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Social research and actions on ageing well

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Why do researchers and advocates use the holistic term ‘ageing well’? The term encompasses positive and constructive views of ageing, health, and wellbeing. It recognises ‘ageing’ as a lifelong, normal experience for everyone rather than being limited to those who are (often pejoratively) termed old. ‘Wellness’ as viewed by older people is grounded in a sense of feeling good as well as maintaining or recovering good physical and mental health as a resource for daily living. Ageing well is increasingly viewed as a major goal for health and care practitioners, as well as for older people themselves. A multidisciplinary approach to health recognises the influences of social factors and allows for active pursuit of better experiences of ageing.

A social perspective brings us beyond the ‘problems’ approach to ageing (which can cast responsibilities onto individuals) to focus more on opportunities and societal responses. This constructive approach is beginning to complement and at times challenge dominant biomedical and ‘decrement’ constructions of ageing. Yet the entrenched stereotype (and in *some* cases the reality) of individual ageing as an inevitable process of degeneration, continues to underpin much of the personal and public concern for treatment and care of vulnerable older individuals. This negative discourse is often promulgated by health

professions and organisations, particularly when seeking resources for their work treating disease and meeting care needs. Alarmist images of population ageing as a 'tsunami' or 'demographic doomsday' are invoked by governments seeking justifications for their fiscal strategies. In the ongoing contests of ideas and interests, progressive researchers and advocates are finding common ground in 'reimagining' ageing positively.

The chapter begins with international and national concepts of ageing well and directions for action. We then present a body of Australian research on ageing well including the context and funding that has enabled these studies to be conducted. Qualitative accounts provide older people's own viewpoints while survey findings highlight social variability and the improbability of ageing. The next section provides examples of applied studies that have better connected research and action, informing new approaches to policies and services. The chapter concludes by considering ways in which advocacy organisations that represent older people are promoting ageing well.

Conceptualising ageing well and action directions

Much of the research and policy discussion on healthy ageing is now centred on the widely accepted World Health Organization (WHO) definition: 'Health is a state of complex physical, mental and social well-being and not merely the absence of disease or infirmity.' It's comprehensive *World Report on Ageing and Health* (WHO 2015) sets further initiatives in healthy ageing and wellbeing building on a substantial evidence base. WHO conceptualises the related concept of 'active ageing' as 'the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age' (WHO 2002: 12). It also established and now facilitates the global 'age-friendly communities', which guides applied local research and action aiming to facilitate active ageing (Kendig and Phillipson 2014).

International research is demonstrating that processes of ageing are amenable to a range of bio-psychosocial influences, with many of them being changeable and hence improvable. The origins of the ageing well concept can be traced back to ideas on 'successful ageing',

as initiated nearly two decades ago by Rowe and Kahn (1987) in their US-based challenge to the view that old age necessarily equates to loss and disability. They take an aspirational approach (rather than ‘usual’ ageing focus), defining ‘successful ageing’ as a multidimensional concept with the three components of ‘avoiding disease’, ‘engagement in life’, and ‘maintaining high cognitive and physical functioning’. The research literature subsequently burgeoned with Cosco et al. (2014) identifying 105 empirical studies with a range of operational definitions—most have a biomedical focus but increasingly they also have psychosocial and lay components.

There has been extensive commentary and criticism of the ‘successful ageing’ concept and its terminology. In our own work, we have preferred the term ‘ageing well’, because ‘successful ageing’, in its original formulation, implicitly defines nearly all older people as ‘unsuccessfully ageing’. This is clearly at odds with the good quality of life reported by most older people, notwithstanding their having some health problems (Kendig et al. 2014). A range of commentators have pointed out that ‘successful ageing’ focuses on individuals to the exclusion of structural, social, gender and cultural explanations of their circumstances. We have demonstrated the widely varying concepts of ageing well, for example between Calvinist religions in the West and Buddhism in the East (Kendig and Browning 2010). Katz and Calastanti (2014) take a critical approach, observing that successful ageing ‘fails to acknowledge social relations of power, environmental determinants of health, and the bio politics of health inequalities’ (p 29). They highlight the importance of social exclusion, as well as the lifelong accumulation of advantage or disadvantage (Dannefer 2003) that is central to inequalities in later life, including poor access to health care.

The original formulators of ‘successful ageing’ have responded to these debates. They presented a case for research and action on ‘Successful Ageing of Societies’ in their special issue of *Dædalus: Journal of the American Academy of Arts & Sciences* (Rowe 2015). Contributors reviewed the importance of ageing for productivity; the benefits and potential of an ageing society; healthy ageing as a human right; and prevention as a core responsibility of health systems. This Successful Ageing of Society initiative brought US mainstream ageing and health research, and its dominant epidemiological and clinical traditions,

closer to European political economy and social determinants perspectives (see Chapter 1) that are informing critical approaches to social action on ageing.

Phillipson (2013), writing from the UK, provides a sociological paradigm for understanding how ageing societies generate age-related inequalities in the evolving welfare state. Health providers and professionals—as well as socioeconomic groups and governments—form interest groups that influence as well as benefit from public action in health and welfare services. The social practices that underlie these relationships form power structures influencing, in the instance of health, the subsidies and regulation of the industries and professions and the priority issues they represent to the public. Phillipson makes a case that the structured dependency of old age, the traditional focus of ageing in the welfare state, is shifting to new recognitions as political and economic pressures intensify along with population ageing and uncertain economic prospects. Health can be viewed as a dimension of his general argument that preparing for ageing populations requires ‘rebuilding institutions’, developing ‘new pathways for later life’, and ‘recognising new forms of solidarity’.

Further sociological conceptions are informing proactive ways of thinking about ageing. Kohli and Arza’s (2011) observation on pension reform in Europe would apply equally to ageing and health: they comment on the ‘power of ideas’ that are employed by interest groups to portray difficult and interest-laden reforms as being ‘inevitable’. Drawing on social gerontology and social welfare practice, Scharf and Keating (2012) raise theoretical issues and review evidence on the global challenge of moving ‘from exclusion to inclusion in old age’.

In Australia, Fine (2014a) has applied a political economy perspective to how population ageing has been portrayed as a cause of economic deterioration and as a rationale for cutting health and social expenditure in Australia and other G20 countries. He also examines ways in which longevity has accentuated gender and age inequalities in caregiving, and the social constructions of care, by the ageing field as contrasted with the disability movement (Fine 2014b). Stebbing and Spies-Butcher (2015) also apply a political economy perspective, in their case to interpret the implications of declining home ownership rates in later life and ways in which they can combine with related public subsidies, accelerating inequalities of economic wellbeing between social classes, age groups, and cohorts.

A valuable Australian commentary on ‘ageing well’, Aberdeen and Bye (2013) observe the ‘silence’ of critical sociology in Australia in the face of what Asquith (2009) has termed ‘neoliberal policies of positive ageing’. They comment that, in contrast to scholarship in the Northern Hemisphere, Australian gerontology had developed (with a few exceptions) in a functionalist tradition focused on individual adjustment and economic priorities of government. They observe a predominance of biomedical research and very little political economy, feminist, or other theoretical perspectives. Mendes (2013) provides an Australian critique of ‘Active Ageing: A right or a duty?’

The paucity of critical Australian studies in ageing arises in part because the Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC) provide funding primarily for large-scale empirical research more than critical scholarship. Available research funding on ageing supports the medical and health fields more than the humanities and social sciences. Australian research is underway to inform action on ageing well, inclusive of social as well as health dimensions, however, a plurality of disciplinary viewpoints is yet to develop very far.

Australian research on ageing well

Our research on ageing well began more than 25 years ago thanks to the vision and support of the Victorian Health Promotion Foundation (VicHealth), which recognised the value of improving health status across the life-course (Kendig and Browning 2010). The Foundation funded what eventually became the Melbourne Longitudinal Surveys on Ageing (MELSHA), subsequently funded by the NHMRC and then the ‘Healthy and Productive Ageing’ Stream in the ARC Centre of Excellence in Population Ageing Research (CEPAR). (See Chapter 1 for these and other longitudinal studies.)

Each of the studies reviewed below has yielded findings from older people that can inform action on ageing well and provide a balance of evidence along with that from other interest groups. The studies provide guidance as to directions for health promotion in the community as well as interventions when people are at risk in later life.

Older people's views and experiences

Older people's views can contrast notably with portrayals of them as clients or patients in health systems, subjects in experiments, or respondents in surveys. Rigorous qualitative studies, while difficult to fund at a significant scale, can seek out a range of voices, hear people on their own terms, and bring balance and insights into multidisciplinary studies of ageing.

Public attitudes are among the most powerful social influences on ageing well. Others' expectations of ageing people can not only influence the scope of their social opportunities but more fundamentally influence their conceptions of themselves, their capacities, and their value. An early qualitative study explored ageing individuals' perceptions of their 'social treatment' by others in everyday life, ranging from affirmation of 'normal ageing' to the ageism, demoralisation, and exclusion of being made to 'feel old' (Minichiello et al. 2000, 2012). The study found that ageist attitudes were most pronounced in terms of older people's experiences in the health system and employment.

These findings accord with US evidence that negative attitudes can impact on ageing self-stereotype, which in turn can predict preventive health behaviours, functional health and survival (Levy and Myers 2004). Research from the Australian Longitudinal Survey on Ageing (ALSA) in Adelaide concluded 'we have shown that the psychological resources of expectancy of control and self-esteem are important for the maintenance of older adults' self-perceptions of ageing when physical functioning is declining' (Sargent-Cox et al. 2012). ALSA researchers also identified the importance of a 'sense of purpose as a psychological resource for ageing well' (Windsor et al. 2015; see also Chapter 9).

When beginning our own VicHealth-supported study several decades ago, we conducted and reviewed qualitative investigations of older people's life goals and the significance health had for them (Kendig et al. 2014). They speak of life and health ideals centred around keeping active, feeling well, a positive outlook, and capacities to maintain their independence and make ongoing contributions. While good health is in part viewed as an absence of disease or functional limitations, the older people generally viewed health as a valued resource in which they invest, for example, through good eating and staying

physically active. Many report having made adaptations to their lives and homes that have enabled them to maintain their health and ways of life, notwithstanding mounting frailty. We concluded that health is a critical resource for older people in maintaining continuity in their sense of self and continuing to live in their own homes in the community.

Listening to older individuals reveals some systematic variations in their stories. Gender is prominent as seen in the contrasting 'his' and 'her' versions. Women are more likely to view health as a means of enabling social participation, while men focus more on their continuing physical capacities and contributions. Older individuals have 'health identities' and view themselves as successful 'survivors' (Walker-Birckhead 1996). While care needs to be taken to avoid cultural stereotypes, Chinese Australians have reported the importance of physical activity, healthy eating and successful children for their own wellbeing (Browning et al. 2011).

Locale studies

Locale studies can provide rich insights into the many ways in which the features of place and community can influence ageing well. Winterton and Warburton (2012) report, from their study of ageing in two Victorian rural areas, on the significance of 'place' and historical context of rural living; the life choices (human agency) made over people's lifetimes; and ways in which 'ageing in the bush' can reinforce successful ageing. A qualitative study of older men in rural Victoria found that their work, family, and ethnic identity were important resources for health and wellbeing, although rural locations imposed significant barriers to accessing services (Radermacher and Feldman 2015).

The importance of place was reinforced in Mackenzie et al.'s (2015) Sydney-based analysis of older people's subjective views on their homes and plans for moving or adapting them. Those who most strongly identified with their homes and felt connected to their neighbours and their communities had more positive perceptions of their homes and communities. Housing policies and urban design were recommended as important to maintain independence and adaptability as people age.

An NHMRC-funded ethnographic study of homeless older men in inner Sydney (Russell et al. 2001; Quine et al. 2004) found that many were proactive and capable in securing safe shelter, food, companionship, and other necessities for health and independence. This research underscored the value of action with vulnerable older people at a local level within accommodation and service contexts.

A qualitative study of older gay men in Sydney found that many had experienced positive changes since the 1970s, with greater public and private acceptance, but some expressed a loss of gay community as they grew older and experienced HIV-related stigma within the gay community (Lyons et al. 2015). The authors comment that broader community understanding of this potentially vulnerable group would facilitate quality of life and quality of care.

Population findings

The MELSHA study followed a cohort of older people living in the community from 1994 to 2010 (Browning and Kendig 2010; Kendig et al. 2014). Respondents had a strong focus on positive health actions, notably physical activity, healthy eating, and social activity. Healthy actions were encouraged most by spouses (especially wives), with friends and adult children also being significant. Education, income, and other aspects of social class were related to positive health behaviours and risk factors for serious illness.

At baseline, more than 70 per cent were 'ageing well' as defined by continuing to live in the community independently (that is not in residential aged care), with good self-rated health and psychological wellbeing. Subsequent survival was related to low levels of reported strain in daily life and higher levels of social activity, while entry to residential aged care was predicted by being underweight and having low levels of social activity (Kendig et al. 2010). Significant lifestyle predictors of continuing to age well included physical activity, nutrition, not being underweight, social support, low strain, and not smoking (Kendig et al. 2014). These lifestyle factors, which are potentially improvable, are major risk factors for chronic disease and important targets for health promotion late in life. Gender differences in the findings underscore the importance of tailoring promotion efforts to men and women.

Another longitudinal study based in Melbourne (Hodge et al. 2013) reported similar predictors of ageing successfully. A Sydney cross-sectional study found that physically active lifestyles (and less sitting time) were associated with good self-rated health and quality of life among ageing people (Rosenkranz et al. 2013).

The Healthy Retirement Project, funded by the Victorian Health Promotion Foundation, followed individuals through retirement transitions since the late 1990s (De Vaus et al. 2007). Most managed the transitions with continuing good health and wellbeing; many had freely chosen retirement and found that it enabled changes to healthier ways of life and improved health and wellbeing. Some adverse outcomes were apparent, particularly for working-class men and those who had been forced to retire by employers or through ill-health. Socioeconomic resources and opportunities for choice were found to be critical to a rewarding and independent life after retirement and managing the life transitions. A national analysis of women's adjustment to retirement, conducted a generation later, found a two-stage process (Zhu and He 2015): first, there were significant and lasting increases in life satisfaction just after retirement; and then ongoing decline through later years.

The Ageing Baby Boomer in Australia (ABBA) project, funded by an ARC Linkages grant with National Seniors Australia (NSA), provided evidence on this new cohort entering later life. As discussed in Chapter 2, there is great diversity among the boomers, who exemplify both continuity and change as compared to earlier cohorts. Focus group interviews and a national survey found that to varying degrees boomers reject ageist expectations, overwhelmingly evince a fierce desire to remain independent and contributing, and have a strong 'generational stake' in their children's and grandchildren's futures. Health promotion is a priority for the many boomers who have significant behavioural risks (notably obesity and sedentary lifestyles) that predispose them to diabetes and other chronic diseases (Humpel et al. 2010). The global financial crisis significantly reduced boomers' life satisfaction, especially for those still employed with fewer socioeconomic resources, and increased expectations to work longer. (Kendig et al. 2013). NSA drew on the study to produce popular reports used to inform National Seniors membership and in advocacy to government.

The Life History and Health Survey (Kendig et al. 2016), funded by an ARC Discovery project and now CEPAR, is examining how productivity, health, and wellbeing on entry to later life are influenced by earlier life experiences. Childhood advantage or disadvantage during the early post-war era—in terms of (parents') socioeconomic resources, educational attainment and health—was found to predispose work and family pathways through adulthood that had continuing influences on wellbeing on entry to later life. The findings suggest the value of investment in human capital from childhood onward throughout life.

Only 5 per cent of Aboriginal people are aged 60 years or more, as a result of high birth rates and life expectancies estimated at 15 to 20 years less than other Australians. The Koori Growing Old Well Study in urban and regional NSW (Radford et al. 2014) found that the dementia rate in Indigenous communities was three times that of non-Indigenous communities. Indigenous Australians face a 'cascade' of risk factors across the life-span, including low birth weight, removal from family, education, head injuries, alcohol misuse, smoking and inactivity. Another study developed specialised assessment tools that took cultural and social context into account in assessing dementia and cognitive capacities among older Indigenous people in remote areas (Smith et al. 2008.) Efforts to 'close the gap' in Indigenous life expectancy are directed overwhelmingly to younger people while older people 'age without longevity' (Cotter et al. 2012). Clapham and Duncan (2016) have reviewed initiatives by Indigenous people themselves to support ageing well in their own communities.

Migration and ethnicity are major factors in cultural orientations and life experiences, yet diversity of ageing in these terms has received relatively less research attention. The Melbourne Collaborative Study (a large prospective survey) has examined from mid-life onward variation in lifestyles and risk factors for those born in Italy and Greece as compared to the Australian born (Hodge et al. 2007). Dietary patterns were found to be associated with cultural background—e.g. fruit and white bread consumption was a larger component of the diet among these groups (and meat a smaller component)—which would have influenced their risk of diabetes and other chronic disease. A study of older men in Sydney (Waern et al. 2015) found that the Italian and Greek migrants were at higher risk compared to the Australian born for poor nutrition and higher alcohol intake. While low income is a

greater risk, the authors suggest ‘the need for nutritional education targeted at older men from culturally and linguistically diverse backgrounds’ (p 819).

It can be difficult to conduct surveys on social factors in the health of older people from culturally and linguistically diverse (CALD) background as researchers need to understand the cultural context and translation. This knowledge is a priority, given that by 2026 about 25 per cent of people aged over 80 years will come from diverse cultural backgrounds (Productivity Commission 2013).

Research for practice, services, and policy to promote ageing well

It is important to reflect on what we would term the ‘political economy’ of knowledge and the ways in which interest groups shape research funding and directions—and hence the available knowledge. While valuable scholarship can be produced relatively independently, larger-scale efforts in applied multidisciplinary research, yielding rewards in the careers for university staff as well as public benefits, depend critically on funding, particularly from the ARC and the NHMRC. As we have explained elsewhere (Kendig and Browning 2010), targeted ARC and NHMRC funding has been essential in building the knowledge base in line with the National Research Priority:

Ageing well, ageing productively: Developing better social, medical and population health strategies to improve the mental and physical capacities of ageing people.

Our knowledge in this priority area has been built with a cornerstone of strategic research funding including the NHMRC/ARC Ageing Well/Ageing Productively Research Program, the ARC/NHMRC Research Network in Ageing Well, the ARC Centre of Excellence in Population Ageing (CEPAR) (which has a research strand on Ageing Well, Ageing Productively). ARC Linkage programs funded on the basis of social and commercial benefit (as well as research and investigator quality) have also been important. The future direction of these programs, and indeed all ARC and NHMRC funding, faces considerable uncertainties at present as government deliberates on ways in which research can best contribute to Australia’s national development.

Research funding is inevitably driven by government priorities and other interests, as well as researchers' own priorities, and these can change. Current ageing research, as evidenced particularly by recent NHMRC grants and special initiatives, has shown a shift towards relatively more research on age-related diseases, notably 'problems' such as dementia. Observing a similar trend in the US 25 years ago, Estes and Binney (1989) warned of the 'biomedicalization of aging'. When ageing is cast as a medical problem, this risks an imbalanced knowledge base that yields less understanding of potential action on the environmental, social and economic drivers of wellbeing in old age.

National research funding has been supplemented by philanthropic organisations that have a primary concern for informing social actions that may follow from understanding the needs and experiences of disadvantaged older people. Philanthropic foundations have been at the forefront of funding innovative research on action to improve quality of life:

social change philanthropy focuses on the root causes of social, economic and environmental injustices; includes people impacted by injustices as decision-makers; and makes philanthropy more accessible and diverse (Lord Mayor's Charitable Foundation 2012).

Governments also fund research to inform specific issues for policy or service applications.

There are multiple ways in which research-based knowledge can inform social action on ageing well and the health of older people. The traditional approach is that researchers independently design and conduct studies, publish in peer-reviewed journals, and then this information is eventually identified in literature reviews before devising health programs or interventions. This mainstream, and indeed usual, approach provides some quality assurance through peer review but it relies on uncoordinated connections between research and action. The process may also take years, from planning to conducting and utilising research. Research commissioned by philanthropic organisations or by government, however, may not be disseminated through peer-reviewed journals and as such the utility of this type of 'grey' literature may not be fully realised.

Program grants (such as the VicHealth-initiated MELSHA studies), Linkages grants such as the ABBA project reviewed earlier, and the CEPAR Ageing Well/Ageing Productively research strand augment traditional research approaches in several ways. Longer-term partnerships, between researchers and those who will use the knowledge, can build collaborations in setting study directions and make joint investments attentive to mutual, complementary interests, and each can learn from the other while conducting the research. Researchers can release information reports and working papers fairly quickly, for timely applications by their partners, while articles take more time as they undergo the lengthy peer-review process for scholarly audiences. With consultancies, researchers conduct evaluations and other studies (often with short time-frames) according to objectives set in contractual terms by their research partners, with attendant risks to quality and independence that require careful terms in contracts.

We now turn to some examples of the ways in which Australian social science research has been contributing to actions on ageing well in specific policy arenas.

Research-informed actions in the health arena

In an earlier commentary for the Academy of Social Sciences in Australia (Kendig and Browning 2011), we reviewed the research base and priority contributions to healthy ageing policy and programs. Our research-informed submissions on the value of comprehensive health promotion and integrated health care for older people were used to reinforce recommendations from the 2009 National Health and Hospital Commission Report. However, national action continued to focus on single diseases and behaviours with little attention to older people. Eventually, in March 2016, the Prime Minister and Minister of Health announced ‘A healthier Medicare for chronically-ill patients’ that was said to ‘revolutionise the way we care for Australians with chronic diseases and complex conditions—aiming to keep them out-of-hospital and living happier and healthier lives at home’. An accumulation of evidence and submissions and growing appetite for health reform, precipitated by the forthcoming election, appears

to have eventually contributed to some action on a difficult and long-standing priority wrought by Commonwealth–state tensions on funding.

Applied research has also been important in recognising self-care as a core component of health promotion and clinical care. After trial efforts in self-management were proved to be effective, Medicare now funds general practitioners to work in collaboration with other health professionals to implement Chronic Disease Management Plans (Browning and Thomas 2015). However, health assessments for older people have continued to focus on identifying ‘problems’ without providing much in the way of resources for general practitioners and other health professionals to work with patients to assist with changing health behaviours as preventive health measures before the onset of these conditions and their associated morbidity. Many years earlier Byles et al. (2004) had found that while health assessment for veterans and war widows resulted in higher quality of life, they also increased the probability of residential aged-care placement. These are instances where our *health systems* are not set up to provide integrated solutions to assist older people to age well.

An area of successful research translation has been with falls-prevention interventions. Clemson et al. (2004, 2012) developed model risk-reduction for falls interventions building self-efficacy, behavioural changes, and home adaptations. The programs were proven to be effective in reducing injuries and hospitalisation. The NHMRC funded the core research while the NSW State Government has supported the production of training manuals and program implementation. Benefits are anticipated in restraining costs to governments as well as better quality of life outcomes for older people.

Actions in the aged and community care arenas

Applied research on ageing well also has contributed to reforms of aged and community care. After reviewing literature (including MELSHA findings), and extensive consumer and industry consultations, the Productivity Commission outlined major new directions in its commissioned *Caring for Older People* report, which led to the 2013 Living Longer, Living Better legislative reforms now

being implemented.¹ The Australian Department of Social Services (2012, 2015) is implementing Consumer-Directed Care (CDC) programs informed by a government-funded evaluation of pilot programs (KPMG 2012) that examined impacts on the wellbeing of older people and carers, promoting independence, enabling choice and maintaining community engagement. The usefulness of this consultancy was limited, however, by its delayed release. There is a small related academic literature (Low et al. 2012) and ARC Linkages studies are underway.

Practice-based research also has demonstrated the case for prevention as well as re-enablement (Lewin et al. 2014) in the design and implementation of the national Home Care Packages Program. This work has been supported by a partnership between Curtin University and the Silver Chain (an aged-care provider). Qualitative research and consultations by innovative community-care providers, such as the ACH Group's (2011) *Good Lives for Older People*, have focused on person-centred care building self-help capacities and quality of life. Partnerships with local universities in Adelaide are furthering this work with the support of ARC Linkages funding.

Actions in the culturally and linguistically diverse community arena

A study funded by the Lord Mayor's Charitable Foundation (Feldman and Radermacher 2014) examined barriers and capacities to enhance ageing well in Chinese, Greek and Italian communities. This provided the basis for future engagement by the Foundation to progress social change. The RDNS Dementia Care in the Community project was funded by the Lord Mayor's Charitable Foundation. This project conducted research in the area of a 'key worker' to advocate for and support CALD clients with dementia and their carers. This approach is now being investigated with other at-risk older people in the community. Similarly, a project by the UNSW Social Policy Research Centre, in partnership with the Benevolent Society (SPRC 2010), identified number of issues for people from CALD backgrounds, including loss of homeland and status within the family, isolation

1 livinglongerlivingbetter.gov.au.

and vulnerability due to changes to traditional networks and poor English skills leading to poorer access to services and communication problems.

Actions in the age-friendly communities arena

Research has demonstrated the value of the WHO Age Friendly Cities approach for facilitating local action to improve wellbeing and address inequalities (Kendig et al. 2014). In Canberra, an ANU survey (funded by the ACT Government) reported on older people's views on their priorities for improving their neighbourhoods and city and the vulnerabilities of groups, including older residents living in public housing and older women living alone. Findings have been reviewed by subsequent community assemblies, informed modest actions such as improvements to the bus system, and yielded academic journals as well as National Seniors publications (Pearson et al. 2012). This work follows the WHO age-friendly cities initiative and further work on implementation is being led by Councils on the Ageing (COTA) (Australia) working closely with the International Federation on Aging (see below).

Consumer advocacy and ageing well

National and international advocacy organisations provide essential leadership in action on ageing well initiatives. COTA (Australia) was founded to 'protect and promote the wellbeing of older Australians'.² COTA has played a key part in building the National Aged Care Alliance (NACA): 'a body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia'.³ COTA and NACA have been influential advocates for consumer-directed care as per legislation now being introduced to the Australian Parliament (February 2016).⁴

2 www.cota.org.au.

3 www.naca.asn.au.

4 www.cota.org.au/australia/NewsList/2016/older-australians-welcome-more-choice-and-control-in-delivery-of-home-care.aspx.

The National Seniors Association (NSA) is a large representative organisation with strong grassroots membership and involvement in policy. It's Productive Ageing Centre, working with the Department of Social Services:

aims to play a pivotal role in bridging the gap between traditional academic researchers in ageing, the community and decision-makers. Our broad research purpose is to “emphasise the positives of ageing and an ageing society, as well as flag the challenges (nationalseniors.com.au/be-informed/research).

NSA is partnering with Per Capita and NAB Bank in convening a coalition of interests taking action on their Blueprint for an Ageing Australia.⁵ The Blueprint argues for action recognising that with increased longevity we now have ‘25 extra years of high quality living with new opportunities for productive work, unprecedented leisure, teaching and learning, and fulfilling relationships with family and friends’.

The Australian Association of Gerontology (AAG) has the mission of ‘expanding knowledge on ageing’.⁶ The AAG plays a pivotal role in relating research to action, and in advocacy and coordination to build research capacities and translate findings into practice and educational programs. It is the principal point for Australia’s engagement with the International Association of Gerontology and Geriatrics (IAGG),⁷ and it auspices the International Longevity Centre (ILC) (Australia) as part of the international network of ILCs.⁸ Other important contributors in ageing networks are provider organisations including Aged and Community Services in Australia (ACSA)⁹ and Leading Aged Services Australia (LASA).¹⁰

International developments in ageing also are forming coalitions and they provide valuable resources and support for Australian initiatives. In addition to leadership by the WHO (as reviewed above), international organisations are forming networks for advocacy on behalf of the interests of older people:

5 percapita.org.au/wp-content/uploads/2014/11/BlueprintForAnAgeingAustralia.pdf.

6 www.aag.asn.au.

7 www.iagg.info/.

8 www.ilc-alliance.org/index.php/members/details/ilc-australia.

9 www.agedcare.org.au/.

10 www.lasa.asn.au/.

- The United Nations' *Transforming our World: The 2030 Agenda for Sustainable Development* set as its Goal 3: 'To ensure healthy lives and promote wellbeing for all at all ages' (UN 2015). It also is leading action to establish a Convention on the Human Rights of Older People. The UN continues to work towards the 2002 UN Second World Assembly on Ageing Declaration that had set three priority directions to achieve 'a society for all ages': 1) the active participation of older people in development that would benefit all citizens; 2) the promotion of health and wellbeing as people age; and 3) the provision of enabling environments to support healthy ageing.
- The World Economic Forum is a 'comprehensive and integrated platform to strategically shape global, regional, national, and industry agendas'. It's Global Agenda Council on Ageing Society, comprised of leading international organisation on ageing, highlighting the challenges ahead in *Global Population Ageing: Peril or Promise* (Beard et al. 2011), and in 2015 launched a campaign on how longevity can create markets and drive economic growth.¹¹
- The International Federation on Ageing (IFA) (a network of non-government organisations, industry, and academia, and individuals in 70 countries) has a mission to 'influence age-related policies that improve the lives of older people'.¹²
- Help Age International, while its work focuses mainly on developing countries, aims to 'work with our partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to health care, social services and economic and physical security'.¹³ Its Global Age Watch provides comparable data on the quality of life and other country 'performance indicators'. Appendix 1 benchmarks Australia with comparator countries
- In the United States, eight of the leading ageing-focused organisations have formed the Frameworks Institute 'to create a better public understanding of older adults' needs and contributions to society—and subsequently to improve the lives of all people as they age.¹⁴ The partner organisations include AARP Inc. (representing 40 million older people), the knowledge-based Gerontological Society of America, and organisations representing service providers and professionals, and grant-funding bodies.

11 www.weforum.org/communities/global-agenda-council-on-ageing.

12 www.ifa-fiv.org/about/.

13 www.helpage.org/.

14 www.frameworksinstitute.org/aging.html.

The Institute's influential report, *Aging, Agency, and Attribution of responsibility: Shifting Public Discourse about Older Adults* (O'Neil and Haydon 2015), identifies media and advocacy narratives on ageing including 'the throw-away generation', 'Vibrant Senior', 'Demographic Crisis', 'Aging Workers', 'Government and Solution' and 'Government as Problem'.

Conclusion

Evidence and ideas-based action is underway on ageing well. Constructive images of ageing are being championed by advocates, notably COTAs and NSA along with AAG, the Australian Human Rights Commission (AHRC 2015), and researchers and service providers who seek out older people's views. Research can suggest priorities and inform effective directions for achieving ageing well. In the short-term, research findings on fundamental concepts such as ageing well are unlikely to have much influence among the contests of interest groups in the broader economy and public policy. Over the longer-term, however, the values-based ageing well approach, embedded in the experiences and aspirations of older people themselves, can be an important investment in positive approaches to ageing people and an ageing society.

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