

# The Longevity Revolution

Creating a society for all ages

Alexandre Kalache



Adelaide Thinker in Residence 2012 - 2013

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for all ages



Prepared by Alexandre Kalache,  
Adelaide Thinker in Residence 2012–2013



**Government of  
South Australia**

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## Premier's Foreword a message from Jay Weatherill

We are in the midst of a 'Longevity Revolution'.

Over the past century, a global shift in the human experience: people now live 30 years longer. This shift will have implications for all aspects of society. We need to create a society in which South Australians don't just live an extra 30 years – but have an extra 30 years of life.

South Australia has one of the highest proportions of older people in the country. One in six South Australians are over the age of 65. In 15 years, this rate will nearly double. This means that older South Australians will make an increasingly significant contribution to our society and economy.

Dr Kalache's report contains revolutionary ideas, and suggestions for a more 'age-friendly' society. His work in South Australia has helped frame our thinking and has illuminated a clear direction for the future.

The South Australian Government is committed to creating a vibrant city. Research shows that many of our Baby Boomers intend to move into Adelaide's CBD when they retire. This generation will play a vital role in creating a vibrant city for people of all ages.

We will only make the most of the energy of the Baby Boomers' generation if we develop an environment that features quality housing options, services, cafes, theatres, restaurants and green spaces.

An 'age-friendly' community is also a safe and healthy community. It is an accessible community, in which transport works well and a full range of services are provided.

In his report, Dr Kalache reminds us of the importance of affordable housing and the inclusion of all people regardless of gender, age, income or background. He challenges us to find creative ways to use vertical spaces and to integrate housing with service delivery.

I hope you enjoy reading Dr Kalache's report as much as I have. It is a profound piece of work that will help shape this State's future.

**Jay Weatherill**  
**Premier of South Australia**



## About Alexandre Kalache

Adelaide Thinker in Residence 2011–2012, Dr Alexandre Kalache is a specialist in age-related issues. More specifically, his expertise is in the epidemiology of ageing and the life-course, inter-sectoral policy development, health promotion, human rights, old-age care, migration, advocacy and the complexity of cultural attitudes toward ageing.

Born in Brazil, now living in Rio de Janeiro and London, Alexandre Kalache completed his medical degree at the Federal University of Rio de Janeiro (1970), MSc. in Social Medicine (1977) and PhD. in Epidemiology (1993) at the University of London.

From 1977 to 1984 he held the position of Clinical Lecturer at Oxford University. He founded the Epidemiology of Ageing Unit at the UK School of Public Health in London (LSHTM.) where he also taught from 1984 to 1995. During this period, he conceived and co-ordinated the first ever European Master Degree course in Health Promotion.

From 1995 to 2008 he directed the World Health Organization's global program on ageing from the Geneva Headquarters. Among many other enduring initiatives, he conceived and launched the WHO 'Active Ageing Policy Framework' and the WHO 'Age-Friendly Cities' network, both of which are credited with influencing a significant shift in the paradigm.

In 2008 Kalache relocated to the USA to commence a new position as Senior Policy Adviser to the President at the New York Academy of Medicine. He simultaneously assumed the role of Global Ambassador for HelpAge International, the largest and most influential worldwide civil society organisation on ageing.

In 2012 he inaugurated and took up the Presidency of the International Longevity Centre Brazil in his birth city of Rio de Janeiro; the ILC-Brazil is part of a multinational consortium of fourteen such centres with a mission to help societies address the longevity revolution.

He serves on a multitude of boards, from the World Economic Forum and the World Demographic Association Forum to university faculties, major pharmaceutical and finance companies as well as private foundations.

He is actively involved in the process toward the adoption of a United Nation's Convention for the Rights of Older Persons, and serves as a special adviser to the Brazilian Secretary of Human Rights and the Brazilian Mission to the UN in New York as well as the International Alliance of NGOs for the Rights of Older Persons.

Dr Kalache has been honoured with many awards. He has recently been listed in the 100 most-influential Brazilians and is the recipient of awards in many countries both for life-time achievement and for contribution to medical science. His most recent accolades are the Emeritus Citizen, Rio de Janeiro Municipal Government (2013) Presidential Award of the International Federation of Ageing (2012), the United Nation's Life-time Achievement Award (2011) and the Brazilian Presidential Medal of Merit (2010).



## The Journey

As a Thinker in Residence, I have made four visits to South Australia. The purpose of the residency was to look at how we can create a society for all ages. We needed to examine how we are devising and implementing policy around ageing issues with reference to the four key pillars of Active Ageing – health, life-long learning, participation and security. We needed to look at ageing in a more holistic way, seeing the experience of ageing as more than just a health related experience.

My residency has brought together state government; local government; the universities; key agencies in the community ageing sector; and, most importantly, older people. These partners have guided and assisted my residency and their voices have shaped my recommendations.

Developing a vision is not a one-way process. Each of my visits has focused on specific priorities and activities shared with key partners. I have been out and about in the community a great deal, listening and learning. All these activities: taking part in discussion groups; giving public lectures; addressing forums; doing media interviews; meeting high-level stakeholders, including government ministers; and attending large or small community events in both city and country have informed my residency and my recommendations.

The structure underpinning my recommendations is the World Health Organisation's Active Ageing Policy Framework. This has four pillars:

- Health
- Participation
- Security
- Life-long Learning

I have inserted three additional sections to these pillars to capture some of the overarching principles:

- The Right to Age Well
- Governance and Policy
- Research – a Social Science Perspective

All of the issues identified in my visits can be addressed through this framework; if adopted it can ensure that older people enjoy health and wellbeing – and actively participate, socially and economically, in their communities – for the full length of their lives.

I come from a richly multi-cultural family, with immigrant parents and grandparents. I have lived in three continents in a number of countries and have adult children living all over the world. I know, intimately, the migrants perspective, with its value and challenges.

But I do not know, personally, the challenges of Australia's and particularly South Australia's Indigenous perspective. Therefore, despite being aware of, and caring deeply about, the major issues faced by Aboriginal Australians around ageing, I did not wish to come to South Australia as a 'visiting expert' to tell Aboriginal Australians how they should approach dilemmas around length and quality of life.

Nor did I wish to offer government, national or state, superficial and 'quick fix' solutions for long-standing and complex issues outside my direct experience. Coming from a culturally and linguistically diverse community, I strongly believe in the right of the Indigenous community itself to inform government how it wishes its problems to be addressed.

Therefore, I have chosen not to assume or to intrude on this specific policy area. Consistent with these values, I have contributed one Aboriginal specific recommendation, which I trust will assist the ongoing dialogue between the Aboriginal community and the government.



# Recommendations

These recommendations are supported by background information and contextual comments throughout this report.

## RECOMMENDATIONS RELATED TO HEALTH

### RECOMMENDATION 1 (refer page 41)

Incorporate age-friendly principles and a life course perspective into population health planning and state-wide health strategies:

- The Minister for Health and Ageing (SA) to incorporate relevant aspects of the WHO Active Ageing Framework in the development of the State Public Health Plan.
- Apply Life Course principles to all new health strategies,
- SA Health to work collaboratively with Medicare Locals to drive improvements in the primary health cover for older adults and to promote a continuity of care throughout the entire healthcare system.

### RECOMMENDATION 2 (refer page 42)

Incorporate age friendly principles into all models of care and service design for older people:

- Adapt the WHO Age-friendly Primary Health Care Toolkit for use in South Australian health, community and aged care settings across the state
- Identify opportunities across the continuum to integrate the age-friendly principles into existing care models especially where integration is possible.
- Encourage Medicare Locals to incorporate the key elements of the WHO age-friendly approach into their service delivery, as referenced in the Age-friendly South Australia Guidelines for State Government.
- Support Medicare Locals in their work with primary health care providers and GPs to incorporate the WHO age-friendly principles into models of care that will be delivered by other community services and GPs.
- Encourage aged care providers and other age-specific housing entities to examine and review their current models of care and business modes to check that they are being conducted through an age-friendly lens thus ensuring that they continue and/or are moving towards the integration of age-friendly principles at all levels throughout their organisation.
- Develop or incorporate useful material such as Delirium Care Pathways, a national toolkit developed through the Australian Health Ministers' Advisory Council (AHMAC), into care and service design.

**RECOMMENDATION 3 (refer page 42)**

Incorporate age-friendly principles into the patient-centered model of care in the new Royal Adelaide Hospital, and promote the application of age-friendly approaches across other South Australian hospitals.

- Cross-reference best practice guidelines that can be applied in hospitals for both age-friendliness and patient-centered care. For example, the WHO Age-Friendly Primary Health Care Toolkit and the Victorian Best Care for Older People Everywhere Toolkit.

**RECOMMENDATION 4 (refer page 43)**

Deliver health services that maintain a continuum of care for older people with a particular focus on the frail aged.

- Examine ways to integrate and support standardized service delivery to older people across the continuum of care, regardless of their location, using the Health Service Framework for Older People 2009-2016 and the work being undertaken by the Older Persons Clinical Network.
- Ensure that the delivery of services, policies and programs support the personal choices of older people and protect their dignity at all times and in all situations, consistent with the 10 Principles of Dignity in Care.
- This needs to include the last stages of life, during periods of palliative care or other treatment at home, in hospice, or hospital, referencing the: Palliative Care Service Plan 2009-2016; the Statewide Rehabilitation Service Plan 2008-2017; and the South Australian Stroke Service Plan 2009-2016.

**RECOMMENDATION 5 (refer page 44)**

Invest in community care and support and recognise the importance of informal care and the people who provide it.

**RECOMMENDATION 6 (refer page 45)**

Promote health and fitness for older people by:

- Establishing free outdoor gymnasiums for older people, with the potential to have professional instructors available at regular intervals;
- Establishing walking clubs for people with varying levels of fitness with a focus on increasing endurance; and
- Promote forums for the dissemination of advice about fitness in older age.

**RECOMMENDATION 7 (refer page 46)**

Inform and influence the education and training of health care professionals, throughout their professional career, to embed age-friendly and rights-based approaches across the entire health sector.

- Strengthen the focus on the science of gerontology in undergraduate and post-graduate training.
- Examine opportunities to integrate WHO Age-friendly Principles and practice into the ongoing professional development of all health care practitioners.

**RECOMMENDATIONS RELATED TO LIFELONG LEARNING****RECOMMENDATION 8 (refer page 49)**

Investigate lifelong learning opportunities by working with existing training providers and universities to create a systematic approach to learning and new education opportunities for people of all ages.

**RECOMMENDATION 9 (refer page 49)**

Recognise the important role volunteering plays in lifelong learning and support volunteer organisations with access to training and education opportunities so they can support volunteers in gaining a range of skills and experiences throughout their lives.

**RECOMMENDATIONS RELATED TO PARTICIPATION****RECOMMENDATION 10 (refer page 52)**

Actively listen to the voices of older people when developing and delivering policy, services and communication

- Use participatory processes such as co-design models to develop policy and services
- Establish mechanisms for large numbers of older people to express their opinions and be directly connected to policy development

**RECOMMENDATION 11 (refer page 55)**

Develop new approaches to the retention of older workers (including those transitioning to retirement) by creating suites of flexible workplace practices and training for staff.

- Encourage and support flexible workplaces and facilitate the application of flexible workplace policies already in place
- Encourage workplaces to use training resources such as Mature Workers Matter to increase staff understanding and create a supportive workplace culture for older workers.
- Use the outcomes of public sector-based projects such as the Country Health SA Local Health Network's Active Ageing through Employment project and the Department for Communities and Social Inclusion's CareerMatch as catalysts to inform workplace culture and policies related to sustaining and managing an older workforce.
- Establish a pilot program to develop new methods of balancing flexibility and accountability for older workers.

**RECOMMENDATION 12 (refer page 58)**

Mainstream a 'culture of volunteering' for all South Australians:

- Activate volunteering policies that already exist in the public and private sector to establish a volunteering ethos in the workforce
- Target the Baby Boomer cohort for volunteering opportunities across all skill levels
- Research and implement new models of volunteering which incorporate the contemporary lifestyle choices of the new generation of volunteers

**RECOMMENDATION 13 (refer page 59)**

Foster intergenerational solidarity between all generations in South Australia at both policy and operational levels:

- Establish a mechanism for an ongoing dialogue between generations

**RECOMMENDATION 14 (refer page 60)**

Invest now in the local community services that people intend to use in the future such as libraries and transport services.

**RECOMMENDATION 15 (refer page 61)**

Improve transport and mobility options for older people in metropolitan and rural areas so that they can more easily walk, cycle and use public transport for both essential needs and leisure:

- Refer to the Streets for People Compendium for guidelines on South Australian streetscapes and planning
- Build on the current work within the public transport system, applying the learning from programs such as the Community Passenger Networks to design innovative solutions for a future aged population.
- Investigate national and international mobility-based programs and initiatives which complement public transport systems to provide greater levels of mobility support to South Australians.
- Develop para-transport systems to complement public transport.
- Provide training in age friendly practices for taxi drivers, bus drivers and other transport providers.

**RECOMMENDATION 16 (refer page 63)**

Establish a volunteering program specifically aimed at strengthening people's connections outside their homes.

**RECOMMENDATION 17 (refer page 63)**

Capitalize on the economic opportunity provided by an ageing population while simultaneously meeting the needs of the changing market:

- Support the development of age-friendly products, services and practices by the private and public sectors
- Investigate and advance manufacturing opportunities in medical device research

**RECOMMENDATION 18 (refer page 65)**

Produce age-friendly curriculum models and subjects to offer to tertiary students in universities, TAFE and other RTOs across faculties such as social work, architecture, accounting, commerce, education and hospitality to ensure an understanding of the implications of the longevity revolution on society and business.

**RECOMMENDATION 19 (refer page 65)**

Establish a cross-disciplinary Masters in Age Friendly Practices.

**RECOMMENDATIONS RELATED TO SECURITY****RECOMMENDATION 20 (refer page 67)**

Actively protect the rights of frail elderly people living at home, especially those who are living alone, in metropolitan and regional areas.

- Maintain and where possible, improve the health, wellbeing and social connection of the frail older person.
- Develop training and reporting/response mechanisms for in-home workers to identify an older person at risk of, or suffering, abuse of any kind, including emotional and financial abuse.

**RECOMMENDATION 21 (refer page 68)**

Begin a national media strategy on the reality of elder abuse and raise awareness about how and where this form of abuse can and does occur.

**RECOMMENDATION 22 (refer page 69)**

Facilitate the development of age friendly environments and communities in local government areas:

- State and local government to work in partnership to encourage local governments to sign up to the WHO Global Network of Age-Friendly Cities
- Support local government to incorporate age-friendly principles into policies and services, including the development of public spaces. This can be done through the application of the South Australian Age-friendly Neighborhoods Guidelines and Toolkit for Local Government

**RECOMMENDATION 23 (refer page 72)**

Develop a resource to advise older people about home modifications to support timely planning for ageing in place.

**RECOMMENDATION 24 (refer page 73)**

Develop affordable housing strategies that facilitate ageing in place, access to home equity and market diversity in housing options.

**GOVERNANCE AND POLICY****RECOMMENDATION 25 (refer page 75)**

The Commonwealth Government to clarify, as soon as possible, ‘who provides what’ in aged care services to help the public and key aged care providers better understand the aged care service system and how and where to access help for themselves or their families in a timely way.

The state government and the Local Government Association should partner with the Commonwealth Government to facilitate this work.

**RECOMMENDATION 26 (refer page 76)**

Set up a cross-governmental committee with representatives from local, state and federal government to better integrate and streamline service systems, including promulgation of ‘all-of-government’ policy which promotes age-friendly approaches.

Representatives on this committee will be nominated from portfolios such as Health, Ageing, Social Inclusion, Education and Planning at each level of government.

The committee will have a formal advisory relationship to the state-level SMC committee.

**RECOMMENDATION 27 (refer page 78)**

Consider appointing a South Australian Commissioner for Active Ageing, to elevate the active ageing and age-friendly agendas across South Australia.

**RECOMMENDATION 28 (refer page 79)**

SA Health should examine the structure and functions of OFTA to ascertain how best the Office for the Ageing Act 1995 can be fulfilled particularly how to effectively apply proactive and intergenerational policies to meet the key objectives of the OFTA Act.

**RECOMMENDATION 29 (refer page 80)**

Develop a set of principles for language, policy and governance which promote the consistent use of respectful, positive and inclusive language when talking about, and to, older people.

**RECOMMENDATION 30 (refer page 80)**

Foster mainstream community acceptance of the longevity revolution and the re-imagined life course.

**RECOMMENDATION 31 (refer page 81)**

Set up a committee of the South Australian Public Sector’s Senior Management Council (SMC) as a high-level governance mechanism to provide across-government exchange of information and coordination of age-friendly outcomes in South Australia.

- Incorporate Active Ageing into the agendas of all state government departments, assisted by the work of the above committee, identifying and promoting projects and initiatives to progress the Active Ageing agenda
- Launch two emblematic projects to indicate the South Australian Government’s commitment to Active Ageing

**RECOMMENDATION 32 (refer page 82)**

State and local government should embrace the opportunity of the Baby Boomer generation as part of their strategic goal for a vibrant city by:

- Increasing the planning and promotion of mixed income apartment and unit living for older people within the CBD, including devising financial incentives
- Supporting age-friendly business development in the CBD
- Recognize and promote the role of Baby Boomers as consumers of art, music and leisure in the CBD
- Encourage local government\cities to sign up to the Global Network of Age-friendly Cities
- Engage the community in a ‘bottom-up’ conversation to connect the voices of older people directly to policy makers

**RECOMMENDATION 33 (refer page 83)**

Emphasize the connections between age-friendly cities and liveable cities to improve Adelaide’s ranking as a global liveable city.

## RESEARCH

### RECOMMENDATION 34 (refer page 85)

Establish an Adelaide-based International Longevity Centre (ILC-Australia) as the Australian link in the already existing global network of ILCs.

### RECOMMENDATION 35 (refer page 86)

Support the University of South Australia in its partnership bid to establish a national Cooperative Research Centre for Healthy Ageing that may provide a vehicle for research priorities aligned with the principles of the WHO Active Ageing Policy Framework.

### RECOMMENDATION 36 (refer page 87)

Support a high level collaborative taskforce for the coordination of research priorities on Ageing. Such research priorities should include:

- Investigation into how to narrow the longevity divide between Aboriginal Australians and non-Aboriginal Australians
- Investigation into the scope of caring in informal settings and the hidden financial contributions made by South Australians as informal care providers (using the methodology of the Spanish study)
- Examination into the changed nature and loyalties of 'the family' taking into account the effects of divorce, blended families, etc on caring
- Assessment of the consequences of 'ageing in a foreign land' taking into account both ageing migrants and the increasing migrant workforce delivering care in the ageing space
- Investigation on the prevalence of elder abuse on all its forms and its prevention within the SA context
- Investigation into the economic benefits of 'continuity of care' and the possible impact on future requirements for high level services and/or a greater reliance on the health care system
- Investigation into the consumption patterns and cultural preferences of older people who currently live or intend to live in the Adelaide CBD
- Investigation into the relationship between age-friendly policies and health outcomes at a local government level across the metro and rural councils

## THE RIGHT TO AGE WELL

### RECOMMENDATION 37 (refer page 89)

Design a process with Aboriginal elders and community leaders, the universities and other key stake holders to explore how Aboriginal people can benefit from the longevity revolution.

### RECOMMENDATION 38 (refer page 89)

Assume a leading role in the Asia Pacific region toward the creation of an International Convention on the Rights of Older People.

### RECOMMENDATION 39 (refer page 91)

Actively support the Alliance for the Prevention of Elder Abuse (APEA) and build on the work of the International Network for the Prevention of Elder abuse (INPEA).

### RECOMMENDATION 40 (refer page 91)

Incorporate a human rights perspective to consumer directed care, advance care planning, special needs groups, accessible services and training for health workers as outlined in Respect and Choice: a Human Rights Approach for Ageing and Health 2012.

### RECOMMENDATION 41 (refer page 93)

Integrate a 'rights-based' curriculum into all new and existing education and training programs for people working with older people.





In common with other developed nations and an increasing number of emerging ones, most Australians are living 30 years longer than just over a hundred years ago. In the late 19th century Australians could expect to live less than 50 years. In 2012 people in over 20 developed nations – including Australia – can expect to live over 80 years. This is the tremendous gift of the 20th century; this is the Longevity Revolution.

## Introduction

Population ageing is perhaps the greatest success of the 20th century and one that should be resoundingly celebrated. The extra years afforded to hundreds of millions of people all over the world are a triumph of civilization. Half of the people who have ever lived to the age of 65 are alive today.<sup>1</sup>

When I was born in Brazil in 1945, Brazilian life expectancy was 43 years. Today, the average Brazilian can expect to live for 75 years – a gain of 32 years within my lifetime.

Since the late 1800s life expectancy for Australian boys and girls has increased by over 30 years. At that time the average life expectancy of a newborn boy was 47.2 years, while that of a newborn girl was 50.8 years. By 2007–2009, average life expectancy had risen to 79.3 years for newborn boys and 83.9 years for newborn girls. Following the increases in life expectancy, Australian fertility rates started to steadily decline by the 1960s and have been below the population replacement level for the last twenty years. The combined result of these two unprecedented trends is that Australia, like other modern societies, is experiencing a powerful new demographic and social dynamic. The Intergenerational Report 2010: Challenges and Priorities for Australia projects that over the next 40 years, the proportion of the population over 65 years will almost double to around 25 per cent.<sup>2</sup>

The gift of the 20th century must be translated into opportunity for the 21st century. Humanity has entered new territory and entirely new thinking is required. It is unsustainable to continue to live within previous paradigms. One response to the exciting new realities is the World Health Organization's Active Ageing Policy Framework, which is strongly reflected in this report. The four pillars of Active Ageing (Health, Participation, Security and Life-long Learning) provide a framework for individuals and population groups to 'realize their potential for physical, social, and mental wellbeing throughout the life-course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.'<sup>3</sup>

1 Jha, A 2010, 'PeopleQuake, Mass Migration, Ageing Nations and the Coming Population Crash', *The Guardian*, Saturday 7 March 2010.

2 IGR 2010: 'Challenges and Priorities for Australia'; [www.treasury.gov.au/PublicationsAndMedia/Speeches/2010/IGR-2010-challenges-and-priorities-for-Australia](http://www.treasury.gov.au/PublicationsAndMedia/Speeches/2010/IGR-2010-challenges-and-priorities-for-Australia)

3 World Health Organization 2002, 'Active Ageing: A Policy Framework', World Health Organisation, Geneva [apps.who.int/iris/bitstream/10665/67215/1/WHO\\_NMH\\_NPH\\_02.8.pdf](http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf)



South Australia must embrace the reality of the longevity revolution and fully realise the opportunities inherent within it. The ageing of the population is not a peripheral issue. It affects virtually every aspect of every single citizen's life. In order to achieve a strong future for the state, decision makers need to adopt a holistic view of the changes under way and proactively develop bold, imaginative and inclusive policies and actions. The Active Ageing principles and a conceptual understanding of the life-course perspective at a policy level is important to this process. It is necessary to begin to view the human story not as a plot involving disparate groupings (babies, children, adolescents, adults, old people) but as a strongly connected continuum, a maturation from birth to death.

There is a strong social and political imperative to population ageing. All actions need to be firmly underpinned by a rights-based philosophy – it is the rights, rather than the needs, of older people that should be the driving force for change. There is also a powerful economic imperative. No decision maker can afford to ignore the potential rewards and losses inherent in a dramatically ageing population. My hope is that the many relationships that have been fostered throughout my residency will together give rise to a transformative vision for the benefit of all South Australians. I urge you all to embrace it with passion and vigour.

Defining 'old' is somewhat complex. Most developed countries, including Australia, have accepted the chronological age of 65 as the definition of an older person. While this definition is somewhat arbitrary, in Australia once a person turns 65 (or 50 for Aboriginal people) they are able to access the full range of health and community services provided for older people. The United Nations uses age 60+ years to refer to the older population. The figures in this report refer to ages 65+ and 60+, acknowledging the structural significance of age 65+ in Australia and the UN's more globally applicable use of age 60+.

# The Longevity Revolution

A revolution is the overthrow of social order in favour of a new system. The extra years of life afforded to us in the 21st century are a condition never before experienced by humanity. The 20th century has given us the gift of longevity – but for what? The longevity revolution forces us to abandon existing notions of old age and retirement. These old social constructs are quite simply unsustainable in the face of an additional 30 years of life.



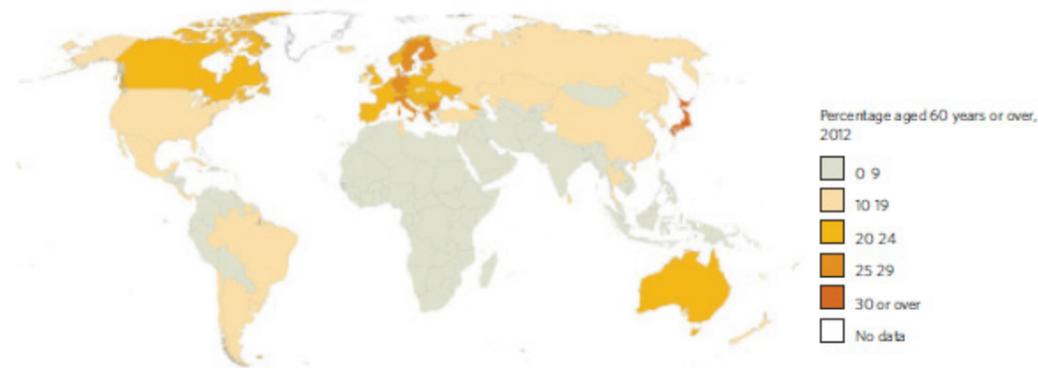
## Global demographics

The world's population is rapidly ageing. From 2000 to 2050, the number of people aged 60 years and older is expected to more than triple, from 600 million to 2 billion.<sup>4</sup> By 2050, it is predicted that about 22% of the world's population will be aged 60 years or older.<sup>5</sup> This monumental shift has been driven primarily by a combination of declining death and fertility rates added to the increasing average life expectancy. It is not a phenomenon limited to developed nations. There are now more than 80 countries with fertility rates below the necessary population replacement level. This includes most of the developed world and, increasingly, more and more of the developing world. Contrary to common perception, countries such as Brazil, Iran, Sri Lanka and Thailand are already included in the list of those with birth rates below the present population replacement level, and countries such as Indonesia, India and Bangladesh are rapidly approaching that point.

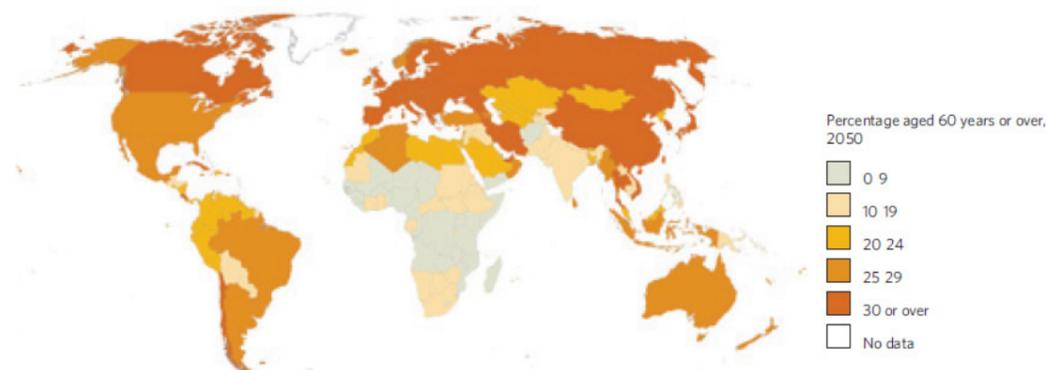
4 World Health Organization 2011, What are the public health implications of ageing?; [www.who.int/features/qa/42/en/index.html](http://www.who.int/features/qa/42/en/index.html)

5 UNFPA and HelpAge International 2012, Ageing in the twenty-first century: a celebration and a challenge, UNFPA; [www.unfpa.org/public/opedit/home/publications/pid/11584](http://www.unfpa.org/public/opedit/home/publications/pid/11584)

The impact of the global ageing trend on populations in both developed and less developed countries can be clearly seen by comparing Figures 1 and 2.



**Figure 1** Proportion of population aged 60 years and older 2012 (UNDESA cited in UNFPA & HelpAge International 2012)



**Figure 2** Proportion of population aged 60 years and older, projected 2050 (UNDESA cited in UNFPA & HelpAge International 2012)

## The Australian context

Australia, like most other developed countries, has seen a substantial shift in the age profile of its population. A boy born in Australia today can expect to live on average 79.3 years and a girl can expect to live 83.9 years.

The key demographic protagonist shaping Australia's ageing population for the next few years is the 'baby boomer' generation – those born between 1946 and 1964. This period was characterised by high fertility rates and an immigration boom comprising predominantly young families.<sup>6</sup> Between 2011 and 2031, it is expected that the ageing of this cohort will increase the number of Australians aged 65 years and over from 2.4 to 5.8 million.<sup>7</sup>

6 Hugo, Graeme et al 2009, State of Ageing in South Australia 2008, Department for Families and Communities, Government of South Australia, Adelaide, Australia.  
[www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/State%20of%20Ageing%20%28compress%29.pdf](http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/State%20of%20Ageing%20%28compress%29.pdf)

7 Australian Bureau of Statistics 2005, Population projections Australia, 2004 to 2101, Cat. No. 3222.0. Australian Bureau of Statistics, Canberra.

Perhaps more than any previous cohort in history the baby boomers have greatly affected all of the economic, social and cultural conditions through which they have passed. They will continue to do so. They are healthier, have fewer children, are more ethnically diverse, have higher educational levels, are more mobile and are economically better off (although more unequal in terms of socio-economic status) than any previous generation.<sup>8</sup> With most Australians now surviving beyond the retirement age and living far longer after retirement, an understanding of the changing ageing experience is crucial. There are long-term implications for Australia's population health and wellbeing, labour force participation, immigration policy, housing, the demand for skilled labour and so on.<sup>9</sup>

## The South Australian context

South Australia is the second-fastest ageing state in Australia, eclipsed only by Tasmania. The 2011 census showed that 22.3% of the South Australia's total population of 1.6 million people are 60+ years of age. This is above the national average of 19.6% of Australia's population being 60+ years of age.<sup>10</sup>

In addition to South Australia's characteristically low fertility rate, the interstate migration of working age individuals and, in particular, people aged 15–29 years, has contributed to this trend.<sup>11</sup> It is necessary to understand the key drivers behind this demographic change, the way in which the population is ageing, and the diversity of ageing experiences in order to shape a society which is not only responsive to the needs of not only older people but also individuals of all ages. A pro-active approach will achieve positive outcomes for the entire population.



8 Hugo, Graeme et al 2009.

9 Australian Bureau of Statistics 2010, Population by Age and Sex, Australian States and Territories, June 2010, Cat. No. 3201.0., Australian Bureau of Statistics, Canberra.

10 Australian Bureau of Statistics 2013, 2011 Census QuickStats, viewed 11 April 2013; [www.censusdata.abs.gov.au/census\\_services/getproduct/census/2011/quickstat/4](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/4)

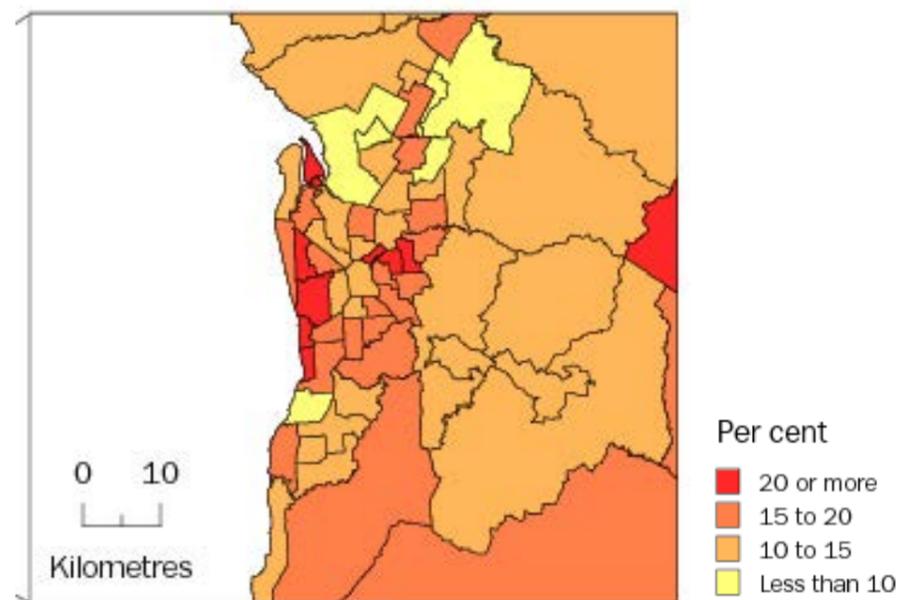
11 Hugo, Graeme et al 2009.

## Geographical location

The location in which individuals age significantly shapes their ageing experience. It determines, among other things, their access to and the scope of care and services available. In common with most people, South Australians prefer to age in familiar surroundings – typically in their own home and neighbourhood. This challenges the misperception that older people would rather live in retirement villages or ‘nursing homes’ if the choice was given; that is the exception rather than the rule.

More than two thirds of older South Australians currently live in the metropolitan area of Adelaide, with the largest concentration in the City of Charles Sturt.<sup>12</sup> The outer suburban areas have experienced the greatest rate of ageing over the last 40 years, and the areas with the largest proportions of older people are now the coastal and middle suburbs (Figure 3).

‘Regional Australia’ refers to the non-metropolitan areas of the nation that lie beyond the major capital cities and their immediate surrounding suburbs. In regional South Australia, older people are over-represented due to the migration of working age individuals towards larger towns and cities in search of work. Currently, one in five older South Australians resides outside the city of Adelaide and its surrounding suburbs.<sup>13</sup> As of 2010, the local government areas with the highest proportions of people over 65 were Victor Harbor (32.5%), the Yorke Peninsula (26.5%), Tumbly Bay (24.6%), Yankalilla (24.2%) and the Copper Coast (23.5%).



**Figure 3** Distribution of population aged 65 years and older in the Adelaide metropolitan area (ABS, 2010)

<sup>12</sup> Department for Families and Communities 2010, Fact Sheet 2: Where older people live in South Australia, Government of South Australia, Adelaide. [www.sa.gov.au/upload/franchise/Seniors/Office%20for%20the%20Ageing%20-%20Publications/Publications/FactSheet2\\_Where%20older%20people%20live%20in%20SA%20final.pdf](http://www.sa.gov.au/upload/franchise/Seniors/Office%20for%20the%20Ageing%20-%20Publications/Publications/FactSheet2_Where%20older%20people%20live%20in%20SA%20final.pdf)

<sup>13</sup> Hugo, Graeme et al 2009.

The population distribution, particularly in regional locations, will present a challenge as the population ages. Urban-centric ageing policies will not be sufficient. There is an insufficient understanding of ageing in rural areas in Australia and research is needed to better understand what an ageing population means for rural communities, particularly in terms of transport, services and technology.<sup>14</sup>

## Cultural and linguistic diversity

Cultural and linguistic diversity is an important influencing factor in the ageing process. It has implications for the availability of supportive social and family networks and for access to culturally and linguistically appropriate care and resources.

In 2006, 3.5% of the South Australian Indigenous population were aged 65 years and older. The life experiences of Indigenous South Australians vary greatly, with many experiencing longer, generational poverty and poorer health outcomes than the majority of the population. In addition, changes in relationships between community members have led to breakdowns in traditional hierarchies. As gains in Indigenous life expectancy continue to be made, it will be particularly important that care arrangements for older South Australians are culturally sensitive and flexible to account for differing experiences and approaches to ageing.

Immigration to South Australia has also had a significant impact on the cultural and linguistic diversity of the population.

In the current generation of older people, 15.3% speak a language other than English at home and 38.6% were born outside of Australia. While the majority of those born overseas are currently of European origin (mostly from the United Kingdom, Italy, Greece and Germany), the fastest growing migrant group in South Australia now is from non-European countries. This has major implications for policy development both now and in the future in relation to language, communication and cultural issues.<sup>15</sup>

These groups of newer immigrants are also having a significant effect on the growing workforce providing community services and aged care, resulting in a fascinating cultural mix of both providers and recipients of care.

The cultural and linguistic diversity of South Australia is to be celebrated but it will create policy challenges. It is essential that policy makers and practitioners embody a flexible and culturally sensitive approach to ageing policy.

<sup>14</sup> Davis, Sandra & Bartlett, Helen 2008, ‘Review Article: Healthy Ageing in Rural Australia, Issues and Challenges’, *Australasian Journal on Ageing*, vol. 27, no. 2, Australia.

<sup>15</sup> Hugo, Graeme et al 2009.



## Gender

Gender is a critically important consideration in the ageing process. Women constitute a larger proportion of the older population due to their longer life expectancy. Among the current older South Australian population are a substantially higher number of females: for every 100 men aged 65+ there are 126 women; for every 100 men aged 80+ there are 160 women<sup>16</sup>.

As the baby boomer generation and generation 'X' age, this difference will be less marked; however, it will remain an important issue for the state.<sup>17</sup>

The traditional female role as family caregiver can contribute to a poorer economic and health status as they age. Many women inherit additional caring responsibilities in older age.<sup>18</sup> Older women have also been found to be more at risk of homelessness and are predicted to drive the growth in lone person households over the next 20 years.<sup>19</sup>

Traditionally, widowhood increases with age. A significant number of older women live – or will live – alone. Of respondents to the 2010–11 survey Social Activity and Wellbeing of Older Australians,<sup>20</sup> almost 40% aged 70+ were living alone.<sup>21</sup> For women in their sixties the figure is 23%, and only 16% for those in their fifties.

This context needs to be acknowledged in all ageing and health care policy. It will mean lots of older women will be living alone, which makes them more vulnerable.

## Income and wealth

As older people retire, their income structure tends to change from that which is predominantly generated from work and business to superannuation, investments and government support.

The Australian Institute for Health and Welfare (AIHW) reports that, on average, people over 65 receive a weekly income almost half that of those under 65. In 2006 most people over 65 years were deriving an income predominantly from the age pension, with some in receipt of superannuation or investment income. It should be noted, though, that the number of people reliant on superannuation is increasing.

Interestingly, whilst average income for older people is relatively low, the total wealth of older people has increased considerably. It is important to note that wealth is measured as

<sup>16</sup> Australian Bureau of Statistics 2012, Population by Age and Sex, Regions of Australia, 2011, ABS, Canberra.

<sup>17</sup> Hugo, G. et al 2009

<sup>18</sup> World Health Organization 2002, Active Ageing: A Policy Framework, WHO, Geneva.

<sup>19</sup> Ludo McFerran 2010, Female, single older and homeless: it could be you, Homelessness NSW, Sydney, NSW.

<sup>20</sup> Australian National University & National Seniors Productive Ageing Centre 2011, Social Activity and Wellbeing of Older Australians, ANU, Canberra.

<sup>21</sup> National Seniors Productive Ageing Centre 2013, Staying Connected: Social Engagement and Wellbeing Among Mature Age Australians, National Seniors Productive Ageing Centre, Australia.

a net concept, therefore much of older people's wealth is related to assets – largely owner-occupied housing.<sup>22</sup> The ACOSS Poverty Report (2011) reveals that the groups in Australia most experiencing poverty are single people over the age of 65. In 2006, 47% of these people were living under the poverty line.<sup>23</sup>

The Australian Bureau of Statistics defines socio-economic status in terms of people's access to material and social resources as well as their ability to participate in society.<sup>24</sup> There is a well-established relationship between socio-economic status and health and wellbeing outcomes across the life span. Significant differences in mortality have been observed by socio-economic status for persons aged 65 years and older, although the size of the differences are smaller and do not follow the linear pattern found in younger age groups. For example, higher death rates for lung cancer, diabetes and circulatory system diseases have been reported for those aged over 65 years in areas of greater disadvantage, compared to those living in less disadvantaged areas.<sup>25</sup>

## Aboriginal people and remote areas

Australian Aboriginal people have unique needs in the ageing sphere. There is well-documented evidence of the high prevalence of age-related disease, such as heart, kidney and lung diseases, in Aboriginal and Torres Strait Islander people as young as their mid-40s. It is not that Aboriginal and Torres Strait Islander people age at an accelerated rate, but they do face a greater burden of conditions earlier in life that can lead to the premature onset of age-related conditions. There are challenges in both health care delivery in general and in specific aged care requirements.

Specialised aged care services are lacking in remote Australia. People often have to travel long distances for care, and service providers may not speak the patient's language, understand the nuances of their culture or have an expert understanding of aged and disability care.

It is essential to focus on primary prevention and specialised aged and disability care for Aboriginal and Torres Strait Islander. All strategies and activities in this area must be underpinned by collaboration and leadership from the people.<sup>26</sup>

22 Australian Institute of Health & Welfare 2007, *Social and economic context: Older Australians at a Glance*, 4th Edition, Australian Institute of Health & Welfare, Australia.

23 Australian Council of Social Services 2011, *Poverty Report – October 2011 Update*, ACOSS, Australia

24 Australian Bureau of Statistics, *Socioeconomic status*; available from [www.abs.gov.au/ausstats/abs@.nsf/Lookup/4250.0.55.001Main+Features32009](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4250.0.55.001Main+Features32009)

25 Australian Institute of Health & Welfare 2004, *Health Inequalities in Australia*, Queensland University of Technology & AIHW, Canberra. [www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459598](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459598)

26 Maguire, G & Wenitong, M 2012, 'Indigenous Ageing: Walking Backwards into the Future', *Perspectives*, vol. 6, [www.bakeridi.edu.au/Assets/Files/No006%20Perspectives%20FORWEB.pdf](http://www.bakeridi.edu.au/Assets/Files/No006%20Perspectives%20FORWEB.pdf)

## Time for a revolution

These demographics show that the population is indeed ageing and there will be complex challenges ahead. Challenges related to geography, culture, health, education and income. But the demographics show only part of the picture. What is not clear from the statistics is the lived experiences that sit under the data. Significant cultural change, human change, is required to address the longevity revolution. I am now 67 years old. In Australia, I could apply for the age pension. When my grandfather was my age, he carried a walking stick and was shuffling towards his grave. I live a vibrant, active life – I have friends, family and work commitments in different continents and as a result I frequently dash around the planet. My life, like that of so many of the 760 million people in the world over the age of 60, is totally different from that lived by my grandparents. Simply by virtue of the numbers and diversity of people involved, baby boomers are reinventing the experience of ageing. As the global population continues to age, our generation is forcing society to rethink what it means to grow old.

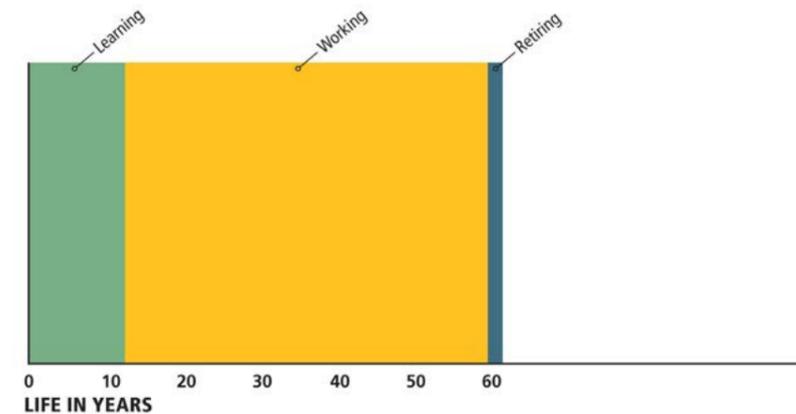




## Rethinking the Life-Course

Formal social security was created in Germany in the 1880s when Chancellor Bismarck observed the decreasing productivity of older men in the factory setting. Then, even in Germany, life expectancy was only 46 years. The few who survived into their 60s were frail and in poor health. It made economic sense to send them home with a little money to 'retire', with the expectation that they would only live a few more years. The concept of retirement was literal – retiring out of sight, out of society. A short period of retirement was regarded as a reasonable and respectful way of completing one's life.

Our life spans and life experiences have changed considerably since Bismarck's time but many of our social constructions remain the same.



**Figure 4** Bismarck's life course: the life course of a person in the 1880s

It is still a common presumption that life is segmented into three broad sections or phases. In the first phase we learn, go to school and sometimes continue onto further studies; in the second phase we then move into employment for a lengthy period of our lives. Particularly for women, this middle phase often involves raising children and taking on other caring roles. Finally, in the third phase we rest for an increasingly large number of years before dying. This is viewed as the 'natural order'. This is clearly a generalisation of any individual's reality, yet much of our social policy and our individual expectations within the life-course remain tied to this simplistic model. For most of us, 65 years signals an artificial threshold which shapes the way we live, what services we are entitled to, and whether we are able to receive certain health treatments and financial entitlements.

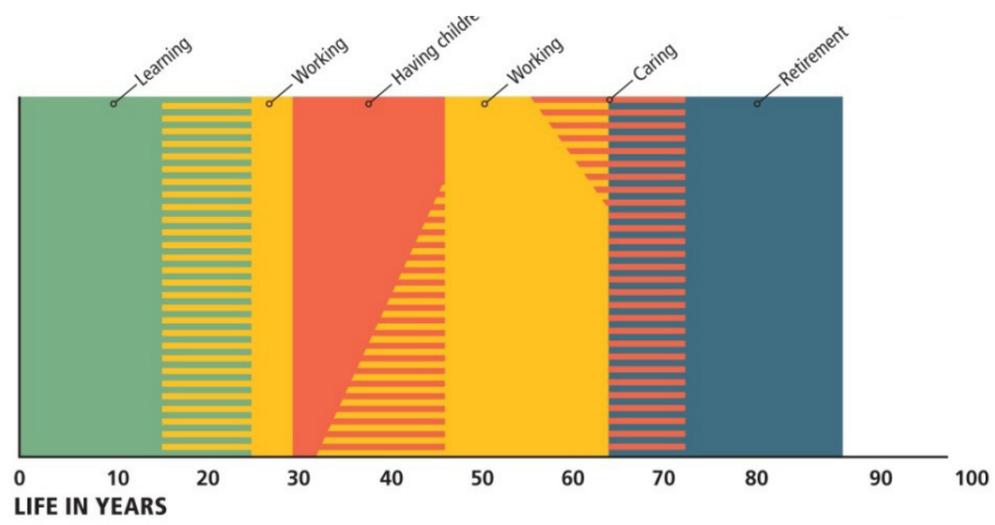


Figure 5 A woman's life course today

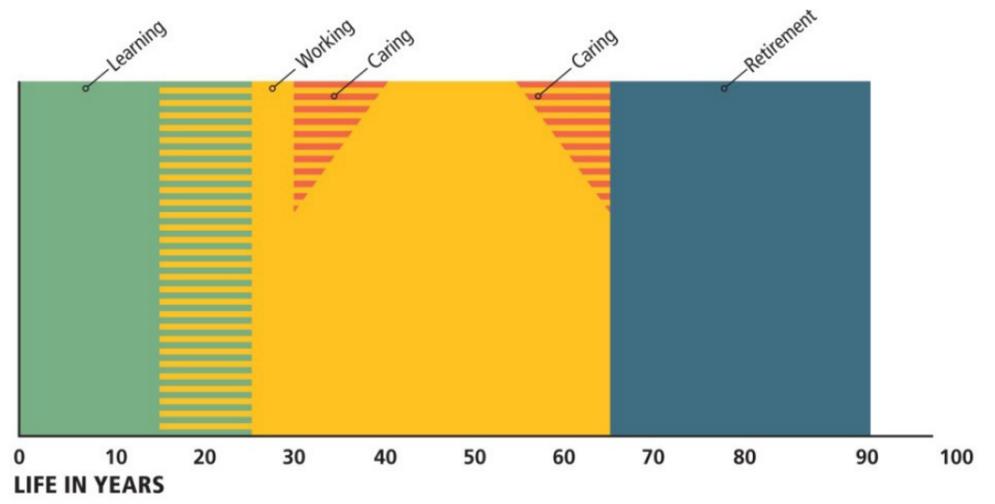


Figure 6 A man's life course today

In the future the life-course will become far more complex than it is today. Learning will continue to dominate our early years but it will not stop at the beginning of our adulthood. It will continue throughout our lives and reappear at different periods in the form of short courses, post-graduate education and on-the-job training. It will become common-place for a person to re-enter the world of formal study, often a number of times, after having been in the workforce for a number of years.

One of the realities in more and more of today's societies is that women are not having enough children to maintain current population levels. Already today more than 80 countries have total fertility rates below replacement level, and Australia is one of these countries. As such, a renewed focus on supporting families with children and sharing the responsibilities of child rearing is required.

**Life is becoming more like a marathon than a sprint. We need to pace ourselves for the long haul.** Faced with longer working lives, entitlement to recreation should be inserted at different points of our life-course, not limited to the ever-expanding period of 'retirement'. Time away from formal work should be encouraged so that individuals can be reinvigorated through travel, sabbaticals or simply the space to consolidate, rest or reinvent themselves. The longevity revolution means an additional thirty or more years to life – it is unrealistic to expect that a career decision taken when an individual is still in his or her teens will remain appropriate throughout a working life spanning multiple decades.

Retirement itself will continue to be redefined. Increasingly, it will become a gradual process – or it may not occur at all! Formal retirement from the workforce may simply present opportunities for more selective or entirely new professional activities. The original concept of retirement, to 'withdraw into privacy or seclusion', is no longer relevant, desirable or even meaningful.

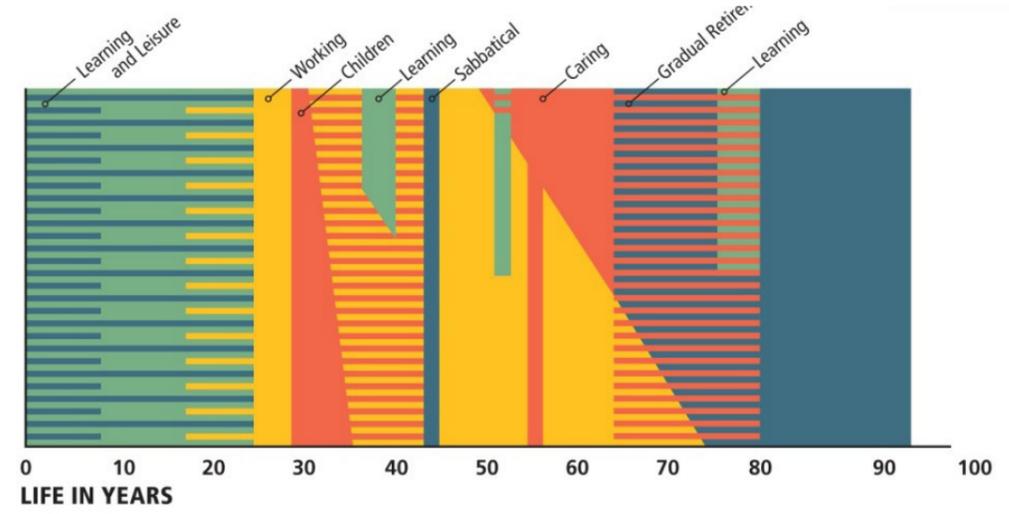


Figure 7 A woman's life course in the future

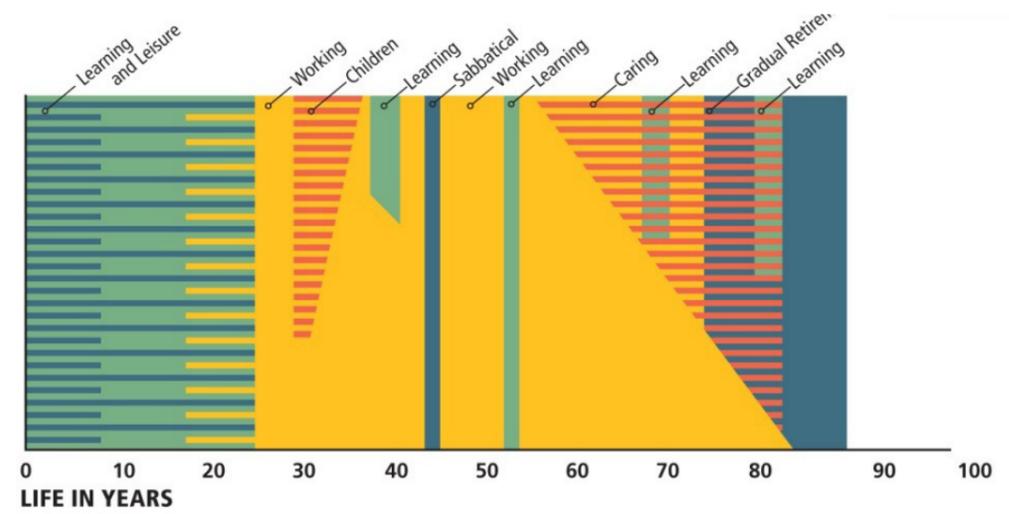
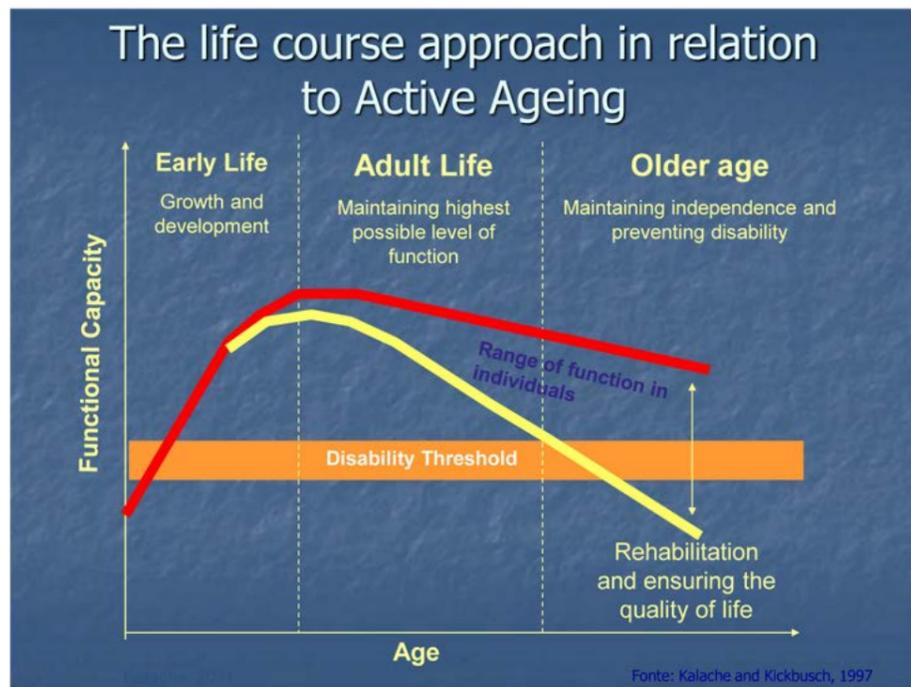


Figure 8 A man's life course in the future

It is essential to recognise that **current policies and practices are based upon a traditional and increasingly outmoded view of the 'typical' life-course.** An accurate and flexible life-course perspective is critical to acknowledging the diversity of the life experience of older people. It is still common for policy-makers to view older people as a homogeneous entity, when in fact older people have had longer to accumulate differences and therefore are more heterogeneous than other age groups.

The adoption of a life-course perspective transforms how we think about health in later years. It is important to recognise **that health is not a 'point in time' status, but rather the accumulation of many circumstances, choices and events that have occurred in the life of any individual.** Older people are not one homogeneous group, and individual diversity tends to increase with age because of the cumulative effect of different choices, experiences and events.



**Figure 9** Functional Capacity over the Life Course

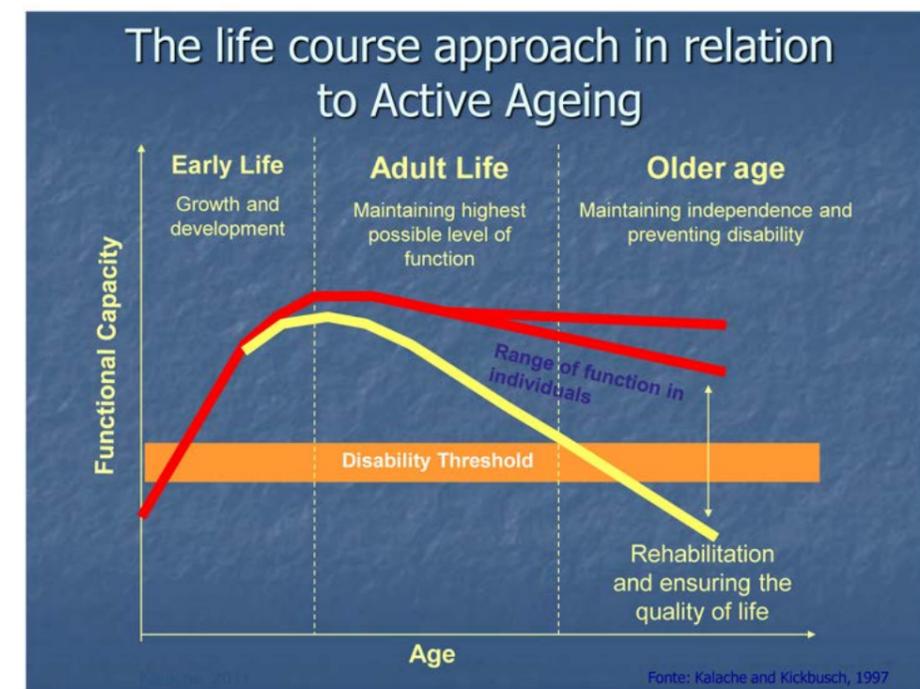
Figure 9 shows the physical functional capacity of people over the life-course. Physical capacity peaks early in life at around age 20. This is when a person's lung capacity, heart strength and muscular strength is at its peak. It is inevitable that functional capacity will decrease as we age; however, the rate of this physical decline is affected by a number of factors – both social and biological. The disability threshold represents the region where a person needs physical assistance due to health or environmental conditions.<sup>27</sup>

When looking at the disability threshold, it is important to note that it is this cumulative dynamic that determines where a person's physical capacity rests in their later years. At both the population and the individual level, government and health care services need to be focused on keeping as many people as possible above the disability threshold for as

<sup>27</sup> The disability threshold is explained in more detail on page 27

long as possible. A person who has had inadequate long-term nutrition, lower levels of education and reduced access to health services may fall below the threshold at an early age. Our lived experiences of health, education, relationships and social services can set us on a path where we can reasonably expect to live longer and healthier, or an alternative reality of disability through illness and premature ageing.

Interventions that create supportive environments and foster healthy choices are important at all stages of life. Intervening at any point in a person's life-course will have a positive effect on the pace of physical decline, at both an individual and a societal level. Individuals need to be educated and supported to make these changes, but policies also need to be introduced to manage this at a macro level.



**Figure 10** Functional Capacity over the Life Course with Intervention

Health and wellbeing are determined by a range of factors including the social, economic, environmental and cultural contexts in which people live their lives. As such, engagement across sectors is required to develop policies which support health and wellbeing, and reduce the number of people living in the community with disability and illness as they age.

While individuals have control over many of their health outcomes, many of the inequalities of health are due to social factors. These social determinants of health need to be addressed at a policy level and policy makers must not put all the onus of poor health in older age on individual behaviour.

Health budgets will become increasingly pressured by the larger numbers of people ageing and approaching this disability threshold. Policy intervention to prevent significant numbers of individuals from falling below the threshold, or even to delay their decline, will have serious budget implications.



## The emergence of a new transition: baby boomers and gerontolescence

It is the baby boomers who comprise the large cohort of people now nearing retirement age. The boomers are a revolutionary and dynamic cohort who led the sexual revolution of the '60s, fought to redefine the role of women in society and championed the struggles against racism and homophobia. Never before have we seen a group of people approaching the age of 65 who are so well informed, so wealthy, in such good health<sup>28</sup> and with such a strong history of activism. With a legacy like this, it is unimaginable that this generation will experience older age like previous ones.

By and large, until the Second World War, even in the developed world, the transition from childhood into adulthood was abrupt. By age 12, or even earlier, children would acquire obligations and duties that better characterise adulthood. The boomer generation transformed adolescence into a protracted period of experimentation, creativity and rebellion. Baby boomers redefined this transitional stage of human development in their youth and now they are redefining what it means to age. We are witnessing the emergence of a 'gerontolescence', an entirely new period of transition. Given the numbers and the assertiveness of the baby boomers, it is unlikely that they will tolerate their rights being ignored, or be dismissed as only suitable for some 'light volunteering'. It is important to note that, while adolescence typically lasts for five or six years, gerontolescence is a period that will last for 20 or 30 years. It is a considerable amount of time to further develop and define an entirely new social construct! Of course, it is essential to have a proper safety net in place for the vulnerable, but the reality is that more and more people will insist on a continued participation in the workplace, in the community and in the political arena.

### Ageing loudly

Less and less are older people willing to play a passive role, either in their own lives or in their communities. This is something to be applauded and needs to be facilitated at every opportunity. Among older people there is a vast reserve of knowledge, memory, intuition and experience that is eager to be tapped. In all policy development, including any implementation of the recommendations of this report, it is vital that their voices are heard and that this 'bottom-up' approach is synchronised with any 'top-down' initiatives.

Maggie Kuhn, the founder of the Grey Panthers,<sup>29</sup> could have been talking about the baby boomer generation when she said: 'We are the risk-takers; we are the innovators; we are the developers of new models. We are trying the future on for size. That is our role.'

28 This statement does not apply across the board. Many people in the baby boomer generation are not healthy, wealthy and active. There is evidence that many individuals in this cohort struggle with financial pressures and health concerns such as obesity.

29 Gray Panthers is an intergenerational education and advocacy organisation dedicated to achieving social and economic justice and peace for all people; [www.graypanthers.org](http://www.graypanthers.org)

## A vision of the new retirement

### The longevity revolution does not mean an additional 30 years of 'old age'.

Instead, these extra 30 years are largely being experienced in good health by people who, throughout their lives, were more active, with more choices, and were better informed than ever before. Through the re-shaping of their own life-courses, baby boomers will be given the unprecedented opportunity to make the time 'after retirement' productive both for themselves and society.

This should not imply that we simply stretch out full-time work so that we all continue working 9 am to 5 pm until we're 95. We need an entirely different approach – a fresh perspective that recognises that growth into old age is a transition taking 20 or 30 years rather than an arbitrary and abrupt point in time. It should mean more flexibility in the workplace, not less. It should include staggered retirements, part-time hours and a greater use of sabbaticals, so that individuals of all ages can go away for a year, recharge their batteries, and come back with greater energy and new skills. Sabbaticals should be an essential part of everybody's life experiences.

The belief that older people clog up the workplace and deprive the young of opportunities is misguided. Furthermore, it has to be considered that when older people carry on beyond expected retirement age, they are helping to create wealth, paying taxes, increasing economic productivity – and therefore helping to create job vacancies for younger workers. Moreover, the older generation, many of whom have high educational levels and impressive experience, have a unique contribution to make.

### The Risk of Inaction

No country can afford to ignore the longevity revolution. The risks are manifold, and are already unfolding around the world. In both the developed and the developing world, pension schemes are under pressure, older people's rights are overlooked and the global economy is being put under strain. Failure to adapt to the new reality is to risk social convulsion – a fracture that could divide the generations and pit one set of interests against another.

In Australia there will be an increasing demand for a diverse range of educational services, such as night classes, special interest learning and certificate and degree courses. The University of the Third Age and other providers will see a substantial rise in demand from an older population with the time to indulge specific interests. Local governments and community organisations need to prepare a wide variety of learning options for their ageing populations. Information technology needs to be accessible to all people but, with an increased risk of isolation, this has particular relevance for older people. Travel groups, language courses and special interest groups on every imaginable topic will flourish in an environment where older people are keen to learn and are able to commit the time required. Educational institutions will need to configure creative and flexible new options to cater for this large cohort of older students. Recognition of prior learning (RPL) will be an important feature for this group. They will make demands upon institutions to recognise and give credit for years of professional or practical experience.

## Retirement redefined

So often, **society defines us by function**. Retirement can often deeply challenge a person's sense of identity and worth. A person who has defined him or herself as 'a plumber', 'a doctor' or 'a teacher' every day over decades may suddenly struggle to answer the question 'what do you do?' Women have traditionally understood this dilemma when trying to define their roles as wives or mothers at home caring for families. 'What do you do?' confronts our sense of who we are and what we contribute as an active member of society. To be told that one's role is now completed, that we are no longer needed, can produce a deep trauma to an individual's sense of their own value. For migrants, this can present a particular challenge as a person struggles to maintain a sense of importance and worth within their new community as well.

It is vital to plan for this new experience of ageing and 'retirement' now, before the numbers cause too much stress upon systems, services, and public opinion. **There needs to be a porous divide between work and retirement.** Governments need strategies for the prevention and postponement of illness and disability to the greatest achievable extent. Simultaneously, they need to design local home-based service delivery to keep the largest number of people with the highest possible level of independence, safe in their homes and communities for as long as possible.

## Volunteering

New contemporary models of volunteering need to be explored as there will be growing numbers of people seeking to balance their lifestyles between rest, work, family and community contributions. Greater thought needs to be given to the civic acknowledgement and appreciation of volunteerism. The concept needs to be supported, encouraged and expanded within local communities and organisations of all sizes. There is a vast body of skill and experience available for sharing in all workplaces and within all community and local government structures. Process and practice need to be refined while the current and most common forms of volunteering are maintained and extended. Organisations need skills of all levels and types. More effort needs to be given to cater for the wide range of individual abilities.

## Employers

A vigorous dialogue between government and business is required to develop policies that establish a much more porous divide between work and retirement. Both work and non-work structures need to evolve into more flexible and tailored entities. A heterogeneous older population and a changing labour force necessitate wide and imaginative options.

## Preparing for a new, longer old age

Above all, people of all ages must be encouraged to think about their own older years. There is a tendency to think of 'the elderly' as a generic and faceless group unrelated to 'me' and 'my experience'. This reluctance to face old age head on needs to be confronted at every opportunity. Every individual needs to consider and plan for the much longer older age that is now becoming the norm. Considerations at all stages of the life-course need to be tempered by that prospect.

## The changing family structure

Families look very different today than they did even in the recent past. There has been considerable research into the outcomes for children within these changed family structures, yet the impact on older people is equally significant. Some general trends are that families are getting smaller and there is an increase in no-child families, relationship breakdowns, same-sex partnerships and people living alone. Within a modern family there is often a wide variety of relationships between family members, such as those which exist between step-parents, step-siblings and half-siblings.

In addition, people's global mobility is increasing. In 2006, 26% of people born in Australia had at least one overseas-born parent and of these people, 44% had both parents born overseas.<sup>30</sup> Moreover, many people migrate semi-permanently or permanently out of Australia leaving family members behind. All these factors mean that **there is less certainty for older people about who will care for them as they age**. A recent study by the University of Sydney shows that the average unpaid carer is a 70-year-old woman who is either caring for her elderly husband or parents.<sup>31</sup>

**The growing social reality of fewer children, more single-person households and often multiple partnerships over a lifetime, massive participation of women in the paid work force presents the question of whether the modern family is capable of, or willing to continue these caring responsibilities.**

### Domestic migration

Domestic migration also affects individuals as they age. This is particularly apparent in Australia due to its size. While internal migration doesn't have the same cultural and linguistic issues as international migration, the loss of support systems and relationships has a huge impact on people. It is significant when older people themselves move to a new place, or if their children, friends and relatives move away. In previous generations, social structures were more stable and people tended to stay in one place. It is now not uncommon for people to move interstate or overseas multiple times. This is common in Indigenous communities as many people have to move from their traditional lands and away from their communities for educational opportunities and access to services. This often means that as people age their children and grandchildren may be spread out all over the country, which has a huge impact on both their wellbeing and sense of connectedness and their care requirements, as they are less able to rely on family members.

30 Department of Prime Minister and Cabinet 2008, Families in Australia: 2008, Department of Prime Minister and Cabinet, Canberra [www.dpmc.gov.au/publications/families/docs/Families\\_in\\_Australia\\_08\\_chapter2\\_low.pdf](http://www.dpmc.gov.au/publications/families/docs/Families_in_Australia_08_chapter2_low.pdf)

31 Aggar, C, Ronaldson, S & Cameron, I D 2012, 'Residential respite care is associated with family carers experiencing financial strain', Australasian Journal on Ageing, doi: 10.1111/j.1741-6612.2012.00637.x

## Ageing in a foreign land

Ageing in the context of migration is presenting new and very particular challenges for contemporary societies. Very little research has been undertaken to explore the intertwining phenomena of global migration and global ageing. Migration is an essential, inevitable and mutually beneficial feature of 21st century society. According to the United Nations Population Division, over 200 million people worldwide are living outside their country of origin and the numbers are on the increase. These numbers, however, are an under-estimation as there are millions of unregistered immigrants throughout the world.

A common view of migration is that it consists entirely of young people. Yet a decision to relocate actually occurs at many stages of the life-course. Furthermore, young migrants will also age. **Migration is a disruptive life event<sup>32</sup> that has both short- and long-term implications for the ageing process.** Multiple questions are raised concerning cross-cultural understandings of ageing, national and international policies about migration, and how to facilitate active ageing in a multi-cultural context. Policy-makers must, as a priority, pay specific attention to the needs and concerns of older migrants.

**Many ageing migrants have an ambiguous or torn sense of belonging.** They then experience greater challenges which may hamper their connection to the wider community and their civic engagement. Subtle and not-so-subtle societal exclusion of the immigrant can easily be compounded by an additional societal exclusion of the older aged.

As individuals become frail, obviously their autonomy is often compromised by physical or social factors. This can limit ability to make culturally relevant decisions. They may be simple, day-to-day choices such as food preferences or they may be deep, values-related positions on religion or custom surrounding major life events. Some ageing migrants experience a loss of their learned language ability and it is not uncommon to find an instinctive reversion to a first language, creating inevitable further limitation.

Many ageing migrants develop a confused and often disappointed relationship with their former country. Significant changes in their land of origin often result in social and political systems which no longer match older people's memories. In situations where older individuals return to take up residence in their homeland they can often end up deeply disappointed. They may end up ageing in a foreign land that happens to be the place where they were born.

Communication is an essential ingredient in health and aged care service. This involves both spoken and written language as well as a deep 'cultural intelligence'. It is not uncommon for people to revert back to their primary languages and culture as they age. Even the concept of nursing home care is unacceptable to many migrants who come from a society where caring for elders in the home is the norm. Managing this requires flexibility, compassion and a deep commitment to cultural diversity. During my residency I heard of a Vietnamese Australian man who was an interpreter in Australia for many years when Vietnamese people were first arriving in Australia after the Vietnam War. He recently died in nursing care with no English ability. As he aged he had lost his memory of English and reverted back to his mother tongue.

32 Beyene, G 2000, 'Immigrating for status in late life: effects of globalization on Filipino American veterans', Journal of Aging Studies, vol. 14, no. 3, pp. 273-292.

Migration is here to stay and migrants are growing old at unprecedented levels. Policies and interventions to deal with migrant-specific issues are urgently needed.

### A new policy for ageing for people from culturally and linguistically diverse backgrounds

As part of the Commonwealth Government's reform package 'Living Longer, Living Better', a strategy is being developed for people from culturally and linguistically diverse (CALD) backgrounds. It acknowledges that older people seeking to access aged-care services are increasingly from diverse backgrounds and may have very different preferences. Following a consultation period, in December 2012 the Commonwealth Government released 'The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds'.

In its report 'National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds', released in December 2012, the Department of Health and Ageing has a set of six goals with corresponding actions to deliver tangible outcomes from 2012–2017. The six goals are:

- GOAL 1 – CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive;
- GOAL 2 – Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care;
- GOAL 3 – Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services;
- GOAL 4 – Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers;
- GOAL 5 – Enhance the CALD sector's capacity to provide ageing and aged care services;
- GOAL 6 – Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.<sup>33</sup>

At the international level, the Ageing in a Foreign Land Research Protocol<sup>34</sup> was developed to help guide countries in planning for diversity in ageing. It is the beginning of an attempt to address cross-cultural understandings about ageing, to contribute to national and international policies about migration and to further enable an active ageing agenda within a multi-cultural setting.

33 Department of Health and Ageing 2012, National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds, Australian Government. [www.health.gov.au/internet/main/publishing.nsf/Content/2882705B40A380A1CA257AD80077A1B8/\\$File/D0982\\_CALD\\_WEB%20with%20p4%20corr.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2882705B40A380A1CA257AD80077A1B8/$File/D0982_CALD_WEB%20with%20p4%20corr.pdf)

34 The New York Academy of Medicine 2009, Ageing in a Foreign Land: An international study of ageing, migration and belonging – Research Protocol, The New York Academy of Medicine, New York.

The objectives of the research are to:

- better understand the nexus between ageing and migration
- identify best practices and policies that facilitate active ageing for older migrants
- stimulate the adoption of strategies to ensure the rights of migrants as they age.

COTA SA supports many community networks of people from diverse cultures and languages. The COTA Clubs & Networks Program and the COTA Bilingual Peer Education Program are well known and well supported by older South Australians who were born overseas. COTA additionally supports representation in formal policy development forums by older people from diverse cultures. These initiatives are a demonstration of action by people of CALD backgrounds that can be built on to increase participation for people for whom South Australia is a foreign land.



A focus on the rights rather than the needs of older people is imperative, logical and moral. This is not to say that older people do not have needs. They often have very specific needs. Transcending these, however, are any individual's human rights. As citizens of progressive modern societies, all individuals have acquired rights to care, income, health, education and social services.



## The Right to Age Well

### Rights-based policy

In most societies, youth is highly prized and age is seen as a burden. This leads to discrimination and disadvantage as we age. There are specific realities – from limited access to services, education and job opportunities to elder abuse, neglect and abandonment – that render violation of the rights of older persons more frequent and cause them to be one of the most vulnerable population groups. Many of those who will reach old age in the near future will have already, throughout their life-course, accumulated disadvantages that will heighten their exposure to discrimination.<sup>35</sup>

The concept of modern human rights has evolved over time and originates from a plethora of philosophical, moral, religious and political traditions. There is no single narrative charting the evolution of these rights to the understanding of today's societies.

**Access to citizenship becomes limited if frailty, illness, disability or isolation reduce a person's capacity to effectively exercise his or her decision-making rights.** For example, where information is only supplied via the Internet, someone who cannot physically access a computer, or doesn't have the skills, is effectively unable to engage. As Israel Doron points out, 'a rights discourse is a power discourse: it enables, empowers and it stresses dignity not need'.<sup>36</sup>

A comprehensive rights-based approach to policy making will result in structures and programs that will empower and stimulate older people, their families, carers and healthcare professionals. It will result in a 'more inclusive, equitable and sustainable development'.<sup>37</sup> 'Adopting a human rights framework will strengthen local communities, clarify the principles of good practice and facilitate service development which is designed to recognise, prevent and respond to vulnerable adults who are at risk of being harmed'.<sup>38</sup>

35 Kalache, A and Blewit, R 2011, 'Human Rights in Older Age', Global Population Ageing: Peril or Promise, World Economic Forum Global Agenda Council on Ageing, Geneva.

36 Doron, I & Apter, I 2010, 'The Debate Around the Need for an International Convention on the Rights of Older Persons', *The Gerontologist*, vol. 50, no. 5, pp. 586-593.

37 HelpAge International 2009, 'Strengthening Older People's Rights: Towards a UN Convention', [www.inpea.net/images/Strengthening\\_Rights\\_2010.pdf](http://www.inpea.net/images/Strengthening_Rights_2010.pdf)

38 Office of the Public Advocate & the University of South Australia, October 2011, Closing the Gaps: Enhancing South Australia's response to the Abuse of Vulnerable Older People, The University of South Australia.

At a seminar during my residency, I addressed a large group of aged care providers. I asked the participants to close their eyes, to imagine themselves at the age of 80 and to reveal what they most wanted for themselves. The most repeated words from this group were: respect, choice, freedom, happiness, space and comfort. The responses typify our deepest desire to be accorded full humanity at every stage of our life. Every progressive society needs to embrace this fundamental aspiration by applying a human rights perspective to social policy.

## Myths and stereotypes

'... stereotypes are useful for camouflaging the social arrangements which we impose upon the aged members of our society. As the unspoken assumptions upon which "scientific" theories of ageing are constructed, they become doubly dangerous, being mindfully or inadvertently employed to determine the fate of fellow human beings.'<sup>39</sup>

Some common myths about older people are that they are all the same; they are boring; they are all unwell; that disability comes with age; or that they are lonely and will gradually withdraw from society.<sup>40</sup>

These myths and resulting attitudes dismiss people's humanity and individuality. As people age, we remain valuable and dynamic members of society. On a social level people maintain the roles of grandparents, parents and friends. On an economic level people are carers, volunteers and paid workers. The richness of the human experience over the life-course must be reflected in policy. It is not sufficient to simply classify people as 'old', give them the pension and send them home.

## Language

The use of language is a central component to the rights discourse. Ageism, where 'people cease to be people, cease to be the same people or become people of a distinct and inferior kind, by virtue of having lived a specified number of years, is perpetuated through language'.<sup>41</sup> Often, it is subtle and seemingly passive. Patronising terms such as 'the golden age' or the 'twilight years' may seem harmless, yet they add to a landscape where older people are compartmentalised and made 'other'. Language can power exclusion, cruelty and indifference. Yale University studies have shown that negative stereotyping has a measurably harmful impact on older people's self-esteem, their memory and even their longevity.<sup>42</sup> It is incumbent upon all of us, as individuals or groups, to be alert to the harm inherent in our own vocabularies.

39 Hazan, H 2000, 'The cultural trap: The language of images, in Ageing and Everyday Life', J F Gubrium and J A Holstein, Editors, Blackwell, Malden, Massachusetts.

40 Thornton J E 2002, 'Myths of Ageing or Ageist Stereotypes', Educational Gerontology in Ageing, Myths and realities, Department of Communities, Child Safety and Disability Services, Government of Queensland, Brisbane. [www.communities.qld.gov.au/resources/communityservices/seniors/publications/ageing-myth-reality.pdf](http://www.communities.qld.gov.au/resources/communityservices/seniors/publications/ageing-myth-reality.pdf)

41 Johnson, J & Blytheway, B 1993, 'Ageism: Concept & Definition' in Ageing in later life, Johnson & Salter, Thousand Oaks CA, Sage Publications.

42 Levy, B 2002, 'Negative Views about Ageing Affect Longevity', Journal of Personality and Social Psychology. vol. 33, no. 9, pp. 261-270.

## Autonomy and independence

Autonomy and independence are terms that are often used interchangeably. In fact, they have quite different meanings. In care settings, independence commonly refers to the ability to undertake tasks without assistance. This may include dressing, showering and other daily activities. As people age they may lose independence due to illness, injury or other chronic conditions. Despite this loss of physical capacity, the same individuals can retain an autonomy and the ability to make decisions. For example, a person who is unable to dress himself or herself can still make decisions about what they are dressed in. This insistence will be an example of her autonomy even though she has lost her independence. Maintaining autonomy over decisions, exercising preferences and choices, and maintaining relationships and social connections are equally as important as physical capacity.<sup>43</sup>



A soundly constructed rights-based approach ensures that people who are frail and losing their independence still have autonomy – the right to make the decisions related to their health, care and the way they live their daily life.

A pilot project by COTA SA in partnership with South Australia Health (1 April 2011 to 30 June 2012) was established to investigate the responses of older people to advance care planning. The initiative highlighted the fact that many older people do not have sufficient information to confidently and effectively voice their future lifestyle wishes. This included end-of-life decisions.

Evaluation of the pilot project recognised that further work is required:

- to inform consumers about the required documentation and processes to effectively establish the compliance with their wishes
- to educate families and other parties about the usefulness of a consumer rights-based approach to better guarantee the fulfilment of their decisions. In some cases this included having appropriate information presented to families of culturally diverse backgrounds.
- to engage people earlier in their life-course rather than to delay until the onset of chronic illness.

43 COTA Victoria 2009, The Voice of Older People on... Independence, COTA Victoria, Melbourne.



## Elder abuse

The abuse of older people is one of the last grand taboos. There are clear parallels between elder abuse today and the position that domestic violence, child abuse and violence against women occupied in societies some three or four decades ago. In 2002, the World Health Organization initiated the first international multicentric research project on elder abuse and subsequently produced a report entitled *Missing Voices: views of older persons on elder abuse*. This qualitative study conducted in eight countries identified the following categories of abuse:

- structural and societal abuse
- neglect and abandonment
- disrespect and ageist attitudes
- psychological, emotional and verbal abuse
- physical abuse
- legal and financial abuse.<sup>44</sup>

<sup>44</sup> World Health Organization 2002, *Missing voices: views of older persons on elder abuse*, World Health Organization, Geneva.

Elder abuse is often perpetrated within relationships where there would be a normal expectation of deep trust. Indeed, as with child abuse, elder abuse occurs predominantly within the family. It is mostly covert and sometimes extremely subtle. It ranges from psychological and financial abuse to neglect, assault and sometimes death. According to a MetLife Mature Market Institute study (June 2011) financial abuse robbed elder Americans of 2.9 billion dollars in 2010, up 12% from 2008.<sup>45</sup> A growing number of research studies around the world are starting to reveal the magnitude of the crisis,<sup>46</sup> yet according to WHO in August 2011, 'the scope and nature of the problem is only beginning to be delineated, many risk factors remain contested, and the evidence for what works to prevent elder maltreatment is limited'.<sup>47</sup>

Much of elder abuse is institutional. A significant amount is delivered by health and care practitioners that are sometimes oblivious to the harm of their actions or non-actions. Insufficient training, indifference or plain age-prejudice by the medical establishment commonly leads to poor, inadequate or highly damaging treatments. Both under-medication and over-medication are commonplace. For instance, throughout the world new generations of medical students continue to be trained to practice Medicine more appropriate to the realities of the 20<sup>th</sup> Century, with excessive emphasis on child and maternal health. Yet, after graduation, they will encounter an ever increasing number of older patients whatever the specialty they choose – with the exception of Paediatrics... Health professionals for the 21<sup>st</sup> Century will need to be much more knowledgeable about all the dimensions of ageing, from Anatomy, Physiology and Pharmacology to presentation of (mostly chronic) diseases, psychosocial aspects of ageing and long term terminal care. Studying anatomy on an atlas figuring a twenty year old male does not equip a doctor to locate the spleen of an obese eighty year old woman. In the absence of comprehensive geriatric training, health professionals will be ill equipped to fully understand the very nature of the multiple pathologies common in old age. Neglect, rejection or harm are often the unfortunate consequences.

*"The arc of the moral universe is long, but it bends toward justice."*<sup>48</sup>

<sup>45</sup> MetLife 2011, *The MetLife Study of Elder Financial Abuse - Elder Financial Abuse: Crimes of Occasion, Desperation and Predation Against America's Elders*, MetLife, [www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf](http://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf)

<sup>46</sup> According to the American Psychological Association, 2.1 million older Americans are victims of abuse every year but it is further believed that, for every reported instance, there are as many as five unreported cases. (American Psychological Association 1998, *Elder Abuse and Neglect: In Search of Solutions*, [www.apa.org/pi/aging/resources/guides/elder-abuse.pdf](http://www.apa.org/pi/aging/resources/guides/elder-abuse.pdf))

<sup>47</sup> World Health Organization 2011, *Elder Maltreatment*. Factsheet number 357, World Health Organization, Geneva [www.who.int/mediacentre/factsheets/fs357/en/](http://www.who.int/mediacentre/factsheets/fs357/en/)

<sup>48</sup> Luther King, Martin 1967, *Where do we go from here?*, Delivered at the Southern Christian Leadership Conference, Atlanta, Georgia, 16 August 1967



## Active Ageing and a Life-Course Perspective

What do you want for yourself as you age? How would you like to experience growing older? Where would you like to live? What would you like to be doing? Almost universally, the answers to these questions involve people stating that they would like to age in good health, in the comfort of a familiar home, spending time with friends, family and celebrating life.

It was these ideals of health, happiness and fulfilment that led the World Health Organization to define the term 'Active Ageing'. The context was the preparation for the United Nations World Assembly on Ageing (UNWAA), which took place in Madrid in 2002. As director of the WHO Department of Ageing and Life Course I was very much aware that there was much expectation that WHO would contribute to the process in a meaningful and substantive way. The Organization responded by orchestrating a series of workshops, consultations and bilateral discussions over a period of more than two years which culminated in a document, 'Active Ageing, a Policy Framework', which was subsequently launched at the UNWAA.

It is difficult to ever achieve complete precision in language, but it was agreed that 'active' conveyed a more inclusive message than labels such as 'healthy', 'successful' or 'positive'. It was felt that the term better reflected the broad experiences, contributions and participation in society by people throughout their life-courses, and the multifarious nature of ageing itself. The word 'active' is intended to refer to a continuing participation in social, economic, cultural, spiritual and civic affairs, not simply the ability to be physically active or to participate in the labour force. The Active Ageing approach aims to extend a healthy ageing and quality of life agenda to all people as they age, including those who are frail or disabled and in need of care.<sup>49</sup>

In the WHO document, Active Ageing is defined as 'the process of optimising opportunities for health, participation and security in order to enhance the quality of life as people age'.<sup>50</sup>

49 WHO 2002

50 WHO 2002

The definition establishes three pillars that form the foundation of quality of life as we age: health, a universal value that all cultures consider the number one pre-requisite to enjoy quality of life. But why do we want health? Fundamentally it's so we can participate (second pillar) in society. The third pillar becomes of paramount importance when and if we are no longer healthy and therefore our participation in society becomes increasingly difficult – the security that we are not going to be abandoned or neglected and the assurance that we need in relation to access to shelter, food, medical and social services at a point in our lives when we may experience particular vulnerability. Intrinsic to the definition of Active Ageing is the notion of process – it implies a life-long continuum. Active ageing is the result of events, exposures and choices that we experience or make throughout the entire life and not something we `decide` to do or think about once arriving at a particular chronological age.

The Active Ageing Policy Framework has proven to be very influential in the development of national and local policies throughout the world since its launch. It has also attracted much attention from academicians resulting in a substantial body of literature<sup>51</sup>. At an international conference on active ageing held in Seville in 2010 a fourth pillar to the Active Ageing definition was added: lifelong learning. This was an acknowledgement of the importance of continuous learning in people's lives regardless of age.<sup>52</sup> Health is a key to continued participation in society, but having relevant skills, information and knowledge is also indispensable for us to ensure such participation.

## Pillar 1: Health

It is clear that individual experiences throughout life affect how well a person ages. When writing policy for older-age health it is crucial to fully consider the life-course. Interventions that create supportive environments and foster healthier individual choices are vital at all stages of life. It is essential to aim to maximise the health and wellbeing of all age groups. Additionally, there needs to be an ongoing support for the maintenance of the functional capacity of the population over time. The best policy approach toward building the healthiest possible older age is to maximise capacity at a young age (vital capital for life) and to aggressively support health and wellbeing throughout the entire life-course.

The importance of adopting a life-course perspective in relation to functional capacity is encapsulated in the diagram below (Figure 11), which illustrates how such physical capacity (such as muscular strength, ventilatory function or cardiovascular output) increases throughout childhood and adolescence, peaks in early adulthood and eventually declines. The rate of decline is largely related to lifestyle and external social, environmental and economic factors (which are all modifiable determinants), with the addition of the only unmodifiable one, which is age itself. Thus, it is only to be expected that we are not going to be as strong or as fast at the age of 85 as we were at 25. That in itself is not a problem. Provided that we remain above the threshold of disability, we will continue to be independent and valuable resources to our families, communities and the economy – if the society in which we live so permits. Good policies for health in older age need to balance personal responsibility (self care), support to carers in the community, paid and

51 Fernandez-Ballesteros R, Robine J, Walker A, & Kalache A. 2013, 'Active Aging: A Global Goal', *Current Gerontology and Geriatrics Research*, vol. 2013, no. 4

52 International Conference on Active Ageing, Seville, Spain 2010

unpaid (community and informal care), appropriate levels of institutional care as well as age-friendly environments (physical and social). Such efforts pay enormous dividends both at individual and societal levels. Available data increasingly indicates that it is not old age itself that causes increased medical spending. Rather it is disability and poor health, often associated with old age, that are costly.<sup>53</sup>

The best policy approach toward building the healthiest possible older age is to maximise capacity at a young age (vital capital for life) and to aggressively support health and wellbeing throughout the entire life-course.

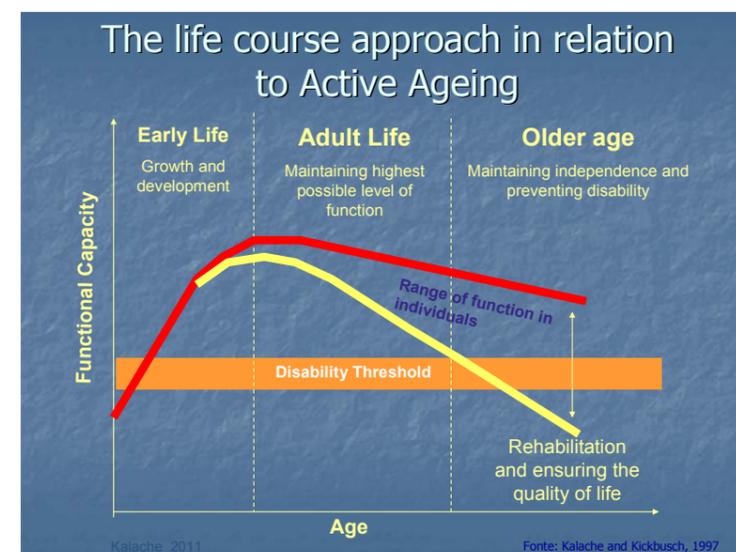


Figure 11 Functional capacity across the life-course and the disability threshold

## The disability threshold

The disability threshold is the line below which a person becomes unable to live independently due to incapacity or illness. This is not a rigid, pre-fixed line which a person suddenly crosses. In a physically and socially supportive environment an individual with, for instance, a bad knee, can lead a perfectly independent life. If this same person were in an environment with architectural barriers, poor public transport and unaffordable circumstances, their ability to live an independent life would be compromised.

It is important to note that at both the individual and the societal level, the speed of decline can be influenced (and may be fully reversible in some cases) at any age through policy interventions. For instance, a program to promote physical activity at any age may result in important health gains, helping individuals to remain above the disability threshold for longer than would otherwise be the case. It should be remembered that as individuals age, non-communicable diseases (NCDs) become the leading causes of morbidity, disability and mortality. Most NCDs are largely preventable or can be postponed through interventions at all stages of the life-course, including old age.

53 WHO 2002

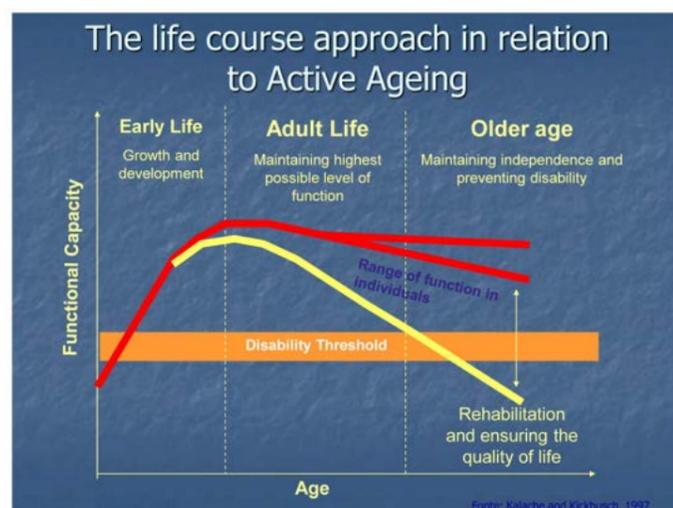


Figure 12 Functional capacity across the life-course and the disability threshold with intervention

Not only is the trajectory of the decline in functional capacity able to be influenced, but the disability threshold itself is not rigid – it is context dependent. Changes in the physical environment (for example, facilitating accessibility) can lower the disability threshold, thus reducing the number of people who have been effectively disabled by such lack of access. This is why the graphs depict the disability threshold as a bar rather than a fixed horizon. Depending on where the threshold lies (the upper or the lower edge of the bar), millions of individuals can be trapped or freed from disability by simply manipulating the environment where they live. For instance, someone suffering from arthritis in a knee could lead a fully functional life in a supportive environment where architectural barriers have been eliminated and public transport is friendly and safe, rather than losing independence as a result of those physical and social obstacles.

**Policy makers need to be fully aware of the enormous savings achievable by ensuring a decline in disability rates. It is calculated that the predicted declines in the USA over the next 50 years could reduce overall medical spending by about 20 per cent.**<sup>54</sup>

## Pillar 2: Participation

Chronological age itself is irrelevant to whether or not a person is engaged, interested and pursuing opportunities to remain active in society. Participation at all ages helps to maintain self-esteem and a sense of worth. Post-retirement can be a particularly difficult time. For many people, particularly men, this stage of life can feel like an exclusion from society. This is not healthy for the individual nor for society. Efforts to stimulate ongoing participation can help the individual to make a rewarding transition to a different experience of 'retirement' with a myriad possibilities and choices. Furthermore, there are very substantial societal and economic gains from policies that promote participation. The public policies that have tended to encourage early withdrawal from the labour force will inevitably come under pressure to reverse direction, particularly as larger numbers of healthier older people reach current arbitrary retirement ages.

<sup>54</sup> Cutler, D 2001, 'Declining Disability Among the Elderly', Health Affairs, vol.20, no.6, pp.11-27.

## Pillar 3: Security

The final pillar of the Active Ageing framework, security, can be defined as the confidence that we will be protected as we grow older. It relates to the most basic of human needs, the need for stable housing, good quality healthcare, protection from harm, and sufficient financial security, especially when people are most vulnerable due to illness or disability. Policy on security needs to address the social, financial and physical elements which threaten the systems that protect the individual and maintain dignity and care. In Australia it is commonly assumed that security is provided by the aged care sector within residential facilities. In reality, only about 7% of people aged 75–84 live in some form of residential care, increasing to 31% in the 85 and over age group.<sup>55</sup> The fact is that most older people continue to live in their own homes, with many receiving assistance to varying degrees from friends, family and community care. Policies and systems must be in place to provide for the peace of mind that comes with the knowledge that when good quality care and support is needed it will be provided.

## Pillar 4: Lifelong Learning

**Lifelong learning** was added to the Active Ageing framework to capture the importance of skills and knowledge in remaining connected to society and supporting participation. It does not refer only to academic learning or formal training, although this is also important. It encompasses all forms of learning and may be as simple as taking up a new hobby, acquiring a new skill or experiencing a new activity. Access to information is a key component of ageing actively. The nature and dominance of information technology means that skills can very quickly become out-dated. For individuals to remain relevant and connected to all dimensions of life and society, on-going learning needs to be viewed and supported as a continuous process throughout the life-course. Together with Health this pillar helps to ensure **Participation** in society. Eventually we want to grow older in good health and with sufficient knowledge and skills so that we can continue to be active participants in our societies.

## The Determinants of Active Ageing

**What establishes whether a person ages actively or positively with a good quality of life?**

Active ageing is not an isolated concept. When people age, they do so as individuals but also as members of families, groups and societies. These external factors are the **determinants of active ageing** and they must be understood within the context of South Australia in order to design policies and programs that work.

Gender and culture sit over and around the individual determinants such as psychological makeup or where a person lives. In other words, they are transversal determinants as they influence all others.

<sup>55</sup> Australian Bureau of Statistics 2007, Older people in cared accommodation, Canberra [www.abs.gov.au/ausstats/abs@.nsf/7d12b0f6763c78caca257061001cc588/a9a41e020abc6c68ca2571b00013d9fe!OpenDocument](http://www.abs.gov.au/ausstats/abs@.nsf/7d12b0f6763c78caca257061001cc588/a9a41e020abc6c68ca2571b00013d9fe!OpenDocument)

**Culture** is a key consideration as it determines how specific communities view older people and ageing, and how older people within those communities view themselves. Culture and tradition affect health outcomes because they affect the likely success of prevention, early detection and appropriate treatment services. They can influence health seeking behaviours such as attitudes to exercise, diet, drinking, smoking or family planning. Culture can also help to shape family and social structures, such as a preference toward the co-habitation of multiple generations. The rich diversity of Australian society requires informed policy responses that are appropriate and respectful yet always mindful of the transcendence of universal human rights.

'Gender is the other key, transversal lens through which to consider the appropriateness of various policy options and how they affect the wellbeing of both men and women.'<sup>56</sup> Policy makers need to be alert to gender discrimination. In some communities girls and women still have lower social status and reduced access to education, meaningful work and civic engagement. The traditional care-giving role so often still ascribed to women can contribute to poverty and ill health in older age. Most unpaid caring work is performed by women and is often at the expense of paid work. This has the overall result of reducing skills and wealth acquired over a lifetime, meaning that women are more likely to age in poverty than are men. This vast body of care work undertaken principally by women is still largely obscured as a societal contribution.

**'What's worth \$40 billion dollars and comes for free? The 2.5 million Australians that are working as unpaid carers.'**<sup>57</sup>

A parallel set of considerations exist around the ageing of men. Throughout the life-course (including old age) men are more likely to suffer injuries or death due to violence, occupational hazards and suicide. Statistically, men are also more likely to engage in risk-taking behaviour that may have adverse health consequences, such as smoking or excessive alcohol and drug consumption. In addition, men are less likely to go to the doctor for regular health checks than are women,<sup>58</sup> and less likely than women to have supportive social networks. Gender issues must be taken into account within the context of South Australia when looking at policy development.

It is important to consider the notion of equity within the context of gender – as equity in health means addressing the disparities between and among different groups of older people, as well as those between women and men.<sup>59</sup>

The WHO Active Ageing model depicts how both gender and culture are cross-cutting and act on and influence six further determinants that are more specific to the individual. It is the combination and the complex interplay between all of these determinants that will make up the health profile of people in all the age groups.

56 Women, Ageing and Health: a Framework for Action – Focus on Gender, WHO. 2007 NLM classification WA 309

57 The Australian Human Rights Commission 2011, Valuing Carers; Something in Common, Sydney, viewed 8 April 2013, [somethingincommon.gov.au/dig-deeper/respect/valuing-carers](http://somethingincommon.gov.au/dig-deeper/respect/valuing-carers)

58 Department of Health and Ageing 2010, National Male Health Policy Supporting Document: Healthy Limits, Commonwealth of Australia, Canberra, [www.health.gov.au/internet/main/publishing.nsf/content/0547F4712F6AB5D3CA257457001D4ECF/\\$File/Healthy%20limits%20amended%20170510.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/0547F4712F6AB5D3CA257457001D4ECF/$File/Healthy%20limits%20amended%20170510.pdf)

59 World Health Organisation 2007, Women, Ageing and Health: a Framework for Action – Focus on Gender, World Health Organisation, Geneva

- 1. Behavioural determinants** include aspects such as diet, amount and type of exercise, sleep patterns, alcohol and drug use. Healthy choices are important at all ages but life-style changes, even very late in life, can have a substantial health impact.
- 2. Personal determinants** consist of some hereditary elements of personality but also many features that can be modified, such as self-esteem, self-efficacy, optimism and response to stress as well as, to a lesser extent, abilities such as cognitive capacity.
- 3. The physical environment** affects an individual's health in a multitude of ways. People, but especially older people, who live in unsafe or physically challenging neighbourhoods are more likely to be prone to isolation, depression and reduced fitness. Quality of housing reflects on the wellbeing of people of all ages, but for the older aged in particular, proximity to family members, services and transportation can mean the difference between positive social interactions and complete isolation.
- 4. Social determinants** are the important variables of social capital. Access to social support, opportunities for education or on-going learning, and safety from violence and abuse are key health-mitigating factors in the social environment. Inadequate social support is associated with an increase in mortality, morbidity and psychological distress as well as an overall decrease in general health and wellbeing. Social isolation and loneliness in old age are linked to a measurable decline in both physical and mental wellbeing.
- 5. Economic determinants** – studies have long shown that low-income older people are only one-third as likely to have high levels of functionality as high-income older people.<sup>60</sup> Inadequate income critically influences choices over nutrition, domestic arrangements and social participation.
- 6. Health and social service systems** need to be integrated, co-ordinated and cost-effective. In order to promote active ageing, these systems must adopt a life-course perspective that concentrates efforts on health promotion, disease prevention and equitable access to quality primary health and long-term care.



**Figure 13** The determinants of active ageing<sup>61</sup>

60 Guralnick, J M & Kaplan, G 1989, 'Predictors of Healthy Ageing, prospective evidence from the Alameda County Study', American Journal of Public Health, vol. 79, pp. 703-8.

61 World Health Organisation 2002, Active Ageing: A Policy Framework, World Health Organisation, Geneva



In the diagram above (Figure 13 – The determinants of active ageing), within a background formed by the transversal determinants of culture and gender, each of the six determinants can be seen defining active ageing. The actions and interactions of these forces create a dynamic and complex process that can be tracked and influenced by effective policies and interventions.

## Recommendations related to Health

Older people are more likely to suffer complex health problems. These require particularly well-co-ordinated and focused services that are fully mindful of the broad range of impacts on human ageing. Many older people do not experience an easy or timely transition into tertiary service provision. This can arise because they did not receive appropriate attention in the primary health sector, or it may be as a result of poorly targeted care when in hospital. This report contains a series of recommendations which urges the adoption of age-friendly principles across the entire health sector.

### Recommendation 1

***Incorporate age-friendly principles and a life course perspective into population health planning and state-wide health strategies:***

- ***The Minister for Health and Ageing (SA) to incorporate relevant aspects of the WHO Active Ageing Framework in the development of the State Public Health Plan***
- ***Life-course principles to be applied to all new health strategies***
- ***SA Health to work collaboratively with Medicare Locals to drive improvements in the primary health cover for older adults and to promote a continuity of care throughout the entire healthcare system***

A key component of the Commonwealth Government's National Health Reforms is the establishment of a new nation-wide network of Medicare Locals (MLs). Medicare Locals are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. They are independent bodies tasked with driving improvements in primary health care management and service delivery and ensuring that services are better tailored to meet the needs of local communities. At this early stage of their evolution, MLs have a tremendous opportunity to fully engage with the complex issues of population ageing and to contribute to a more joined-up service delivery. Moreover, ageing has been identified as one of three national population priorities for MLs. It is therefore essential that these organisations work in very close collaboration with the state health networks and systems to protect and promote the health of older South Australians.

In addition, the State Public Health Plan<sup>62</sup> offers an opportunity to build considerations around an ageing population into the strategic directions and actions taken by state and local government to improve public health in South Australia.

<sup>62</sup> The draft State Public Health Plan, 'South Australia a Better Place to Live', has been developed in accordance with Section 50 of the South Australian Public Health Act 2011 and is currently available for public consultation [www.sahealth.sa.gov.au/wps/wcm/connect/public/content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan+public+consultation](http://www.sahealth.sa.gov.au/wps/wcm/connect/public/content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan+public+consultation)

## Recommendation 2

**Incorporate age-friendly principles into all models of care and service design for older people:**

- **Adapt the WHO Age-friendly Primary Health Care Toolkit for use in South Australian health, community and aged care settings across the state.**
- **Identify opportunities across the continuum to integrate the age friendly principles into existing care models, especially where integration is possible.**
- **Support Medicare Locals in their work to incorporate the key elements of the WHO age-friendly approach into their service delivery, as referenced in the Age-friendly South Australia Guidelines for State Government.**
- **Encourage Medicare Locals to work with primary health care providers and GPs to incorporate the WHO age-friendly principles into models of care that will be delivered by other community services and GPs**
- **Encourage aged care providers and other age-specific housing entities to examine and review their current models of care and business modes to check that they are being conducted through an age-friendly lens thus ensuring that they continue and/or are moving towards the integration of age-friendly principles at all levels throughout their organisation**
- **Develop or incorporate useful material such as Delirium Care Pathways, a national toolkit developed through the Australian Health Ministers' Advisory Council (AHMAC), into care and service design**

Given that older people are more likely to interface with the primary health setting, this is where some of the greatest gains can be made in the health of older people and the community more broadly. Developing age-friendly models of care and services for older people is critical to ensure that they are supported in their transition through the health system. As a new component of the health system, Medicare Locals need to develop strategic relationships that support their growth into an integral link in the continuum of care – this may be done through primary health care providers and General Practitioners who are often the first point of contact for older people.

## Recommendation 3

**Incorporate age-friendly principles into the patient-centred model of care in the new Royal Adelaide Hospital, and promote the application of age-friendly approaches across other South Australian hospitals:**

- **Cross-reference best practice guidelines that can be applied in hospitals for both age-friendliness and patient-centred care. For example, the WHO 'Age-Friendly Primary Health Care Toolkit' and the Victorian 'Best Care for Older People Everywhere Toolkit'**

Even with the best delivered system of health promotion, older people will still require hospitalisation. Hospital stays often affect older people more significantly than other age groups. The way in which older people are managed in the health care system can significantly impact on recovery times and the likelihood of decline in care. Importantly,

services should be delivered in a coordinated and timely manner, recognising the individual experience of ageing and ill health. Patient-centred care focuses on treating older people with respect and as equal partners in the health care relationship, and age-friendly approaches complement this focus. The WHO 'Age-friendly Primary Health Care Toolkit' and the Victorian 'Best Care for Older People Everywhere Toolkit' are two resources that have been developed to assist health services identify tools and resources that can assist them in improving care for older people across the care continuum.

## Recommendation 4

**Deliver health services that maintain a continuum of care for older people with a particular focus on the frail aged:**

- **Examine ways to integrate and support standardised service delivery to older people across the continuum of care, regardless of their location, using the Health Service 'Framework for Older People 2009-2016' and the work being undertaken by the Older Persons Clinical Network**
- **Ensure that the delivery of services, policies and programs support the personal choices of older people and protect their dignity at all times and in all situations, consistent with the '10 Principles of Dignity in Care'**
- **This needs to include the last stages of life, during periods of palliative care or other treatment at home, in hospice, or hospital, referencing: the 'Palliative Care Service Plan 2009–2016'; the 'Statewide Rehabilitation Service Plan 2008–2017'; and the South Australian 'Stroke Service Plan 2009–2016'**

Older people have diverse and often complex care needs. As a consequence, there is a need to ensure strong integration between primary, secondary and tertiary health care services (the health care continuum) and the broader community to ensure the smooth transition of older people into (and out of) care. In addition to ensuring an integrated approach, care providers must develop a culture of practice that recognises the importance of personal choice and dignity in care, as outlined by the '10 Principles of Dignity in Care':

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loneliness and isolation<sup>63</sup>

63 Queen Elizabeth Hospital 2011, Dignity in Care Standards, viewed 18/04/2013 [www.hospitalresearch.com.au/wp-content/uploads/2011/06/DignityinCareStandards.pdf](http://www.hospitalresearch.com.au/wp-content/uploads/2011/06/DignityinCareStandards.pdf)

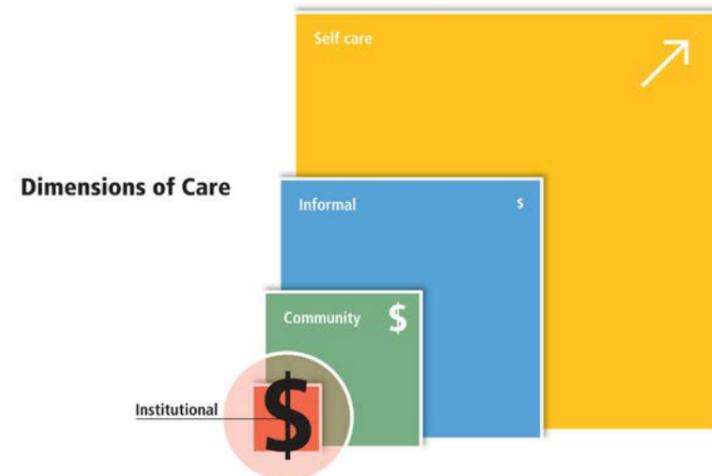
## Recommendation 5

### **Invest in community care and support and recognise the importance of informal care and the people who provide it.**

Informal carers are an integral part of any country's social care system and they form the broad foundation of community care. That is certainly true in South Australia. These family members, friends and neighbours (most of whom are women) provide the bulk of the support and care, whether practical, emotional, social or financial, to older adults. Informal carers greatly reduce the burden on the health care system by enabling older people to remain outside the formal system longer or even indefinitely.

The majority of informal carers say that caring for someone is very rewarding and that it is something they want to do. However, caring does come at a cost. The Australian Bureau of Statistics reports that 35% of primary carers provide 40 or more hours of care per week<sup>64</sup> and have poorer health and wellbeing than non-carers. A large proportion of carers are themselves older persons. Furthermore, caring responsibilities often adversely affect family finances because of the costs involved in caring and because of reduced opportunities to work and save.

It is essential that we invest in this crucial area of community care. Carers need to be celebrated and rewarded for the indispensable work that they perform. In addition, formal structures to engage, inform and support these informal carers need to be developed.



**Figure 14** Cost vs Care

This diagram illustrates the relationship between cost and care. As we grow older the importance of caring for ourselves increases: there should be nobody more interested in our own health than ourselves. Following that are our families, friends, neighbours. Only then comes community care – mostly represented by primary health care. Finally, institutional care when all other options have been explored and when it is no longer possible to provide care at home and/or in the community.

<sup>64</sup> Carers Australia 2013, Carers Australia, Deakin, ACT, viewed 8 April 2013, [www.carersaustralia.com.au/about-carers/](http://www.carersaustralia.com.au/about-carers/)

Yet the resources go on the opposite direction – with most being absorbed by institutional care, some by community care, very little to support informal carers and virtually nothing to improve or maintain self care. Releasing some of the resources on the `opposite direction` of the diagram could potentially save substantial amounts of money by making it possible for more individuals to avoid expensive institutional care

It is essential for policy makers to fully appreciate the cost implications of the formal care sector. Clearly some formal care is necessary, but investment in the human resources, the environments and the mechanisms that support both self-care and informal community care are considerably cheaper and can delay or prevent the need for expensive formal care. Presently, healthcare spending is inverted. The bulk of resources is directed toward the area where there is the least number of people.

The Weavers Project<sup>65</sup> set up by the Radical Redesign team at the Australian Centre of Social Innovation is an example of one such initiative designed to strengthen the informal care-giving sector. It aims to assist people to activate friends and family, navigate services, learn condition-specific strategies and balance caring with 'Great Living'. The Weavers system locates, trains and supports people with caring experience to act as volunteers and then tracks their impact on care situations. Three in five of us will care for an older parent, relative or friend at some point in our lives. Properly supported, these relationships are sustainable and are considerably more cost efficient for society as a whole.

## Recommendation 6

### **Promote health and fitness for older people by:**

- **Establishing free outdoor gymnasiums for older people, with the potential to have professional instructors available at regular intervals;**
- **Establishing walking clubs for people with varying levels of fitness with a focus on increasing endurance**
- **Promote forums for the dissemination of advice about fitness in older age.**

Physical exercise can help people maintain independence, recover from illness and reduce their risk of disease at all stages of life. As people age, physical fitness can have a huge impact on wellbeing.

Many improved health and wellbeing outcomes have been shown to occur with regular physical activity. These include helping to:

- maintain or improve physical function and independent living
- improve social interactions and quality of life, and reduce depression
- build and maintain healthy bones, muscles and joints, reducing the risk of injuries from falls
- reduce the risk of heart disease, stroke, high blood pressure, type II diabetes, and some cancers

<sup>65</sup> The Australian Centre for Social Innovation 2010, Weavers, Adelaide, South Australia, viewed 8 April 2013, [www.tacsi.org.au/solutions/weavers/](http://www.tacsi.org.au/solutions/weavers/)

Local governments and community organisations can make a huge impact in this area. In the city of Rio de Janeiro, there are over 60 purpose-built free outdoor gymnasiums containing robust all-weather equipment specifically designed for the needs of older people. At various times they are staffed by professional instructors. Some are conveniently located alongside play areas for children, which means that often grandparents exercise alongside their grandchildren. Weight bearing exercise becomes more important as we age to compensate for natural muscle loss. These gyms are enormously popular with the public and are consistently used by older people. They provide a way to improve physical fitness while also facilitating social interaction.

The Strength for Life program is a partnership between the Health Promotion Branch, Department for Health and Ageing and COTA SA and has been delivering health and fitness services to older South Australians for over 7 years. It is an evidence-based, resistance and weight-bearing exercise program. Participants, trained instructors and accredited facility providers (partners) work together to create both individually tailored and group activities. The program has a feed-back loop for evaluation which COTA SA, in conjunction with the government, uses to modify, update and improve the program results to better reflect consumer needs and to achieve more effective evidence-based outcomes. Some examples of this are exercise as it relates to dementia, falls prevention and diabetes. COTA SA has recently commenced a review with the intention of expanding the program to include diet and nutrition.

### Recommendation 7

***Inform and influence the education and training of health care professionals, throughout their professional career, to embed age-friendly and rights-based approaches across the entire health sector:***

- ***Strengthen the focus on the science of gerontology in undergraduate and post-graduate training***
- ***Examine opportunities to integrate WHO Age-friendly Principles and practice into the ongoing professional development of all health care practitioners***

There is a pressing need to introduce life-course perspectives and age-friendly principles into all health-related curricula to ensure that both present and future health professionals have the skills to respond to the challenges, requirements and opportunities of the ageing population. **Most training for health and allied professions is still based on 20th century healthcare needs.** There remains an overwhelmingly strong focus on child and maternal health within that training, yet in reality it is issues relating to older people that most health care professionals are increasingly encountering in their day-to-day working lives. Not only does this situation mean that an opportunity to deliver best practice is being missed, but the skill and knowledge deficit can lead to significant professional dissatisfaction. This leads not only to frustration and rejection but also to potential misdiagnosis and malpractice. One of the important causes of morbidity and mortality in older age continues to be iatrogenesis.

By and large we are training health professionals for the 20th century (with an emphasis on child-maternal health) while in reality their practice will be in the 21st century, interfacing with increasing numbers of older patients with non-communicable diseases.

Creative training techniques based on relationships and the sharing of best practice can equip students with the right skills, attitudes and expectations to work with an ageing population. For example, if South Australian universities were to partner with age-friendly hospitals around the world, students could do their placements in a best-practice environment, which would facilitate the knowledge transfer back to Australia. Conversely, South Australian universities who decided to champion necessary curriculum changes could become centres of excellence for health care training, attracting students from all over the world.



Buddy programs with older people can help give students a much deeper understanding of the human dimension to ageing, which can greatly enhance their professional activities. The training of our care providers needs to respond to the demographic realities and to adequately reflect the changed care needs of our society.

The Australian Association of Gerontology (AAG) has recognised the importance of education on ageing. They have employed an Education Officer to assist in the development and co-ordination of a national education program on ageing. This role is mainly focused on disseminating knowledge and research on ageing throughout the Australian community, through seminars, webinars and conferences, but also plays a part in examining the current availability of education in gerontology through universities and other institutions, in terms of what courses and programs are being offered that are related to ageing. In 2012 the AAG undertook a gap analysis of education in ageing available in Australia. They are currently evaluating the results and how best to address the gaps. They have also developed a list of all of the different education options for ageing in Australia, which can be found on their website.<sup>66</sup>

66 Australian Association of Gerontology 2012, [www.aag.asn.au](http://www.aag.asn.au)



## Recommendations related to Lifelong Learning

Learning throughout a lifetime is essential for individuals of all ages to fully participate in their communities and is crucial to society as a whole. It is also essential to strengthen one's health: the importance of health literacy has become increasingly acknowledged in the literature. Everyone, at all stages of life, needs continuous knowledge expansion to maintain self-worth and relevance, and society requires a healthy citizenry with growing skills and competences.

Lifelong learning can be achieved in a multitude of forms, from formal education through to the experience derived from volunteering. The traditional model, in which learning is largely confined to the structured education of youth, is no longer sustainable. The longevity revolution means that there will be increasing numbers of older people seeking learning and educational opportunities of all types. The 'grey graduate' will become a more common feature of the contemporary campus. The extra years afforded to life, combined with the rapidly changing character of the workplace, will increasingly propel people toward reinvention of themselves.

### Recommendation 8

***Investigate lifelong learning opportunities by working with existing training providers and universities to create a systematic approach to learning and new education opportunities for people of all ages.***

It is important to begin to move away from the traditional paradigm that formal education is largely limited to youth and early adulthood. An increasingly complex modern economy such as that in South Australia requires an ever-expanding, adaptable and resourceful skills base. There is a readiness among older adults to greatly contribute to this demand. For people to continue to learn throughout their lives, there need to be flexible and multiple pathways into and out of formal education. These pathways need to cater for a variety of skill levels, prior experiences and demographic characteristics. Current training routes are simplistic, and options for mature students are very limited. Governments, employer associations, workplaces and educational institutions themselves should be doing everything in their power to make it easy for people to gain new skills throughout the life-course. The necessary structural shift must be accompanied by a cultural shift. Society cannot afford to view learning as a finite activity.

Life-long learning is not restricted to the classroom. A new free digital literacy app for iPad launched by the SA Government has been nationally recognised as a leading educational tool. The developers have been surprised at how popular the ForwardIT App and website have been with older people.

### Recommendation 9

Recognise the important role volunteering plays in lifelong learning, and support volunteer organisations by providing access to training and education opportunities that will assist volunteers in gaining a range of skills and experiences throughout their lives.

Volunteering should be explicitly recognised as an important component of this lifelong learning, as well as participation. Research shows that volunteering can be an

effective pathway to social inclusion and it can off-set some of the negative impacts of unemployment and underemployment.<sup>67</sup> In many instances it involves completely new levels of learning in fresh roles and circumstances.

In 2010, 38% of the entire adult Australian population volunteered in some form or another. This constitutes a 100% increase since 1995. About 32% of all volunteers are 55 years and over. This represents a veritable army of older workers, often highly motivated because they are working in their chosen areas of interest and, in many cases, at times and locations of their convenience. The societal gain from this freely-provided labour and experience is immeasurable. So too is the gain in individual wellbeing.



67 Pathways to Social Inclusion through Volunteering (July 2011), Volunteering Australia.

## Recommendations related to Participation<sup>68</sup>

### Older people as protagonists

In order to achieve true ownership of decisions and policy, the voices of older people need to be directly and genuinely linked to the policy formulation process. The Vancouver Protocol, which was trialled in 33 cities worldwide and led to the WHO Age-Friendly Cities Guide, provides a useful model for meaningful and ongoing citizen engagement<sup>69</sup>. This document (as well as the 2002 WHO Active Ageing Policy Framework) is now being reviewed by the International Longevity Centre-Brazil and mechanisms to seek such information should be established by those in SA responsible for implementing bottom-up policies on ageing.

The Australian Association of Gerontology has also produced a guide to assist researchers, community and peak organisations to achieve positive outcomes from older person research<sup>70</sup>. Particular efforts need to be made to reach the views of isolated citizens and indigenous Australians and to ensure that all conversations are conducted in conducive environments where there is a feeling of safety.

A Citizen Engagement Model can drive policy and practice across government which will directly connect people to the decisions that are being made on their behalf. An ideal model would have a number of components including:

- a state-wide model of engagement attempting to reach as many voices as possible, including those restricted by frailty, disability and geographical remoteness. This should be developed as a framework with ongoing, regular conversations with groups of people
- the establishment of a Citizen Engagement Group to drive the Active Ageing Framework and Age-friendly Policy in South Australia. This group would be enduring and have legitimate power to comment and advise the departments concerned with Active Ageing
- the creation of a cross-generational engagement model which hears the voices of older and younger people in the same groups, encouraging tolerance, understanding and sensitivity between the generations

68 Please note that Participation refers to both paid and unpaid activities.

69 World Health Organisation 2007, WHO Age-Friendly Cities Project Methodology: Vancouver Protocol, WHO Press, Geneva, [www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC\\_Vancouver\\_protocol.pdf](http://www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf)

70 Australian Association of Gerontology 2010, Researching community care with older people, St Kilda, Victoria, [www.aag.asn.au/documents/item/15](http://www.aag.asn.au/documents/item/15)

## Recommendation 10

**Actively listen to the voices of older people when developing and delivering policy, services and communication:**

- **Use participatory processes such as co-design models to develop policy and services**
- **Establish mechanisms for large numbers of older people to express their opinions and be directly connected to policy development**

True ownership of older age policy can only occur with a genuine participation of older people themselves. The lived experience of older people must be the starting point to determine what is, and what is not, age-friendly. It is the combined knowledge and insights of older people, together with that of service providers and informal carers, that form the most complete picture of a community's strengths and weaknesses. It is important to establish a state-wide dialogue with older persons to directly connect their voices to policy, research and programs. The WHO 'Age-Friendly Cities Guide' evolved from applying the Vancouver Protocol (2007) to focus groups of older people in 33 cities around the world. It provides a useful model on citizen engagement that has succeeded in establishing a thriving network now comprising hundreds of cities worldwide.

A sustained and conscious effort needs to be made at all levels of government to involve the community in developing new policies and frameworks.

An ambitious participatory model was implemented nationwide in Brazil in 2008, and repeated every two years, called the Conferences on Older Persons' Rights (COPR). It may have relevance to the Australian context as Brazil shares with Australia both a similar geographic size and a federalised political structure. The process begins at the municipal level with over 1200 town hall meetings (typically lasting for two or three days). In the last cycle it mobilised over 80,000 older people across all 27 states of the Republic. These local assemblies are organised by the municipal committees of older persons and are facilitated by the state (regional) governments.

At the last COPR over 4000 resolutions on the rights of older persons were generated at these municipal gatherings. From these town hall meetings, peer-selected representatives proceeded to similar conferences at the state level (typically comprised of few hundred participants) where the resolutions were further honed and reduced to less than 800. The third stage consisted of 700 peer-selected delegates (democratically selected by the participants of the state COPRs) travelling to the Brazilian Federal Capital for a national conference, which vigorously debated the 400 resolutions that emerged from the entire process. The two additional COPR layers were orchestrated by the State and National Councils of Older Persons, with public funding to facilitate their execution.

The final products of this national conference were presented before the Federal Congress as a basis for the enactment of new legislation. This remarkable process represented a truly democratic, bottom-up protagonism that genuinely incorporated the views, aspirations, feelings and recommendations of older Brazilians.

It is important to note that there is a strong determination and activism about human rights issues by older people in Brazil, in part because the present older-age cohort was deprived of basic rights during its youth. A truly grass-roots engagement with older people such as this will result in better informed legislation that has genuine public ownership.

Consultation could also be conducted in retirement living settings and aged care facilities. Focused activities should also occur around engagement with older Aboriginal people, taking into account people living in both metropolitan and remote communities. As well as collecting information, each meeting would choose a defined number of representatives to attend a state-wide conversation. The state-wide conversation would in turn elect a specific number of leader representatives for a nation-wide conference. If managed well, this form of consultation directly and powerfully connects people to policy.

By placing people's experiences of ageing at the very centre of service design, those services will inevitably grow more flexible and responsive to the needs of the ageing population. The Australian Centre for Social Innovation (TACSI) has developed an approach to problem solving, entitled 'Working Backwards', as a response to traditional hierarchical decision making. This method is responsive, adaptable, and is founded on relationships rather than preset, standardised transactions. Work is conducted within interdisciplinary, non-hierarchical teams. The initial stage is to work with people to identify what they want and what they can do. New kinds of solutions are then co-designed and prototyped and means of dissemination are developed – for example, statements of principles, platforms, organisations, and programs. Each phase of the approach begins with a question. Skills and tools are drawn from design, social science, business and policy development to answer the question. TACSI has worked with a range of older people and carers to co-design six new solutions to contribute to the strengthening of the resources for life in late adulthood.<sup>71</sup>

### The New Workforce

According to the Office for Industrial Relations, by 2016 over 80% of labour market growth will come from people over the age of 45. Many of these workers will also be simultaneously caring for elderly parents, children or grandchildren. To accommodate this reality, working conditions themselves will need to become more flexible. The Grey Army Advances by Deloitte details that mature age participation may play a pivotal role in tipping the balance between the number of future retirees and the number of workers available to support them.

And the numbers are big:

- An extra 3 percentage point increase in the participation of workers aged 55 and over would result in a \$33 billion boost to GDP – or around 1.6% of national income
- A 5 percentage point lift in participation among this group would see around \$48 billion in extra GDP – or 2.4% of national income

The latter would rank with the gains achieved by Australia from some of its largest macro-economic reforms. Furthermore, these gains would come on top of an expected \$55 billion or a 2.7% boost from participation of the over-55-year-olds already factored into

<sup>71</sup> Detail about these six solutions can be found on the TACSI website: [www.tacsi.org.au/ageing-and-caring/caring/](http://www.tacsi.org.au/ageing-and-caring/caring/)

the latest IGR.<sup>72</sup> Australia is not alone in this increasing participation of older people in the workforce. According to the UK Office for National Statistics, Britain is facing a 'new retirement reality' with the number of people working beyond the state pension age rising by 85% in the past 20 years.<sup>73</sup>

On 14 June 2012, Minister Kate Ellis launched the Australian Chamber of Commerce's (ACC) The Business Case for Recruiting and Retaining Mature-Age Workers. The report is a significant recognition of the lost value in the departure of older workers from the work place. It also acknowledges the potential difficulties in recruiting and retaining older workers, yet outlines the advantages of doing it. This report presents much of the argument for age-friendly workplaces.

The Australian Bureau of Statistics reports that in June 2010, 71% of all Australians aged 55–59 years were employed. This rate dropped to 51% for people aged 60–64 and 24% aged 65–69. Only around 2.7% of people over 70 continue to work.<sup>74</sup>

The Age Discrimination Commissioner, Susan Ryan, has highlighted some of the obstacles to this participation of older persons in employment. Systemic ageism can be seen in a variety of laws and practices, such as many relating to workers compensation, income protection and superannuation. Even when many of these barriers are reduced, older workers must often still face prejudice from individual employers.



The Age Discrimination Commissioner, Susan Ryan

72 Deloitte Access Economics 2012, Increasing Participation Among Older Workers: The Grey Army Advances, Report Prepared for the Australian Human Rights Commission, Australian Human Rights Commission, Sydney, NSW, [www.humanrights.gov.au/age/publications/mature\\_age/deloitte-mature-age-participation-research.pdf](http://www.humanrights.gov.au/age/publications/mature_age/deloitte-mature-age-participation-research.pdf)

73 Office for National Statistics 2012, Older Workers in the Labour Market 2012, Office for National Statistics, Newport, South Wales, [www.ons.gov.uk/lons/dcp171776\\_267809.pdf](http://www.ons.gov.uk/lons/dcp171776_267809.pdf)

74 Australian Bureau of Statistics 2010, Australian Social Trends, Australian Bureau of Statistics, Canberra, [www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication13.10.101/\\$File/41020\\_ASTSep2010\\_reissue.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication13.10.101/$File/41020_ASTSep2010_reissue.pdf)

There are many examples of businesses who are harnessing the power of the older workforce. In February 2004 ANZ launched its 'Age Diversity Strategy'. Its purpose was to create a workplace culture where 'age is no barrier', by:

- retaining skills and experience;
- more effectively recruiting mature age workers;
- better reflecting the age profile of customers and the wider community;
- investigating the business and customer benefits of mixed-age teams;
- emphasising flexible work practices, and marketing these to mature age employees; and
- creating an inclusive culture where experience is valued.

Individual initiatives within the strategy include:

- Career Extensions Program – providing flexible options for leave, work arrangements and retirement;
- removal of qualifications-based career advancement barriers – to take account of experience as well as education;
- changes to recruitment advertising – using more inclusive language and the tagline 'Age is no barrier'; and
- creation of the ANZ Alumni – to foster a network of former ANZ employees.

The CEO of ANZ Bank regards the 'Age Diversity Strategy' as good business practice, and a recent assessment of progress found the following:

- The average age of retirement had increased from 54.8 years in 2001 to 57.8 years in 2005.
- Some 30% of the workforce was aged 45 or older; turnover of employees in the 55 and over age group had decreased from 18% in 2003 to 14% in 2005, and there had been an increased use of flexible leave in the over 45 year age group.<sup>75</sup>

### Recommendation 11

**Develop new approaches to the retention of older workers (including those transitioning to retirement) by creating suites of flexible workplace practices and training for staff:**

- **Encourage and support flexible workplaces and facilitate the application of flexible workplace policies already in place**
- **Encourage workplaces to use training resources such as 'Mature Workers Matter' to increase staff understanding and create a supportive workplace culture for older workers**
- **Use the outcomes of public sector-based projects such as the Country Health SA Local Health Network's Active Ageing through Employment project, and the Department for Communities and Social Inclusion's CareerMatch as**

75 Barnett, K, Spoehr, J & Parnis, E 2008, Exploring the Impact of an Ageing Workforce on the South Australian Workers' Compensation Scheme, The Australian Institute for Social Research, The University of Adelaide, South Australia.

***catalysts to inform workplace culture and policies related to sustaining and managing an older workforce***

- ***Establish a pilot program to develop new methods of balancing flexibility and accountability for older workers***

In 2011, South Australia's Strategic Plan added Target T48, Ageing workforce participation: Increase the proportion of older South Australians who are engaged in the workforce by 10 percentage points by 2020. The inclusion formally recognises the importance of changing the way older people engage in paid work in South Australia.

Participation in the paid workforce is one means for older people to remain engaged in the community as they age. Employment has been linked to a range of positive health and wellbeing outcomes. Increasing the paid work force participation rate of older people is also one way to help soften the economic impacts of an ageing population. Creating and promoting flexible workplace practices and policies, and fostering a supportive workplace culture, will ensure that older people wanting to remain engaged in work are supported to do so.

Increased flexibility in the workplace will be resisted if it comes at the expense of productivity and efficiency. While job-sharing arrangements or part time hours may suit individuals, they will never be fully embraced if the cost on productivity is too high for employers to bear. There are opportunities, however, to design flexible models that can actually enhance productivity. The gains in worker wellbeing and job satisfaction can often translate into greater dedication and efficiency.

The Australian Law Reform Commission current inquiry 'Grey Areas: Age Barriers to Work in Commonwealth Laws' has now released a Discussion Paper (Review into Commonwealth legal barriers to older persons participating in the workforce or other productive work). When the final paper is released there should be a shift in some of the legislative barriers to make participation in the workforce easier for older Australians.

In 2010 the South Australian Government, through Office for the Ageing, allocated \$335,000 for 2010–2011 and \$266,700 for 2011–2012 to support flexible working arrangements for older South Australians. Three projects were funded and developed including the COTA project mentioned below.

Two of these three projects have been completed, with the Age Matters project continuing under funding from the South Australian Government through the Department of Further Education, Employment, Science and Technology:

- **DCSI CareerMatch:** a self-reference tool for mature workers in the Department for Communities and Social Inclusion to enable them to transition into more appropriate employment
- **Age Matters project:** SafeWork SA in partnership with the Equal Opportunities Commission addressing under-utilisation and discrimination against mature age workers in recruitment/employment, and promoting the employment of older workers
- **Super Choices:** Transition to Retirement: COTA has developed an information resource to inform employers and older workers about options to reduce working hours while accessing superannuation to supplement income.

Mature Workers Matter is a project aimed at developing resources for organisations to:

- support mature workers, improve their working environment and contribute to the reduction of injury and improvement of return to work;
- retain mature workers;
- attract mature workers; and
- promote work organisation practices that benefit all workforce generations.

The project was managed by Aged & Community Services SA & NT and facilitated by Sageco, and included extensive consultation with industry executives, supervisors, HR professionals and mature workers. The results and themes drawn from the industry consultation led to the development of four MasterClasses, eight action learning projects, the professional development of ten industry champions and the documentation of resources, research methods, projects and case studies. These resources can be found on the Aged and Community Services SA & NT website.<sup>76</sup>

COTA SA was commissioned by the Government of South Australia in 2011 to work with industry and older workers to determine whether people have adequate information about retirement and planning for financial security so that informed choices could be made. The researchers consulted with older people in their work places, in the context of consumer information sessions and through a survey feedback tool. They also sought the views of employers and other associated organisations such as superannuation fund holders, Centrelink and the Australian Taxation Office.

One of the key findings was that embracing retirement goes beyond planning for financial security once paid work is less frequent or stops completely. As well as identifying a need to demystify the jargon around financial wealth management for transition into retirement, the project recognised that people needed assistance in managing choices around a holistic, post-work life plan.

COTA, using a life-course approach, has an on-going dialogue with consumers on the following topics related to transition to retirement.

- What can I do to ensure that my personal growth continues to flourish once I have stopped work?
- Are there training courses for me? What about going back to school or university?
- How do I become more involved in my local community?
- How do I give back to the community, such as becoming a volunteer?
- How do I share my life and work experience, such as becoming a mentor for younger people, including in work places and business groups?
- What can I do to ensure that my physical health and well-being is the best it can ever be?

<sup>76</sup> Aged and Community Services SA & NT, Mature Workers Matter, Aged and Community Services SA & NT, viewed 8 April 2013, [www.agedcommunity.asn.au/resources/mature-works-matter-resources](http://www.agedcommunity.asn.au/resources/mature-works-matter-resources)

The publication, 'Introduction of Super Choices – Transition to Retirement Resource', could be used as a starting point for ongoing initiatives to support older people to remain in the workplace longer and to plan for transition to retirement using active ageing principles.

The Active Ageing through Employment project is a partnership between Country Health SA Local Health Network and the Health in All Policies unit, SA Health. The purpose of the project is to examine the determinants of active ageing with a particular focus on paid employment, and to examine how the policies and practices across sectors impact on opportunities for older people to participate in meaningful employment in regional areas. The project will apply the Health in All Policies approach to cross-government policy development to identify policy opportunities which support older people in regional SA to remain in the workforce, should they choose to.

In 2011, Volunteering Australia responded to the report 'Realising the Economic Potential of Senior Australians. Enabling Opportunity'.<sup>77</sup> In their response they clearly state two aspects of volunteering that need more formal acknowledgement. One is the conceptualisation of 'work'. They note that the contribution of volunteers is worth billions of dollars annually. The idea of the 'workforce' needs to be expanded to include volunteer work as well as paid work to acknowledge the serious economic contribution of volunteers. The other point they make is that volunteering makes a significant contribution to formal and informal learning and should be expressly acknowledged as providing this service. Volunteer organisations should be supported with access to training and education to enable volunteers to develop their skills throughout their lives.

### Recommendation 12

**Mainstream a 'culture of volunteering' for all South Australians:**

- **Activate volunteering policies that already exist in the public and private sector to establish a volunteering ethos in the workforce**
- **Target the baby boomer cohort for volunteering opportunities across all skill levels**
- **Research and implement new models of volunteering which incorporate the contemporary lifestyle choices of the new generation of volunteers**

While it is more difficult to quantify the contribution made to the economy by unpaid volunteers, such contribution is huge and vital. It needs to be vigorously encouraged through targeted policy at all levels and in all environments. Older people sometimes encounter many of the same obstacles when offering their time and skills for unpaid work as they do for paid work. This can range from transport difficulties and lack of workplace flexibility to management prejudice. New and creative models and networks to facilitate and expand volunteerism need to be established alongside concerted efforts to raise

<sup>77</sup> Volunteering Australia 2011, Response to 'Realising the Economic Potential of Senior Australians: Enabling Opportunity', Volunteering Australia, Canberra, ACT, [www.volunteeringaustralia.org/files/PTZBGKUGXLI/Ec\\_pot.pdf](http://www.volunteeringaustralia.org/files/PTZBGKUGXLI/Ec_pot.pdf)



awareness of its enormous worth. It is important to develop imaginative schemes to fully engage the baby boomer cohort with its broad education and skills base.

### Recommendation 13

**Foster intergenerational solidarity between all generations in South Australia at both policy and operational levels:**

- **Establish a mechanism for an ongoing dialogue between generations.**

It is important that the new demographic realities and the changing character of ageing do not pit the needs of one generation against the others. Within the changing cultural and economic landscape, there is considerable room for misunderstanding. Opportunities for older people to age well must be built alongside opportunities for younger people and the care for infants and children. It needs to be understood that the aspiration for an age-friendly world is not just a desire for it to be old age-friendly but in fact, friendly to all ages. If a bus is made more accessible for an older person, it is also made easier to board for a parent with a child, for a pregnant woman, for someone with an injured ankle or for a school student with heavy books. Age-friendliness is merely a template to democratise society for all age groups.

Furthermore, it needs to be fully appreciated that we are now all likely to reach older age and to remain in that age group for longer as life expectancy increases. Intergenerational solidarity promotes the exchange and cross-fertilisation of knowledge and culture across the generations. Bringing together organisations such as the Youth Advisory Councils and an Alliance for the Voice of Older Persons is a means of facilitating this crucial dialogue.

The Every Generation Festival is a month-long, community-based, intergenerational celebration of Active Ageing in South Australia. This well known festival, organized by COTA SA, is a successful collaboration between the private sector, State Government, local agencies, clubs and community groups. It provides an excellent opportunity to transmit the Active Ageing agenda to a broader public of all ages. The activities during October celebrate the lives, achievements and continuing contributions of older South Australians. Some 200 groups partnered with COTA SA for the 2012 Festival to run a range of events in metropolitan, regional, rural and remote South Australia during the month.

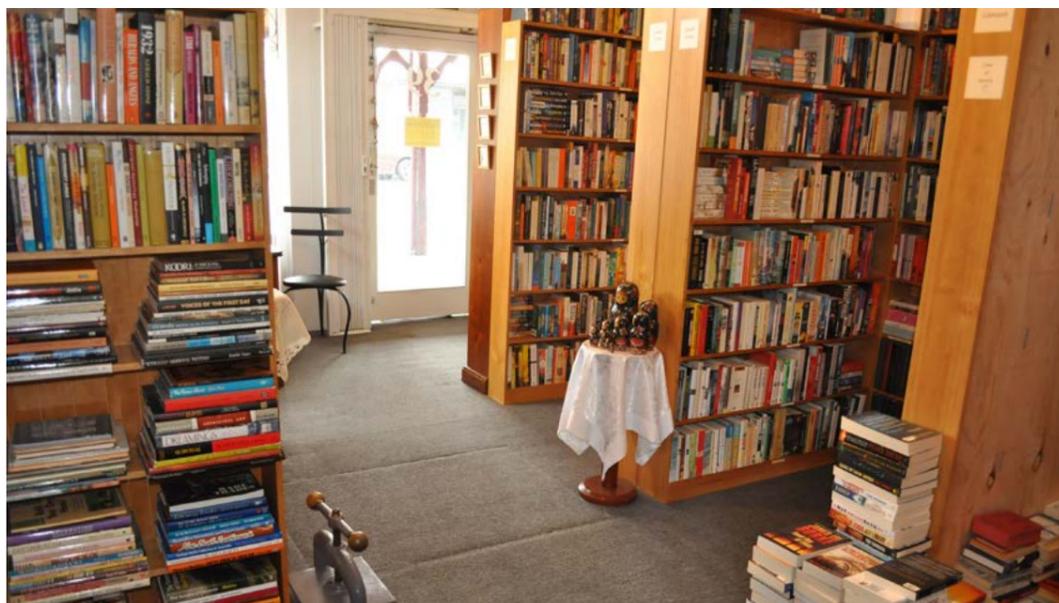
## Recommendation 14

**Invest now in the local community services that people intend to use in the future, such as libraries and transport services.**

Well-conducted research of people in mid-life can provide invaluable insight into what structures and services they will want as they age. The expectations they express can be a vital source for forward planning, not just for government but also for service agencies and the private sector. The answers to questions such as ‘Where do you want to live in older age? In what sort of neighbourhood? In what sort of home?’, and ‘Where and how do you intend to spend your leisure time?’, can usefully inform not only policy makers and service providers but also town planners, architects and retailers, among many others.

In a 2012 survey of 1200 South Australian men and women aged between 48 and 67 years were asked about their present lives and their thoughts on reaching age 70.<sup>78</sup> The results showed that 47% of respondents declared an intention to make greater use of public libraries in their older years; 90% of respondents intended to reduce the use of their car and to take greater advantage of public transportation. With information such as this, decision-makers can be equipped to proactively avoid a future scenario where they are overwhelmed by demands. Expense can be reduced by planning with anticipatory actions rather than hastily-arranged responses in the future.

Libraries are about so much more than books. They are places for community cohesion, social inclusion, community engagement and community diversity. They are places where you can access the Internet, find information or find a quiet space. They are venues for meetings and all kinds of community groups. They promote literacy, life skills and community engagement. They attract people of all ages and groups, creating a central community hub.



<sup>78</sup> South Australian Active Ageing Research Cluster 2012, Baby Boomer Survey, South Australian Active Ageing Research Cluster



## Recommendation 15

**Improve transport and mobility options for older people in metropolitan and rural areas so that they can more easily walk, cycle and use public transport for both essential needs and leisure:**

- Refer to the ‘Streets for People Compendium’ for guidelines on South Australian streetscapes and planning
- Build on the current work within the public transport system, applying the learning from programs such as the Community Passenger Networks to design innovative solutions for a future aged population
- Investigate national and international mobility-based programs and initiatives which complement public transport systems to provide greater levels of mobility support to South Australians
- Develop para-transport systems to complement public transport
- Provide training in age-friendly practices for taxi drivers, bus drivers and other transport providers

Mobility, including accessible and affordable public transportation, is a key component of active ageing. Ease of movement reflects on social and civic participation, access to community and health services and general wellbeing. In addition to the social cost, barriers to mobility also have a significant economic cost. Inadequately designed systems preclude the easy access of workers to employment, both paid and unpaid, and limit the access of consumers to services and products. Viewing public transportation systems and options through an age-friendly lens provides a useful guide to improving ease of movement for all ages. Cities participating in the WHO Global Network on Age-Friendly Cities have documented many examples of this so that other cities are able to learn from their experiences.<sup>79</sup>

<sup>79</sup> World Health Organisation 2013, WHO Global Network of Age-Friendly Cities and Communities, viewed 8 April 2013, [www.who.int/ageing/age\\_friendly\\_cities\\_network/en/](http://www.who.int/ageing/age_friendly_cities_network/en/)

An examination of international best practice yields important considerations for South Australia. Research conducted in Victoria has suggested that many European countries have more effective mobility systems and policies than Australia.<sup>80</sup>

In addition to ensuring that public transport is a viable mode of transport for as many people as possible, research has pointed to the need for a focus on:

- **Developing effective para-transport systems** – this involves the curb-to-curb or door-to-door transportation of a number of people using a small bus or vehicle that is demand-responsive. The nature of these services varies, and developing efficient systems is emerging as a priority for most jurisdictions, especially given the anticipated increase in older people who will need the service in the future.
- **Operating efficient specialised transport systems** – specialised transport is usually door-to-door or assisted transport for people with very limited physical mobility. The key focus of these programs is on ensuring that those (and only those) who need these services can access them, and that they are operated as cost effectively as possible.
- **Driver to non-driver transition** – examining when a person might stop driving and how the transition from driver to non-driver can be made as easy as possible.<sup>81</sup>

It is essential that policy makers and the service providers themselves have an understanding of age-friendly principles. For example, bus drivers may take off before people are seated or brake suddenly. This can be hard for all passengers but there may be older passengers with vision or physical impairments, or who are perhaps just a little less steady on their feet, who may stumble or fall over. This can cause physical injury, anxiety and embarrassment for passengers.



80 Harris, A, & Tapsas, D 2006, Transport and Mobility: Challenges, innovations and improvements, Royal Automobile Club of Victoria, Melbourne, [www.racv.com.au/wps/wcm/connect/de48ef004da9bb86a2fbfa54a1b45993/RACV+Transport+%26+Mobility+06.pdf?MOD=AJPERES&CACHEID=de48ef004da9bb86a2fbfa54a1b45993](http://www.racv.com.au/wps/wcm/connect/de48ef004da9bb86a2fbfa54a1b45993/RACV+Transport+%26+Mobility+06.pdf?MOD=AJPERES&CACHEID=de48ef004da9bb86a2fbfa54a1b45993)

81 Harris, A & Tapsas, D 2006

Community passenger networks (CPN) play a key role in providing a central point of contact for the transport needs of local communities. They primarily provide a transport brokerage and information service; however, some of the CPNs also offer last resort transport for the transport disadvantaged. CPN services are offered to those who are frail, elderly, isolated or have a disability; do not have access to transport; do not have family, friends or neighbours to help with transport; or cannot walk to the bus stop.

CPNs can:

- provide information on local public transport services
- provide information about local operators
- connect you with local taxi companies
- contact other transport operators to book you into their service
- co-ordinate multiple transport needs and connections to get to city appointments
- work with organisations and identify service gaps
- provide a volunteer driver if no other options are available.

### Recommendation 16

**Establish a volunteering program specifically aimed at strengthening people's connections outside their homes.**

For frail older people simply getting out of the house can be challenging and extremely isolating. Due to physical difficulties or a lack of social support there are some older people who are imprisoned in their homes. This may leave them isolated from care and support services and vulnerable to elder abuse<sup>82</sup>. It also leaves them vulnerable to loneliness and lack of social connection. Volunteers committed to taking these people out and about or connecting people into social and community groups can help provide that essential connection to the outside world.

### Recommendation 17

**Capitalise on the economic opportunity provided by an ageing population while simultaneously meeting the needs of the changing market:**

- **Support the development of age-friendly products, services and practices by the private and public sectors**
- **Investigate and advance manufacturing opportunities in medical device research**

New markets create new opportunities. Businesses are still only beginning to realise the enormous commercial opportunities for both goods and services that is intrinsic to the new demographic realities. More market research is needed into the changing demands for such services as travel and banking, as well as everything from financial to health and leisure products. Such bodies as chambers of commerce, trade/retail/manufacturing associations, designer guilds and marketing agencies need to be stimulated to fully embrace the changing landscape.

82 See page 23 on Elder Abuse



COTA, in partnership with the Taxi Council and older people from the Western Linkages Project, is developing a consumer-led, age-aware training module as part of the professional development program for new taxi drivers. The training is intended to highlight older customers as a significant customer base for the industry and to develop an appreciation amongst new taxi drivers of good service standards. Using an interactive delivery format, consumer presenters convey key messages through open discussion. Drivers are asked to consider the value of observing the circumstances of older customers and offering helpful assistance when necessary; of communicating clearly to ensure expectations for the journey are understood and can be met; and of being respectful in tailoring their service for this customer group.

The creation of innovative new products for the baby boomers in particular will inevitably become an even larger commercial focus. South Australian designers and manufacturers need to be part of the worldwide race to capture a share of this lucrative market, which means that they need to better understand their potential customers. Older people are already responding enthusiastically to many of the newly available products.

#### Recommendation 18

***Produce age-friendly curriculum models and subjects to offer to tertiary students in universities, TAFE and other RTOs, across faculties such as social work, architecture, accounting, commerce, education and hospitality, to ensure an understanding of the implications of the longevity revolution on society and business.***

The substantial increase in the numbers of older people seeking goods and services will impact all sectors, not just health and care systems. University and other training institutions must adapt to this new reality and grow more relevant and responsive to the needs of the ageing population. For example, architects and other designers need to have an awareness of what people will need as, increasingly, they age in their own homes so that they can produce flexible living spaces. Hospitality workers must be trained to expect an inevitable increase in older customers who may have different needs when they travel or dine out. Accountants will need to know how to work with more people who may be living on superannuation and part-time income, or who have different long-term financial priorities. The demographic and commercial realities mean that professionals in every field need to be trained to anticipate and to adequately respond to the changing societal landscape.

#### Recommendation 19

**Establish a cross-disciplinary Masters in Age-friendly Practices.**

A Masters in Age-friendly Practices will help create experts in the longevity revolution across all disciplines. Over time this will lead to a critical mass of leaders with a deep understanding of all the implications and responsibilities we have because of the longevity revolution. This is an emerging field and is likely to attract students from all over the world.



## Recommendations related to Security

Safety and security and, importantly, the feeling of safety and security, are core needs at all stages of life. While robust health and fitness are achieved by many, including a large percentage of the very old, others need to cope with ill health, an inability to work, financial uncertainty and the prospect of extended years in decline.

According to the Commonwealth Government's 'State of Australian Cities' report (2012), Adelaide has the highest number of single-person households in the country. By 2021, it is projected that about 24% of all people living alone will be older than 75 years, and of these about three-quarters will be women.<sup>83</sup> The security of such people will be affected by the changing structures and geographical location of families, the extent of their social capital and their vulnerability to poverty.

### Recommendation 20

**Actively protect the rights of frail elderly people living at home, especially those who are living alone, in both metropolitan and regional areas:**

- **Maintain and, where possible, improve the health, wellbeing and social connection of the frail older person**
- **Develop training and reporting/response mechanisms for in-home workers to identify an older person at risk of, or suffering, abuse of any kind, including emotional and financial abuse**

Not only do most people prefer to age in their own home but society has a considerable vested interest in people doing so. The frail old are vulnerable in many settings but there tend to be more checks and balances in place in relation to institutional care. Frail people ageing in their own home are often much less visible. It is important to support ageing in place and this must include establishing structures and services that provide for the physical and mental health needs of frail individuals – among whom a large proportion are those in old age.

In the words of the Institute of Medicine, USA, "in spite of the magnitude of elder abuse around the world, little is known about how to prevent it before it occurs or how to stop it once it starts". In response to this IOM organized a high level Forum on Global Violence Against Older Persons in Washington, April 2013 with the following objectives:

- To identify potential strategies for elder abuse prevention in different settings and the roles of multiple sector within them;
- To identify action steps that are needed to implement such strategies and;
- To suggest way to evaluate and build an evidence base for prevention.

The final report of this Forum will be available in IOM website later in 2013 ([www.iom.edu/globalviolenceforum](http://www.iom.edu/globalviolenceforum)).

<sup>83</sup> Australian Bureau of Statistics 2006, Household and family projections 1996 to 2021, Australian Bureau of Statistics, Canberra, ACT, [www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/4DBC004FF28D79D3CA256EB6007C9B3F?opendocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/4DBC004FF28D79D3CA256EB6007C9B3F?opendocument)

## Recommendation 21

**Begin a national media strategy on the reality of elder abuse and raise awareness about how and where this form of abuse can and does occur.**

There is sufficient anecdotal and research evidence to suggest that elder abuse is a global phenomenon, that has clear parallels with child abuse and domestic violence. Thirty or forty years ago society, by and large, denied the existence of the latter social crimes because of the stigma associated with them. We now face a similar situation in relation to elder abuse in all its various forms: physical, psychological, emotional, sexual, financial, as well as abandonment and neglect. The only way to remedy elder abuse is to raise public awareness in order to confront the problem. For this, more research is needed. Without the evidence provided by numbers, society will continue to deny it as they did with child abuse and domestic violence.

Referring to elder abuse, the World Health Organization in August 2011 stated that ‘the scope and nature of the problem is only beginning to be delineated, many risk factors remain contested, and the evidence for what works to prevent elder maltreatment is limited’.<sup>84</sup>

There is a lack of awareness, recognition and reporting of elder abuse by both service providers and the general public. Education in the public sphere is an essential step toward reducing that abuse.

Health and legal professionals, carers, household helpers, the police and the clergy need particular education and resources to help them identify elder abuse, to establish or adhere to appropriate protocols and to effectively respond by making the appropriate referrals.

There also needs to be specific education for all legal, health care and social service providers to help break down ageism and some of the social beliefs that discourage the disclosure of abuse and to increase the detection of abuse.<sup>85</sup>

Raising public awareness can be done in many ways. The Brazilian media conglomerate GLOBO, for example, has specifically woven elder abuse story lines into its highly popular television soap operas as a means of raising the profile of the issue. Also in Brazil, funded by one of the largest banks, is an annual award and monetary prize for the best journalism in the categories (written, radio and television) on ageing issues. A particular criterion used in judging the entries is the countering of ageism and stereotyping – reflecting the belief that behind elder abuse is ageism, old age discrimination and the denial of older people’s rights.

<sup>84</sup> World Health Organisation 2011, Elder Maltreatment. Factsheet no.357, viewed April 11 2013, [www.who.int/mediacentre/factsheets/fs357/en/](http://www.who.int/mediacentre/factsheets/fs357/en/)

<sup>85</sup> Bagshaw, D, Wendt, S, & Zannettino, L 2007, Preventing the Abuse of Older People by their Family Members, Australian Domestic and Family Violence Clearing House [www.adfvc.unsw.edu.au/RTF%20Files/Stakeholderpaper\\_7.rtf](http://www.adfvc.unsw.edu.au/RTF%20Files/Stakeholderpaper_7.rtf)

## Recommendation 22

**Facilitate the development of age-friendly environments and communities in local government areas:**

- **Establish state and local government partnerships to encourage local governments to sign up to the WHO Global Network of Age-Friendly Cities**
- **Support local government to incorporate age-friendly principles into policies and services, including the development of public spaces. This can be done through the application of the South Australian Age-friendly Neighbourhoods Guidelines and Toolkit for Local Government**

The WHO Global Network of Age-friendly Cities and Communities, conceived in preparation for and then first announced at the World Congress of Gerontology and Geriatrics in Rio de Janeiro in 2005, was launched in 2007 with the publication of the ‘Global Age-Friendly Cities Guide’ (AFC). The guide was the culmination of research (using the base methodology described in the Vancouver Protocol) in 33 cities across 22 countries conducted throughout 2006. Building on the WHO’s Active Ageing framework, and the voices of older people themselves expressed through focus groups, the guide was designed to assist cities (governments, voluntary organisations, the private sector and citizens groups) toward a greater age-awareness and age-friendliness. It uses the needs and wants of older people as a lens to view the urban environment and see how it may be reconfigured in a manner that benefits all ages. The project is very deliberately titled ‘age’ friendly, not ‘senior’ or ‘old-age’ friendly, because the intention is to stimulate change that will result in more useable environments for people of every age. If a bus is easier to get in and out for an older person, and safe to take him or her from A to B or Z, it will be easier and safer for a person of whatever age and functional status to use it. Using the ‘ageing lens’ means creating a society for all ages.

An essential feature of the age-friendly city approach is that it embraces both bottom-up (listening to older people’s voices, desires, expectations, experiences, recommendations) and top-down contributions (ensuring that all sectors, in particular the public sector, respond to the process of listening to older people’s aspirations). The Vancouver protocol was devised early in 2006 with precisely this objective: establishing a process for qualitative research. It remains the building block to the age-friendly communities approach. The protocol was built with a focus on eight dimensions of urban living:

- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services
- Outdoor spaces and buildings.



Figure 15 The World Health Organisation's Global Age-Friendly City Guide

The WHO Age-Friendly City Guide was the starting point for what has developed into a vibrant global movement that continues to spread exponentially. The WHO Global Network of Age-friendly Cities and Communities (GNAFCC) was established to foster the exchange of experience between the worldwide city and community partners. Any city or community that is willing to demonstrate a commitment to creating inclusive and accessible urban environments is welcome to join. The participants in the Network are of varying sizes and are located in every region of the world. They range from New York City, Hong Kong and Barcelona to small towns and villages. Their efforts to become more age-friendly take place within very diverse cultural and socio-economic contexts. All members of the Network have the common desire and commitment to enhance the physical and social urban environment, to add to the quality of life of all their citizens through the focus of the lens of older people, and to promote healthy and active ageing across all age-groups. The WHO provides a global platform for information exchange, mutual support through the sharing of experiences and a resource of knowledge generation. It also guides the assessment of the age-friendliness of a city or community and advises on how to integrate an ageing perspective into urban planning.<sup>86</sup>

A number of local councils in South Australia have already indicated their commitment to join the WHO–GNAFCC. The City of Unley was the first to submit its application, which was accepted in December 2012 making them the first South Australian local council to become an Age-Friendly City.

As part of their work in this area Unley has an Age-Friendly Action Plan which incorporates initiatives from almost all areas of council. Some initiatives currently happening include:

#### Community Passenger Network

This is a regional project to identify transport opportunities and gaps. The project aims to create more accessible transport that crosses boundaries.

#### Residents at Risk Workgroup

The City of Unley has established a multidisciplinary workgroup that works on initiatives to identify and assist residents in the community who are at risk of any type (e.g. hoarding, financial, safety).

#### Mobility Scooter Access

The City of Unley is participating in Flinders University research and now working on accessibility issues.

#### Development Plan

The City of Unley is reviewing its Development Plan to include mobility and access issues and universal design principles.

#### Volunteering

The City of Unley is reviewing a range of volunteering opportunities to ensure that there are roles which are meaningful and appealing to the next generation of retirees. It is particularly looking at roles that reflect the skills, experiences and aspirations of this next generation.

***'The City of Unley is keenly aware of the issues facing those of us in the community who are advancing in years. At the same time, however, there are many opportunities that are available! By signing up to the WHO Global Network for Age-Friendly Cities, the Council has made a commitment to work holistically across all its services and functions to make the City of Unley an even better place for ageing persons.'*** – Peter Tsokas, CEO, City of Unley

The Office for the Ageing has developed a South Australian Age-friendly Guideline and Toolkit, using the Vancouver Protocol as a consultation method. This provides local governments with a tool to work towards membership to the WHO–GNAFCC.

The well-developed partnership of Helping Hand Aged Care and the University of SA are proposing to collaborate with Adelaide City Council to trial a series of projects reflecting age-friendly city principles and approaches.

The projects are based on similar components:

- Engage community members in the early phases to ensure congruence and relevance to their needs and wants
- Base projects on partnership arrangements which involve people and businesses in the precinct
- Involve pupils from local kindergartens, schools and universities in order to add an intergenerational dimension to the work
- Aim at outcomes with impacts across the community, utilising 'age-friendly' approaches

86 World Health Organisation 2013, WHO Global Network of Age-Friendly Cities and Communities, viewed 8 April 2013, [www.who.int/ageing/age\\_friendly\\_cities\\_network/en/](http://www.who.int/ageing/age_friendly_cities_network/en/)

The projects which are currently being defined are:

- establishing walking endurance trails and outdoor exercise equipment for older people
- telling stories, based around the history of the precinct, with interpretation through digital media, dance and art
- testing the useability of a set of principles for age-friendly businesses, including pharmacies and supermarkets
- testing models of 'open space use' by utilising simple change, such as seating, to encourage wider usage
- involving older persons in the planning of festivals and other cultural activities

### Recommendation 23

**Develop a resource to advise older people about home modifications to support timely planning for ageing in place.**

Individuals of every age should be encouraged to examine their homes with an age-friendly lens. There are often many opportunities throughout a lifetime (for example, a mid-life renovation of a kitchen or a bathroom) to implement change that incorporates age-friendly design. The needed change is sometimes small and simply requires a particular sensibility. For example, an inward opening bathroom door can easily be obstructed by someone who has had a fall, when there may have been no particular reason for it not to have been outward opening. Introducing age-friendly changes over time, and as opportunity arises, can also significantly reduce the costs that may confront an individual in later life.

Designers and home builders still need to be much more informed about an age-friendly focus in domestic design. There are considerable commercial opportunities for those who embrace the approach and provide for the growing needs. While there are some schemes already available in South Australia, such as those administered by the Commonwealth Government's Home and Community Care program, much greater stimulus is required to maximise the number of people who can safely and feasibly remain in their homes.

Twenty years ago, Pam was in her late 50s and caring for her elderly mother. She made some modifications to her home that meant her home was more accommodating for her ailing mother. The changes included railings in the bathroom, a removable and flexible shower head, wider doorways and ramps to replace small stairs. Pam and her husband are now in their late 70s and late 80s respectively. The changes she made in 1992 mean that their home is much more age-friendly and she and her husband are likely to be able to stay in their home much longer.

### Recommendation 24

**Develop affordable housing strategies that facilitate ageing in place, access to home equity, and market diversity in housing options.**

There are many housing issues that relate to ageing. Australian suburbs – characterised by low-density development, sometimes with inadequate footpaths, wide separations of land use and high car dependency – can present particular challenges for older Australians. In many cities throughout the world, some older people are rejecting the suburban lifestyle entirely in favour of inner city living with its easier access to services. Local authorities, town planners and public and private developers need to anticipate demand for a broad range of housing options. A safe pedestrian environment, easy access to shopping centres, a mix of housing choices, nearby health centres and recreational facilities, however, are all important elements that can positively affect the ageing experience.<sup>87</sup>

Affordability is a key concern. Many older people find themselves relatively asset rich yet income poor. Government needs to work very closely with the financial sector to develop fair, non-exploitative home equity release options.

Real estate agents have commented that many retirees on fixed incomes would like but cannot afford to relocate from their older, family home to a new courtyard home. They point out that there is a waiting time to get into retirement estates of approximately three years (in 2009), and that they are seeing an increase in the rise of the so-called 'inheritance syndrome', with children discouraging their parents from moving house because it eats into the capital value.<sup>88</sup>

In research undertaken by the City of Tea Tree Gully, it was revealed that the core housing attributes valued by their older citizens were autonomy, security, social connectivity, amenity, adaptability and affordability. Most older residents wished to remain in their own home, or at least in the area that was familiar to them, to stay connected to their community and to have easy access to shops, transport and entertainment. Many older people viewed their home as part of a lifestyle base – with many locking up their home for three, six or nine months to travel. It was also found that, although most older residents did not want to move away from the area, they were concerned about their capacity to stay in the high-maintenance family home and were struggling to identify affordable, accessible housing alternatives.

87 Australian Local Government Association 2006, Age-friendly Built Environment: Opportunities for Local Governments, Australian Local Government Association, Deakin [act.alga.asn.au/site/misc/alga/downloads/publications/Agfriendly\\_built\\_environment\\_paper.pdf](http://act.alga.asn.au/site/misc/alga/downloads/publications/Agfriendly_built_environment_paper.pdf)

88 City of Tea Tree Gully 2009, Ageing Strategy Survey September 2009, City of Tea Tree Gully, Adelaide, South Australia, [www.teatreegully.sa.gov.au/webdata/resources/files/Final\\_CTTG\\_Ageing\\_Strategy\\_Consultation\\_Report-Survey\\_findings.pdf](http://www.teatreegully.sa.gov.au/webdata/resources/files/Final_CTTG_Ageing_Strategy_Consultation_Report-Survey_findings.pdf)



# Governance and Policy – Translating the Active Ageing Framework into Practice

*Translating principles into practices requires commitment and co-operation from all levels of government. The purpose of this report is not to critique the effectiveness of existing initiatives but rather to highlight how co-ordinated actions can facilitate the introduction of a broad conceptual model such as the Active Ageing Policy Framework.*

## The multi-sphere system

Older South Australians engage with several spheres of government. At a local level, councils are tasked with local needs such as building regulations, land subdivisions, certain elements of public health, and services such as swimming pools and libraries. Local government is funded by both the commonwealth and state government and, through specific commonwealth funding, may serve as a community aged care provider.

### Recommendation 25

***The Commonwealth Government to clarify, as soon as possible, 'who provides what' in aged care services to help the public and key aged care providers better understand the aged care service system and how and where to access help for themselves or their families in a timely way:***

- ***The State Government and the Local Government Association should partner with the Commonwealth Government to facilitate this work***

Many people interact with their local councils on a regular basis and a number of SA councils make particular efforts to be in touch with the needs of their constituents. For example, the City of Unley recently conducted a series of consultations, using the WHO Age-Friendly Cities Vancouver Protocol as a basis. Research was undertaken both with older people and the local youth council through focus groups to explore attitudes and recommendations towards building an age-friendly city.

Government at the state level is responsible for the 'bigger picture', which necessarily includes the administration and monitoring of State Acts and Regulations and allocating significant amounts of Commonwealth funding. Areas managed include justice, consumer affairs, health, education, forestry and public transport. Most specific to ageing is the Office for the Ageing (OFTA), which sits in the Department for Health and Ageing. OFTA is responsible for policy advice, and the development, funding and implementation of programs and services for older people in South Australia – including the Seniors Card Program.

Australia has implemented significant change in community aged care in recent years, with all tiers of government and ageing sector agencies contributing to the ageing policy space. In 2012, under the National Partnership Agreement (NPA) on Transitioning Responsibility for Aged Care and Disability Services, Australia's Commonwealth Government took over full responsibility for all aged care services for people aged 65 years and over (50 years and over for Indigenous Australians). As a result, the Living Longer Living Better aged care reform package was launched with a comprehensive 10-year plan to reshape aged care across the national, state and local levels.

These changes mean that the Australian Government's Department of Health and Ageing funds and administers community aged care services, monitors the quality of services, and sets the national policy agenda for aged care service provision. A national approach for policy development is primarily undertaken through the aged care sector. Australia's Commonwealth Government also administers the Aged Care Act 1997, which oversees all residential aged care accommodation in Australia.

In any environment of change there is always uncertainty and some aged care funded agencies have expressed concern about future funding arrangements, operational complexities, and how easy it is for people seeking services to obtain the right information in a timely way.

All tiers of government and key stakeholders have shared a commitment to avoid negative impact on clients receiving services on the ground, but it is important to note that there is considerable dissemination of service provision related to these tiers. Aged care sits quite separately from both the health sector and disability. The addition of the new Medicare Locals could either contribute to some of this diffusion or enhance integration, depending upon their success in establishing close links early on in their establishment.

### Recommendation 26

**Set up a cross-governmental committee with representatives from local, state and federal government to better integrate and streamline service systems, including promulgation of 'all-of-government' policy which promotes age-friendly approaches:**

- **Representatives on this committee will be nominated from portfolios such as Health, Ageing, Social Inclusion, Education and Planning at each level of government**
- **The committee will have a formal advisory relationship to the state-level SMC committee**

Health and social services need to be integrated, co-ordinated and cost effective. An inter-governmental committee comprised of high-level representatives from the health, ageing and social inclusion portfolios should be established to examine ways to harmonise services that are funded and delivered by local, state and commonwealth government.

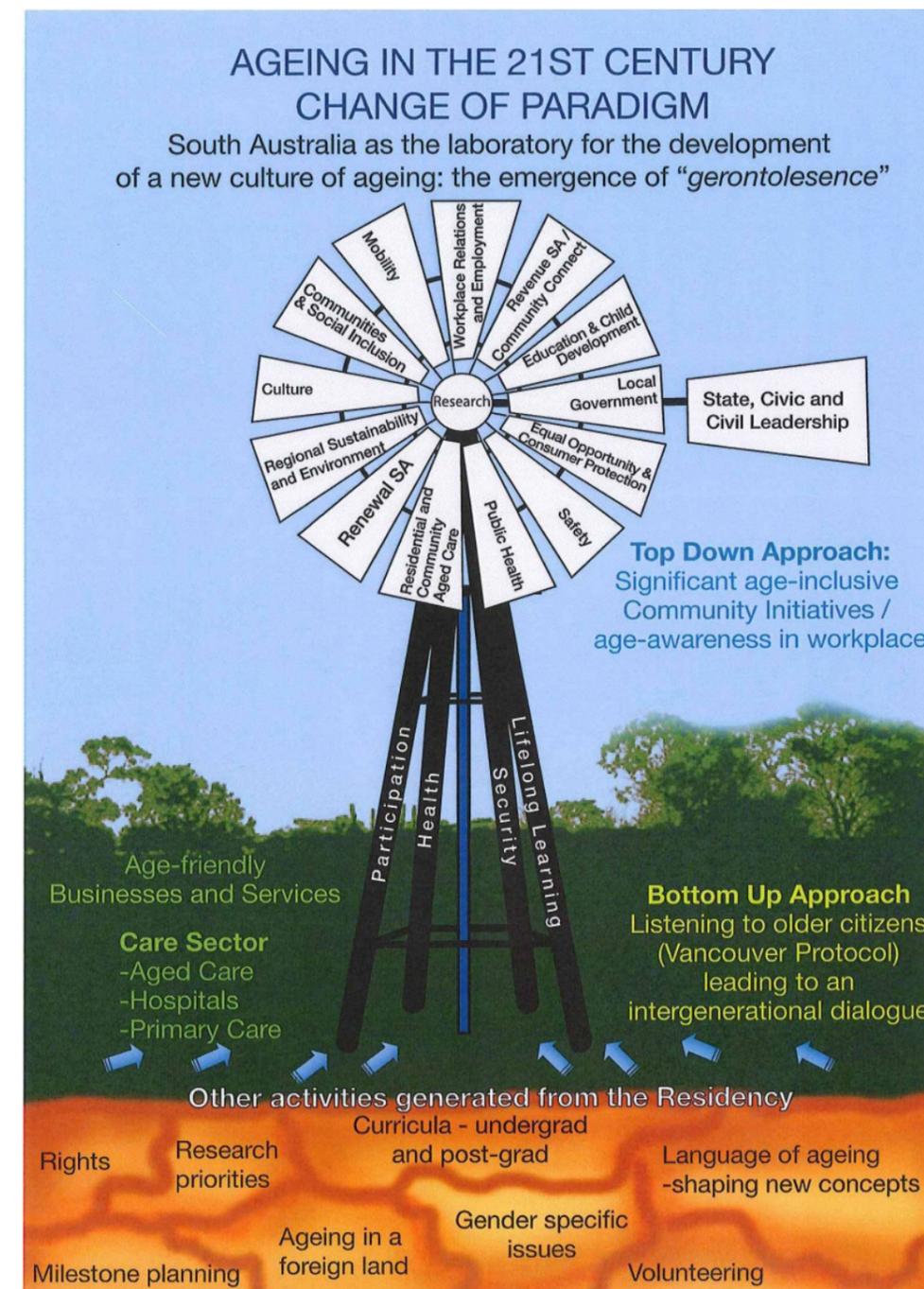


Figure 16 South Australia's age friendly framework

## South Australia's Active Ageing future

The windmill metaphor in Figure 16 illustrates a strategic direction for the State of South Australia. The blades of the windmill represent all the areas that must be in alignment and which are driven by state and civic leadership, as represented by the rudder. These elements are all held in place by research and are supported by the four pillars of active ageing. The four pillars are the link between the governance structures at the top and the 'bottom-up' activities and influences. It is essential that the voices of older people (the precious element symbolized by 'water') are captured and structurally connected to policy decisions. This is drawn up from the solid foundation of a culture of volunteering, age-friendly training, age-friendly research and a commitment to integrate and work with rights based approaches, ageing in a foreign land and gender specific issues.

It is important to note that the metaphor represents a 'whole-of-society' approach. Ageing affects every person and every structure. There is a responsibility to generate truly cohesive and collective responses. South Australia has a tremendous opportunity to be a world leader with this new paradigm.

### Recommendation 27

**Consider appointing a South Australian Commissioner for Active Ageing, to elevate the active ageing and age-friendly agendas across South Australia.**

Appointing a Commissioner for Active Ageing is an effective way of elevating the issue. It can provide independent, high-level leadership and give Active Ageing a higher status and profile within the state. The appointment will also acknowledge the diversity of generations now falling within the demographic of 'older people'. The new commissioner should be guided by a strategic framework based on the four pillars of the WHO Active Ageing Framework:

- Health
- Lifelong Learning
- Participation
- Security

The Commissioner should:

- liaise closely with the Ministerial Advisory Board on Ageing and Office for the Ageing in order to advocate of behalf of all older South Australians, including the younger ageing cohort of people aged 60 to 69 years, featured in Target T48 of the South Australian Strategic Plan, and Aboriginal people aged 50 years and over
- apply positive language and concepts to promote the benefits and opportunities of engaging with older people and their new place in the modern life cycle
- provide the co-ordination and secretariat support for a formal ageing standing committee of the Senior Management Council (see Recommendation 34).

### Recommendation 28

**SA Health should examine the structure and functions of OFTA to ascertain how best the Office for the Ageing Act 1995 can be fulfilled, and particularly how to effectively apply proactive and intergenerational policies to meet the key objectives of the OFTA Act.**

The renewed OFTA should specifically focus on the requirements of:

- Objective (a) 'to achieve proper integration of the ageing within the total community thus ensuring that the skills and experience of the ageing are not lost to the community through social alienation', and
- Objective (b) 'to create social structures in which the ageing are able to realise their full potential as individuals and members of the community,' and
- Objective (c) 'to create a social ethos in which the ageing are accorded the dignity, appreciation and respect that properly belong to them'.

The Office for the Ageing can achieve these objectives by:

- consulting and engaging with the younger ageing group (the boomers cohort aged 48–67) to encourage their active, continued participation in the workforce, in volunteering, and as citizens, consumers and neighbours
- consulting and engaging with the older ageing groups, the pre-boomers, to maximise their opportunities to actively age and socially participate, including serving as workforce and volunteer mentors
- exploring new initiatives to support the right of older people to be safe and free from abuse, and to have their voices heard in the community.

The Office for the Ageing should:

- promote a positive ageing agenda, supported with policies and initiatives, which meet the needs and interests of older South Australians under the state's economic priorities
- develop an awards and recognition program, in collaboration between the Government of South Australia, local government and business, to realise the economic opportunities of age-friendly approaches
- collaborate with key, ageing-sector stakeholders to promote best practice age-friendly developments across the community – for example, the COTA age-friendly taxi driver program
- include in its policies and initiatives, strategies applicable for people aged 50+ to better prepare citizens for active ageing and continued community participation
- leverage the role of media and existing networks of influence within society to foster a positive ageing conversation – for example, by:
  - establishing mechanisms to recognise the work of journalists who write and promote positive ageing stories
  - identifying role models for positive ageing ambassadors and supporting their outreach to community.

## Recommendation 29

***Develop a set of principles for language, policy and governance which promote the consistent use of respectful, positive and inclusive language when talking about, and to, older people.***

Language shapes attitudes just as much as attitudes shape language. Greater contemplation needs to be given to the vocabulary employed in relation to older people. All of us must be alert to language based on assumption, language that conveys value judgments or that perpetuates stereotypes about older people. Older people are arguably more diverse than any other age group. The fact that they have lived longer under a vast array of diverging influences means that they have had more time to accumulate greater differences, making them more heterogeneous than younger people.

Poor or thoughtless use of language is, at the very least, unhelpful and, at the most, it can contribute to great harm. Many of the words and terms, even in official documents, have never been tested with the very population that they are intended to describe. Service providers, whether public or private, will have much greater difficulty in accessing the older-age market if they unknowingly employ offensive or off-putting language. There needs to be an engagement with older people to determine what is the preferred language. A set of principles needs to be developed that can be widely disseminated within government, community organisations, journalism and marketing. This is not ‘political correctness gone mad’ as some might suggest, but a responsible public policy response to still-pervasive ageism.

## Recommendation 30

***Foster mainstream community acceptance of the longevity revolution and the re-imagined life-course.***

The profound implications and the exciting new opportunities of the longevity revolution are only beginning to be realised. It is older people themselves who are showing the path by redefining their lives in ways that were unimaginable for their predecessors. In addition, increasing numbers of younger people are now re-evaluating their lifestyle choices with the extended future in mind. A social revolution, new to humanity, is well under way, regardless of the machinations of policy makers. Those policy makers, however, have a responsibility to respond to this radically changing society and to make strenuous efforts to extend the fruits of this revolution to everybody. Application of the Active Ageing framework and age-friendly approaches to community, workplace and culture across society, from governance and policy to service delivery, will help create the cultural shift required to fully embrace the longevity revolution.

## Recommendation 31

***Set up a committee of the South Australian Public Sector’s Senior Management Council (SMC) as a high-level governance mechanism to provide across-government exchange of information and co-ordination of age-friendly outcomes in South Australia:***

- ***Incorporate Active Ageing into the agendas of all State Government departments, assisted by the work of the above committee, identifying and promoting projects and initiatives to further develop the Active Ageing agenda***
- ***Launch two emblematic projects to indicate the South Australian Government’s commitment to Active Ageing***

The Senior Management Council (SMC) is made up of the Chief Executives of each of the State Government departments. The SMC is able to set up committees to tackle various issues from a cross-governmental perspective. There should be a committee set up to incorporate Active Ageing into the agendas of all State Government departments. The committee should also identify and promote projects and initiatives to further develop the Active Ageing agenda. Emblematic projects should be initiated in departments other than SA Health. They are ‘emblematic’ because they demonstrate that all departments and industries have a role to play in creating an age-friendly society. For example, the Department of Environment, Water and Natural Resources may undertake a project to make national parks more age-friendly, or the Department of Planning, Transport and Infrastructure may decide to roll out age-awareness training for bus drivers. These projects should be high profile and inspirational to show how all industries could and should contribute to creating an age-friendly society.

## The role of the private sector

As with the public sector, the private sector is only at a very early stage of response to the rapidly changing demographic landscape. Some businesses are more alert to the longevity revolution and its ramifications than others. Some are already busily translating the new realities into increased profits, while others seem strangely oblivious to the potential rewards. There is a lot of worldwide attention given to the commercial opportunities inherent in new green technologies. They are often spoken about as a potential lifesaver to struggling advanced economies. Within the unprecedented phenomenon of rapid population ageing, with its life-course dynamism and sheer numbers, lies similar macro-economic gain.

### Recommendation 32

**State and local government should embrace the opportunity of the baby boomer generation as part of their strategic goal for a vibrant city by:**

- **increasing the planning and promotion of mixed-income apartment and unit living for older people within the CBD, including devising financial incentives**
- **Supporting age-friendly business development in the CBD**
- **Recognising and promoting the role of baby boomers as consumers of art, music and leisure in the CBD**
- **Encouraging local government and cities to sign up to the Global Network of Age-friendly Cities**
- **Engaging the community in a 'bottom-up' conversation to connect the voices of older people directly to policy makers**

Baby boomers are spearheading the trend toward living in the CBD, according to recent research by the SA Active Ageing Research Cluster. Alongside students, whose residency is more transitional, older people are increasingly opting for the transport and services convenience of inner city living. A recent survey shows that 12.5% of South Australian baby boomers are considering moving to the inner city of Adelaide.<sup>89</sup> This is a pattern that is reflected in increasing numbers of cities throughout the world and it presents enormous opportunities for both the public and private sectors.

Many of the baby boomers have high levels of disposable income and their spending patterns will have increasingly significant impacts on central city amenities. There is a tendency to associate vibrancy with youth, yet the cultural life of many inner cities is greatly dependent upon the participation of older people. Theatre in Manhattan, for example, is kept alive through the patronage of older people. There, businesses are constantly adapting to target older consumers. It is common for New York City restaurants and bars to offer cut-price meals and drinks during their slow periods or off-days, as well as reduced portion meal sizes to accommodate the tastes of many older customers.

The baby boomers are not only consumers but also producers of cultural activity, and their capacity to contribute should not be underestimated. Planners need to facilitate the development of mixed-income, age-friendly housing schemes in the CBD so that the option of inner city living is not simply limited to those with money. **The key to a vibrant inner city is a rich diversity of ages and incomes.**

<sup>89</sup> South Australian Active Ageing Research Cluster 2012, Baby Boomer Survey, Analytical Report Volume 1: Variables by Sex and Region, Population Research and Outcome Studies, The University of Adelaide, Adelaide South Australia, [www.cotasa.org.au/lib/pdf/saaarc\\_report\\_vol1.pdf](http://www.cotasa.org.au/lib/pdf/saaarc_report_vol1.pdf)

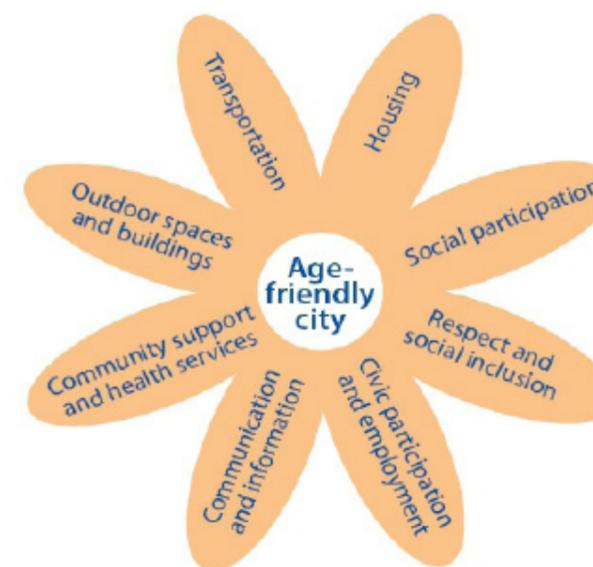
### Recommendation 33

**Emphasize the connections between age-friendly cities and liveable cities to improve Adelaide's ranking as a global liveable city.**

Economist Intelligence Unit's Global Liveability Survey ranked Adelaide as the world's fifth most liveable city in 2012. Strategic leaders are committed to Adelaide's reputation as a liveable city. The survey measures cities across five categories:

- Stability
- Health care
- Culture and environment
- Education
- Infrastructure

These are very similar characteristics to an age-friendly city.



**Figure 17** Age-friendly cities<sup>90</sup>

By examining the overlaps, Adelaide can increase its liveability and its age-friendliness with the same investment. For example, a project to improve bus service options and accessibility will contribute to both liveability (infrastructure) and age-friendliness (transport) with the same expenditure. In this way Adelaide can look towards building its reputation as one of the world's most liveable cities as well as an age-friendly city.

<sup>90</sup> World Health Organisation 2002, Active Ageing: A Policy Framework, World Health Organisation, Geneva



## Research: A Social Science Perspective On Ageing

The need for much more research into ageing, both publicly- and privately-funded, is being increasingly recognised. As recently as ten years ago, much of the research was concentrated on demographics and the clinical objectives of the health sector. Today, there is much more interest in the social context of ageing. It is clear that all initiatives need to be firmly rooted in quality research. A large part of that must derive from a genuine engagement with older people themselves.

It is essential that policy decisions reflect the wants and needs of the community. Research provides an avenue for this. The Australian Association of Gerontology has produced a guide for involving older people in research.<sup>91</sup> The guide is intended to assist researchers, older people, and community and peak organisations to work together to achieve positive outcomes from research on ageing. It provides some practical tips on how working together can help make a difference to the lives of older people.

### Recommendation 34

***Establish an Adelaide-based International Longevity Centre (ILC-Australia) as the Australian link in the already existing global network of ILCs.***

The first International Longevity Centre was created in New York in 1993 by the leading medical gerontologist, the late Professor Bob Butler, who also established the National Institute of Ageing in the USA. Other ILCs were subsequently created and eventually the Global Alliance (ILC Global Alliance) was founded. It is a respected international consortium, with consultative status with the United Nations, comprising fourteen autonomous member organisations which operate independently but collaboratively in different parts of the world (USA, Japan, UK, France, Dominican Republic, India, South Africa, Argentina, Israel, Netherlands, Czech Republic, China, Singapore and Brazil).

The mission of the ILC Global Alliance is to assist societies to respond to longevity and population ageing in positive and productive ways, typically using a life-course approach, and to highlight older people's productivity and contributions to family and society as a whole. The

<sup>91</sup> Warburton, J, Carroll, M, Bartlett, H & Kendig, H 2009, 'Involving older people in community-based research: Developing a guiding framework for researchers and community organizations', *Australasian Journal of Ageing*, vol. 28, no. 1, pp. 41-45.

Alliance partners pursue this mission through research, creating a forum for debate and action, and by developing policies and products.

The establishment of an ILC-Australia in Adelaide would significantly internationalise the State of South Australia's profile, provide a valuable conduit to the global conversation on ageing and strengthen local resources.

### Recommendation 35

**Support the University of South Australia in its partnership bid to establish a national Co-operative Research Centre for Healthy Ageing that would provide a vehicle for research priorities aligned with the principles of the WHO Active Ageing Policy Framework.**

Cooperative Research Centres (CRC) program supports end-user-driven research collaborations to address major challenges facing Australia. They are a Commonwealth Government initiative to pursue innovative, high-impact and practical solutions to social challenges. A Healthy Ageing CRC based in Adelaide at UniSA would provide research leadership in the state. The CRC title is not yet decided but the focus will be on healthy ageing.

Research Programs under development are likely to include:

#### Research Program 1: Boosting Productivity and Engagement

This theme will focus on unlocking and boosting the positive contributions of senior Australians to our economy and community, by enhancing their ability to stay connected and engaged in the workforce, with family and friends and within communities.



#### Research Program 2: Transforming Service Delivery

This theme focuses on improving the delivery of services to older Australians, so services can be more efficiently utilised, customised to the needs of individual and delivered by a responsive, skilled and productive workforce.

#### Research Program 3: Better Health and Wellbeing

The theme of this program is still under development but will focus on maximising and prolonging health and wellbeing.

### Recommendation 36

Support a high level collaborative taskforce for the coordination of research priorities on Ageing. Such research priorities should include:

- Investigation into how to narrow the longevity divide between Aboriginal Australians and non-Aboriginal Australians
- Investigation into the scope of caring in informal settings and the hidden financial contributions made by South Australians as informal care providers (using the methodology of the Spanish study)
- Examination into the changed nature and loyalties of 'the family' taking into account the effects of divorce, blended families, etc on caring
- Assessment of the consequences of 'ageing in a foreign land' taking into account both ageing migrants and the increasing migrant workforce delivering care in the ageing space
- Investigation on the prevalence of elder abuse on all its forms and its prevention within the SA context
- Investigation into the economic benefits of 'continuity of care' and the possible impact on future requirements for high level services and/or a greater reliance on the health care system
- Investigation into the consumption patterns and cultural preferences of older people who currently live or intend to live in the Adelaide CBD
- Investigation into the relationship between age-friendly policies and health outcomes at a local government level across the metro and rural councils

To further strengthen co-ordination, the South Australian Active Ageing Cluster [SAAARC], consisting of leading SA university researchers on ageing, with representation by COTA SA and the Office for the Ageing in SA Health, should be further empowered. SAAARC provides ongoing co-ordination for South Australian research on ageing across the three universities and ensures that research is informed by older people themselves.



## Rights Based Approach – The First and Last Word

It is fitting to close the discussion in this report by returning to the question of rights. Human rights should be the starting point and the end point of all policy decisions related to ageing.

### Recommendation 37

***Design a process with Aboriginal elders and community leaders, the universities and other key stakeholders to explore how Aboriginal people can benefit from the longevity revolution.***

Although the number of Aboriginal people aged 65 and over has nearly doubled since 2001,<sup>92</sup> it is important to recognise that, as a general rule, Aboriginal people are not ageing. The gift that is longevity continues to elude them. In a society such as Australia, this is profoundly disturbing and requires urgent and very specific action. Life expectancy for Aboriginal males is shorter by 17 years than for other Australian males.<sup>93</sup>

Clearly the question of Aboriginal ageing needs focused attention. I am sincerely regretful that I cannot address this issue more comprehensively. I don't feel I have the right to comment – I do not have the experience or the deep understanding of the issues at hand. It is with great respect for the Aboriginal people that I acknowledge I am not able to adequately respond to the particular concerns facing these communities.

### Recommendation 38

***Assume a leading role in the Asia Pacific region toward the creation of an International Convention on the Rights of Older People.***

The United Nations has well-established and respected conventions on the rights of almost every major marginalised group in society. Ironically, the fastest growing sub-group and one of the most

92 ABS data- 'State of Ageing in South Australia', p 59 [www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/State%20of%20Ageing%20\(compress\).pdf](http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/State%20of%20Ageing%20(compress).pdf)

93 WHO 2008, 'Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health', World Health Organization, Geneva

vulnerable groups does not have a convention, a convention on the rights of the older person. The rights of older people too now need to be recognised in a specific convention of this stature. International human rights law can significantly advance social change. At present, there exists both a 'normative gap' (a lack of provision in human rights law) and an 'implementation gap' (where existing legal instruments are irregularly applied) in respect to the rights of older persons. Treaty bodies monitoring human rights commitments rarely ask questions about the rights of older persons, and member states rarely include older people in their reports to the UN.

Older people's rights are not explicit in any binding international law.<sup>94</sup> Only one international human rights convention (the International Convention of All Migrant Workers and Members of their Families) specifically mandates against age discrimination. Furthermore, the soft international law relating to the rights of older people is dispersed and often difficult to access. Nearly all other vulnerable groups, such as children, women, indigenous and disabled peoples have tailored conventions that clearly state their specific rights, vulnerabilities and risks. There is no question that these legal instruments have advanced the participation and protection of the targeted groups and have added to a transformative global growth in human rights consciousness.

### An Age Discrimination Commissioner

The appointment of the Hon. Susan Ryan as Australia's first Age Discrimination Commissioner in 2011 should be applauded. The creation of her post is a recognition of the importance of vigorously confronting ageism in Australia. It is also an acknowledgement that some current laws and policies actively discriminate against older people, such as those in relation to worker compensations, income protection insurance and driver licensing requirements.

'While taking part in the recent UN meeting on the rights of older people, I became convinced by a number of UN member states that the process of developing a new convention would be of practical value to the world's older people,' Commissioner Ryan said. 'It would make a difference to those many millions living in precarious circumstances in countries that do not have welfare safety nets.'

'Despite the prevalence of age discrimination and the continuing challenges of improving services for older people, Australians fare much better in old age than many older people around the world, including in the Asia Pacific region,' Commissioner Ryan stated 'In too many places, old age means poverty, homelessness, untreated illness and violent abuse.'

Ms Ryan said that active official support for a new convention to protect older people would enhance Australia's standing as a good international citizen and encourage near neighbours, such as Indonesia and Malaysia, who are already calling for the convention.

<sup>94</sup> International Network for the prevention of Elder Abuse et al 2010, Strengthening Older People's rights – Towards a UN Convention, [www.inpea.net/images/Strengthening\\_Rights\\_2010.pdf](http://www.inpea.net/images/Strengthening_Rights_2010.pdf)

### Recommendation 39

**Actively support the Alliance for the Prevention of Elder Abuse (APEA) and build on the work of the International Network for the Prevention of Elder abuse (INPEA).**

The Alliance for the Prevention of Elder Abuse (APEA) involves a number of key South Australian agencies, such as the SA Police, the Legal Services Commission and the Aged Rights Advocacy Service. The aim is to collectively raise the profile of elder abuse. Public education and awareness campaigns are crucial elements in preventing abuse and neglect. Family members, neighbours and health professionals, as well as victims themselves, need to learn to recognise the very many types of abuse and where to access help.

In partnership with INPEA, APEA can provide a single local focal point to co-ordinate and disseminate good practice. In addition, establishing close association with influential national institutions can be instrumental in strengthening the frameworks through which elder abuse can be prevented or confronted – for instance, in April 2013 the American Institute of Medicine (IOM) organized an international conference on the prevention of elder abuse and mistreatment in close collaboration with several American institutions including the National Administration on Ageing – its final report expected to be in IOM's website by July 2013.

### Recommendation 40

**Incorporate a human rights perspective in consumer directed care, advance care planning, special needs groups, accessible services and training for health workers as outlined in Respect and Choice: a Human Rights Approach for Ageing and Health 2012.**

Considerable work has been undertaken in Australia in recent years which has informed the development of human rights-based approaches to the care and protection of vulnerable older people. Advised by key agencies in the ageing sector, the Office of the Public Advocate in 2011 provided the SA Government with a proposal for a government-wide policy framework for the prevention of elder abuse. A response to 'Closing the Gaps: Enhancing South Australia's Response to the Abuse of Vulnerable Older People' is presently being developed by the SA Government.<sup>95</sup>

The lengthened life expectancy is inevitably producing a substantial impact on Australia's aged care sector. As a response to the Productivity Commission's inquiry into aged care services in Australia, the Commonwealth Government released its reform package Living Longer, Living Better in April 2012.

The Human Rights Commission then responded with the paper Respect and Choice: a Human Rights Approach for Ageing and Health, containing a series of recommendations. This position paper outlines a sound human rights approach for the implementation of the aged care reforms. The recommendations in this report should be incorporated into policy and aged care reforms.

The human rights approach is the implementation of a set of essential principles that provides a baseline for human rights protection. It is a set of criteria that should result in

<sup>95</sup> Office of the Public Advocate in collaboration with University of South Australia, October 2011, Closing the Gaps: Enhancing South Australia's response to the Abuse of Vulnerable Older People, The University of South Australia.



improvements in service delivery standards. It should also provide a framework to guide decision-making, and encourage the collection of disaggregated data to inform policy decisions and promote age-sensitive programs.

Through the adoption of a human rights lens, we are better able to understand how health services can be delivered in a non-discriminatory and equality-promoting manner. Properly implemented, a human rights approach ensures that services are available, accessible, appropriate and of good quality. It should produce improved monitoring mechanisms and ensure good government accountability.<sup>96</sup>

#### Recommendation 41

***Integrate a 'rights-based' curriculum into all new and existing education and training programs for people working with older people.***

It is essential that all paid carers, nurses, health professionals and other front line staff who interact with older people fully understand older people's rights. Older citizens have very specific rights and vulnerabilities, many of which are associated with a loss of independence and autonomy.

There are a number of education programs that have already absorbed 'values based' training and have the capacity to easily expand to incorporate rights as a tenet. Such current programs include the 'Better Practice Project',<sup>97</sup> run through Aged and Community Services (the not-for-profit peak body for aged care). They have already trained hundreds of care workers in values-based approaches, both in metropolitan Adelaide and rural areas of SA. The Dignity in Care program at The Queen Elizabeth Hospital may also be a useful tool for workers. The program works to ensure that all patients are treated as individuals and with dignity through Dignity in Care Champions, who spread the message about dignity through staff training.<sup>98</sup>

96 Australian Human Rights Commission 2012, *Respect and Choice: a Human Rights Approach for Ageing and Health in 2012*, [humanrights.gov.au/age/ageing/summary.html](http://humanrights.gov.au/age/ageing/summary.html)

97 [gedcommunity.asn.au/professional-development/better-practice-project](http://gedcommunity.asn.au/professional-development/better-practice-project)

98 [www.hospitalresearch.com.au/tag/dignity-in-care/](http://www.hospitalresearch.com.au/tag/dignity-in-care/)



## Conclusion

Population ageing is a truly global phenomenon and a triumph of human development. The 20th century has given an ever-increasing number of us the gift of an additional 30 years of life – three extra decades that are redefining us, our roles in society and our condition as human beings. It represents a revolution – the longevity revolution – unprecedented in human history, with implications for all aspects of society. It is the responsibility of all of us in the 21st century to give the gift of quality of life to these bonus 30 years, and to extend it to everyone. It is important to state that these 30 bonus years are not 30 additional years of ‘old age’. Rather, we have been given three more decades of life, the character of which is still being defined. The implications are increasingly being felt at all stages of our life-course.

We have inherited from the 19th century an arbitrary and increasingly redundant division of our life-course. When Bismarck created social security, life expectancy in Germany, the highest in the world, was a mere 46 years. After a few years of formal learning, most individuals by the age of 12 or 14 were already working full time, and would so remain until the end of their lives. The transition from childhood into adulthood was abrupt. Few would reach the age of 60, and chronic diseases (for which medicine had little to offer) would render many of those who were prematurely frail and sick. The German Chancellor calculated that it made economic sense to send those few older workers home with a small pension rather than to pay them as if they were still fully productive. Some 130 years later (when Germans have achieved a life expectancy of 82), we are still largely following the same model: we learn at the beginning of our lives, work for many decades and then suddenly retire, now not for a couple of years, but for decades.

Our life-courses need to be radically reassessed in response to the longevity revolution. The existing models are neither sustainable nor desirable. Learning and recreational opportunities will have to be incorporated into many periods of our lives, our working lives will need to be extended (but reconfigured, made more flexible, more dynamic, exciting) and retirement will need to become both gradual and graduated. Increasing numbers of individuals will reach their 80s and 90s with vitality and enthusiasm to contribute as a result of the postponement of chronic diseases and/or effective treatment at their onset, and an active-ageing mind-set. It is unacceptable to continue to respond to the challenges of the 21st century with tools and ‘solutions’ created in the 19th century.

There is now clear evidence that health care and biology are only two of the factors that determine individual health status. The social, political, cultural, and physical circumstances under which people live and grow older are equally important – often more so! Ageing is a

life-long process. It begins before we are born and it continues throughout our lives. There is a natural decline of functional capacity from early adulthood but the rate of that decline is largely determined by external factors acting upon us. For the most part, health in older age is a reflection of the conditions in which we live and the actions taken throughout our entire life span.

Never before in the history of humankind has ageing been the privilege for most rather than the exception of the few. It is enough to say that more than half of all persons who have ever lived to the age of 65 are alive today. The use of the word 'revolution' is not hyperbole. Yet many people still react with fear and negativity, from the refrain that 'societies cannot afford to grow older', to the extreme view recently voiced by a senior government minister in another country that older people should be assisted to speed up their demise.

Data increasingly indicates, however, that it is not old age per se that produces increased medical costs. Rather, it is ill health and disability – often associated with old age – that is costly. Policy makers need to step back and view the full landscape. They need to consider the financial, as well as the human gains, to be achieved by a decline in disability rates. Research has indicated that such declines in the United States may reduce overall medical expenditure by 20% over the next 50 years. Furthermore, it is cheaper to prevent diseases than to treat them. The US Center for Disease Control calculated that every dollar invested in measures to encourage moderate physical activity, for example, leads to a \$3.20 saving in medical costs. A life-course approach calls on policy makers and civil society to invest in targeted phases of life, especially during key transition points when risks to wellbeing and windows of opportunity are greatest. They should be mindful of the fact that policies that reduce inequalities protect individuals at these critical times. Health services have to be re-configured in response to the longevity revolution – not only because older people have needs, as they do, but, above all, because they have rights.

Intrinsic to the challenge of ageing are tremendous opportunities. As people grow older in better health they can continue to be productive: resources to their families, their communities and to the economy. Furthermore, according to the World Economic Forum Global Agenda Council on Ageing, people over the age of 60 in developed countries hold more than 50% of the wealth. This means that the considerable potential of the 'silver market' is only just beginning to be realised.

An active-ageing approach to policy (as outlined in the WHO framework document) has the potential to address many of the challenges of both individual and population ageing. When the health, employment and education sectors, together with the appropriate social policies, support active ageing, there will potentially be:

- fewer premature deaths in the highly productive phases of life
- fewer disabilities associated with chronic diseases in older age
- more people enjoying a positive quality of life as they grow older
- more people participating in the social, cultural, economic and political aspects of society, in both paid and unpaid roles, and in domestic, family and community life
- lower costs related to medical treatment and care services.

Active-ageing policies recognise the need to encourage and balance personal responsibility (self-care), age-friendly environments and intergenerational solidarity. Individuals, families and communities need to plan and prepare for an extended older age. At the same time, supportive environments need to be established that make healthy choices easier choices.

The WHO approach to Active Ageing has proven to be an influential policy framework worldwide for over a decade. Its main translation into practice, the Age-friendly Cities project, is now a thriving global phenomenon implemented in hundreds of cities across all the continents. What influences quality of life as individuals grow older, however, often transcends the municipal boundaries. More is needed: policies at a macro level – for instance, on employment, access to social and health services, transport and housing. It is here where opportunity is on offer for South Australia, a rapidly ageing state with a small population and an abundance of skilled human resources across all sectors. SA is well equipped to extend the age-friendly approach to new heights – from city to state level. It is a state that could become a global reference on multi-sectoral policies on ageing. It is a state that could easily position itself to attract thousands of degree students seeking training opportunities on ageing-related issues from all over the world. And, it is a state that could pioneer innovative public-private partnerships in the field of ageing. South Australia could demonstrate to the world how to fully include older people in policy making and policy monitoring. It could develop long-awaited and truly intergenerational policies and become a fertile global focal point for ageing research.

The emergence of the new transition in the human life-course offers an enormous opportunity for visionary leadership. The society which first embraces the full significance of the impact of the ageing of the baby boomer generation will reap the benefits and profits of that vision. Gerontolescence, an entirely new stage of human development, is here to stay and we gerontolescents are ageing with unprecedented levels of health, wealth, educational skills and a collective history of activism.

The windmill analogy for an age-friendly State of South Australia depicts ageing as a positive energy. If well oriented, this energy will bring vitality and innovation to all of society. Constructing an age-friendly South Australia would be a bold and visionary project drawing in the public, private, academic and civil sectors as well as its citizenry. It would improve the care and autonomy of disabled older adults, as well as build infrastructure that supports longer lives and taps the talents and contributions of older people. In so doing, South Australia would become in practice a society friendly to all ages.



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Other websites of interest

Aged & Community Services 'Better Practice Project': [agedcommunity.asn.au/professional-development/better-practice-project](http://agedcommunity.asn.au/professional-development/better-practice-project)

Australian Association of Gerontology: [www.aag.asn.au](http://www.aag.asn.au)

Gray Panthers: [www.graypanthers.org](http://www.graypanthers.org)

SA Health, State Public Health Plan Public Consultation: [www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan+public+consultation](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan+public+consultation)

The Australian Centre for Social Innovation, 'Building solutions': [www.tacsi.org.au/ageing-and-caring/caring/](http://www.tacsi.org.au/ageing-and-caring/caring/)

The Hospital Research Foundation 'Dignity in Care': [www.hospitalresearch.com.au/tag/dignity-in-care/](http://www.hospitalresearch.com.au/tag/dignity-in-care/)

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- SA Health including Office for the Ageing
- The Australian Centre for Social Innovation (TACSI)
- COTA Seniors Voice
- Aged and Community Services
- Helping Hand Aged Care
- City of Unley
- City of Tea Tree Gully
- Flinders University
- University of Adelaide
- University of South Australia

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