without external intervention

- Social Entrepreneurism – 'getting things happening'
  - Central feature of vital and viable 'community'
  - May increasingly require external (professional) catalyst and support

A Practice Framework

Note: While the following framework arises directly out of the ARC Linkage research project, the team acknowledges that the *Rural Alive and Well' (RAW)* program designed to address farm suicide, despite its different target clientele, operates on an almost identical set of principles. Although we only became aware of this program late in the project, it has been vital in informing our work.

Supplementing, enhancing and building the processes of community

1. **Connecting as a core duty**

   - With services and supports

   - With family and community

2. Having the time to build an understanding of, and relationship with client and community

   - Bedrock of a holistic approach

   - Incrementally over time and a range of interactions

   - Difficult:

      - in intermittent, highly structured, time limited, specific service interactions

      - for outreach providers – requires immersion in community

3. Having the flexibility and resources to respond to 'need' as and when, and in whatever form, it presents. This requires:

– An individual experience requires an individual approach

– 'Keeping an eye on' – awareness of 'triggers' to disengagement

– Flexible definitions of scope of duties or practice

– A good knowledge of, and relationship, with the widest range of others resources and providers

– The time and flexibility to support a sensitive, graded and circumspect approach to the client

– Accountability and output measure that are not based tightly on occasions of service

4. Circumspection – finding ways to support without challenging control, privacy, self-reliance and independence.

A Practice Framework

5. Accountability:

– In search of a different set of measures

– Any trade-off in rigid prescriptive frameworks balanced by greater focus on principles and spirit of professional accountability

6. Enabling and Community Capacity Building

– Minimising/removing barriers and facilitating not seeking to influence preferred socialisation

  • Difficulty of judging between patterns of socialisation that are freely chosen and preferred from those that are imposed by circumstance (present or historical)

– Confirming as full contributing social being

– Seeking to enhance community

  • Diversity, choices and options

  • Cognizant of historical and inter-personal dynamics

  • Giving as well as receiving - contribution

– Professionals as catalyst not primary providers – social entrepreneurism

What is effective engagement?

- **Whatever meets the individual's needs/expectations and preferences:**
  - Preferred patterns of socialisation vary enormously
  - Only the individual can manage their socialisation

But choice may be constrained or vulnerabilities unrecognised:

- Redundancy – over-reliance on one or two individuals can leave ORP isolated if that connection is severed

- Reciprocity – support more acceptable if there is the possiblity of reciprocating

- A balance between closeness/availability and personal space/privacy

- Meaning and identity – sense as a full contributing social being.

Further Information

- Phase I Report:
    - http://www.rcs.utas.edu.au/growingolder/pdf/FinalPhase1_Report_07_10.pdf