Charles Sturt University

Submission to the Royal Commission into Aged Care Quality and Safety

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Table of Contents

Executive Summary

- This submission to the Royal Commission is effectively a compilation of articles and other documentation written by the authors. Collectively, they capture various elements of what we regard as defining features of communities, organisations and individuals that truly respect and care for older people.
- We invite readers to peruse these pages to gain a sense of the good work that is being done with older people which can form a basis for future work. We believe that our collaborative approaches are instructive for the 're-imagining' of aged care in this country.
- We argue that there is a need to shift workplaces cultures and attitudes so that challenges and even mistakes can be acknowledged, discussed, and learned from in the spirit of continuous improvement.
- Inviting older people themselves to share their experience of ageing with the younger generation will help to improve intergenerational understanding and communication and challenge ageist stereotypes.
- Isolation and loneliness can be an issue for older people, so we need to think creatively about how to improve opportunities for meaningful social engagement and emotional connection with others.
- Although there has been a recent emphasis on 'Healthy Ageing', there is still the potential for the ageing process and older people themselves to be presented in a more positive light.
- Older people should be able to express what matters to them, set their own goals and priorities, and define 'quality of life' on their own terms – and have those elements factored into care design.
- Inter-professional and inter-sectoral approaches to policy, practice and care delivery have the potential to enhance the lives of older people through person-centred care design and delivery.
- We hope that the ideas and strategies presented here will resonate with the Commissioners and involved parties and will contribute to the discussion about the provision of aged care education and research.

Introduction:

A number of times within the transcripts of the Royal Commission into Ageing Quality and Safety, the issue of collaboration with older people has been raised. This has been in relation to people with a diagnosis of dementia and older people in general. Commissioner Lynelle Briggs has asked why this does not occur as a matter of course.

It is evident from the transcripts emerging from the Commission hearings that the dominant discourse in the provision of aged care is patronising. The term aged care is itself patronising. The mindset is:

> Resident: *If I am in need of care, I have a deficit and I am dependent on someone for my ability to function.*
>
> Care Worker: *If I am providing care to you, you are dependent on me, I know what is best and I expect that you will be grateful for whatever care I can provide for you.*

This type of discourse became evident in my PhD research in 2009 so, along with colleagues, I have worked towards developing education strategies and resources to challenge and change the paternalistic attitudes that pervade aged care and enable a culture of abuse and neglect. What are the possibilities when the culture of the work environment is one of open discussion, acknowledging challenges and working collaboratively to address them, one where differences of perspective are listened to, validated and negotiation happens and one where the dominant discourses engender respect for everyone in the environment?

This has been my challenge since becoming an academic. What strategies can I employ to develop attitudes that facilitate collegiality and collaboration when *working with* as opposed to *caring for* older people? The first step was to change the language health professionals' use and the next was to include and involve older people in teaching about ageing and how to work with them.

The following document outlines the strategies we have employed and continue to employ at Charles Sturt University and also share with the community through our on-line initiatives to foster a culture of collaboration with all stakeholders in the aged care sector.

Associate Professor Maree Bernoth

September 2019

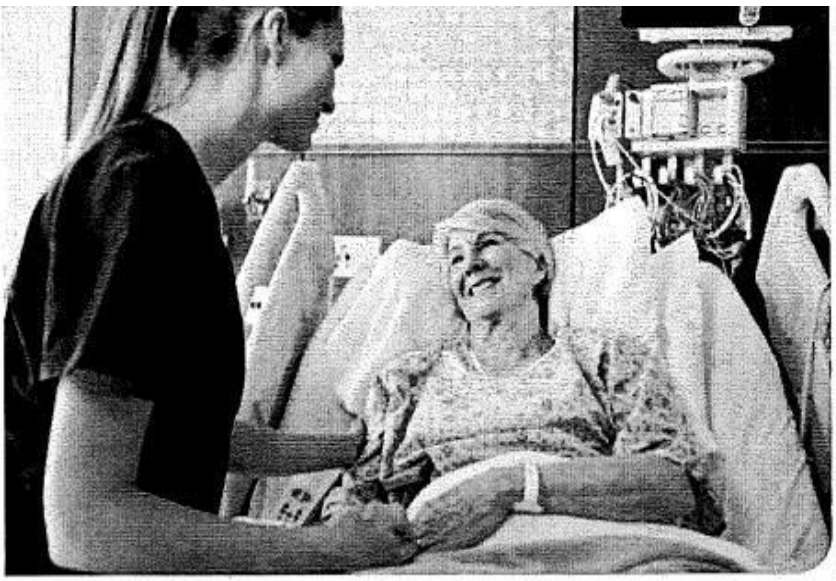
Older People Teaching Ageing

The photo below was taken in one tutorial class where older people participate in the teaching and learning about ageing. They share their stories and experiences and amaze the students with what they have achieved in their lives. Significantly, they also share their experiences of ageing – physically, socially, emotionally, spiritually and financially which opens the minds of the students and make learning so much more meaningful. The students also hear about the impact of attitudes of health professionals as the older person tries to resolve health issues and tries to navigate the aged care system.

If we are going to genuinely collaborate with older people and work with them rather than stereotype and patronise them, they need to be part of the learning, opening minds challenging stereotypes and dispelling ignorance.

The article below articulates a partnership between an aged care facility, Holy Spirit in Dubbo, and the SNMIH at CSU. In this project, undergraduate students studying a subject about ageing as part of their degree in nursing, undertook their tutorials in the aged care facility. In doing so, the

residents, and the staff became part of the teaching team. It was an opportunity for the co-creation of knowledge and the opportunity for students to appreciate the intersection of the



PARTNERSHIPS FOR LEARNING AND MENTORING IN AGED CARE

By Judith Anderson, Maree Bernoth and Lyn Croxon

It is well known that the Australian population is ageing (Australian Bureau of Statistics, 2013). This ageing population has led to an increase in chronic and complex diseases, leading to a range of challenges for healthcare providers (Hunter & Levett-Jones, 2010), yet 75% of residential aged care facilities report skills shortages.

Of those, 60% are shortages of registered nurses (National Institute of Labour Studies, 2012). Annear et al. (2014) found that student nurses generally have negative opinions about aged care. Abbey et al. (2006) also note the negative opinions of students about aged care, and link these negative opinions to career plans to avoid the industry. However, Koehler et al. (2016) indicates that a positive learning experience is an important indicator in promoting positive perceptions of working with older adults. Relevant preparation and support of students can lead to enriched learning experiences and positive attitudes towards caring for older people (Koh, 2012). Other research, (King et al. 2013; Zisberg et al. 2014) however has found that despite attitudes and preference for working with older adults improving over time, preference to work in nursing homes was consistently last.

The aim of this project was to facilitate the establishment of an education program delivered on site which was relevant to nursing students and to staff of the residential aged care facility (RACF), and to develop a culture of acceptance of students, mentoring skills for the RACF staff and thereby enhance the attractiveness of the field of aged care as an employment option to nursing students. Participation by these students was structured into the subject around care of the older person. Nursing students' experiences and interactions with residential aged care included on site tutorials. A preceptor program for staff of the RACF was implemented as engaging staff in the teaching of students has been found to improve student knowledge, attitudes and understanding around aged care due to an enriched, supported experience (Lea et al. 2016).

A sustainable partnership was formed between CSU School of Nursing, Midwifery and Indigenous Health and the RACF to support undergraduate students in order to develop a learning community. The feedback from the students revealed that they were able to apply the theory they were learning to real life people and real life situations. It made learning meaningful and the learning objectives became more relevant. The project validated and valued the knowledge and experience of the RACF staff, including them in the teaching team (Bernoth et al. 2015). This is congruent with appreciative inquiry (Cockell & McArthur-Blair, 2012) and authentic partnerships (Dupuis et al. 2012).

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Connecting Older People Through ICT

With a small grant from the Faculty of Business at Charles Sturt University and with the assistance of an ICT specialist, a program was implemented to connect senior citizens, who attended the Senior Citizen's Centre in Wagga, with family and friends via the use of web based technology.

This initiative involved teaching and supporting older people to use i-pads and smart phones to communicate with loved ones and to access the wealth of information and platforms available through a media which, to most, was unfamiliar and often frightening.

The older persons benefited from the program which is articulated in the article on the following page. The program has been so valuable that it has run continuously from the inception. Although it was focused on the older person, as researchers, we learnt so much about interacting with this group of people, the importance of being person focused in our teaching techniques and the value of connectedness.

Enhancing Connectedness Through Peer Training for Community-Dwelling Older People: A Person Centred Approach

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Social interaction and connectedness is important to the mental health and wellbeing of older people. The aim of this research study was to facilitate and increase opportunities for social connectedness for older people living in regional areas through the use of technology training. Weekly technology training sessions were conducted at a Seniors Citizens Club with a peer trainer (an experienced, retired computer teacher) and session notes were attended not only by the six study participants, but also by other club members, with up to 15 club members participating in sessions. Data analysis included all documents generated by the project, including the individual interviews, researcher observations, training session reports from the peer trainer and weekly diaries maintained by participants. Findings demonstrated that computer training at the Senior Citizens Club helped participants build group cohesion and to form tighter connections with partners, family, and friends with whom they no longer live. When the trainer is seen as a peer, and training is person-centred, older people are more receptive to learning, exploring, and experimenting with technology. Although only those people were involved in the in-depth evaluation part of the study, voluntary training with the trainer in the absence of any funding continues even to this present time. The outcome of this research reinforces the potential for technology facilitated tighter connectivity to enhance the quality of life for older people living in regional and rural Australia.

INTRODUCTION

Active engagement in social interaction has been shown to significantly help maintain healthy ageing (Shankar, Hamer, McMunn, & Steptoe, 2013; Shankar, McMunn, Banks, & Steptoe, 2011). Geographical mobility, through choice or necessity, can leave many older people living in rural and regional areas feeling disconnected from loved ones, family, and community (Bernoth, Dietsch, & Davies, 2012; Vahorta & Hanratty, 2012). Social interaction is particularly important to the mental well-being of older people. Repeated findings in the literature have demonstrated a clear link between social interaction and good mental health (Snowdon, 2003; Tyas, Snowdon, Desrosiers, Riley, & Markesbery, 2007) and, conversely, that older people who are isolated from social interaction are more likely to suffer mental health problems (Sum, Mathews, Pourghasem, & Hughes, 2008, Vuuall, Hic.;.k.!'>Uu, Batueu, & Yiu, 1998). Studies have revealed that with increasing age people socialise less, often for pragmatic reasons to do with age-related frailties (Nicholas, 2012).

The literature has shown that older people can develop significant feelings of acceptance and belonging through information and communication technology (ICT) based interaction (Hampton & Wellman, 2003; Maloney Krichmar & Preece, 2005; Pfeil & Zaphiris, 2007; Pfeil, Zaphiris, & Wilson, 2009; Xie & Jaeger, 2008). A Japanese study found that ICT-based social interaction led to greater enjoyment of community activities, greater support to fellow members and increased feelings of companionship (Kanayama, 2003). Xie's studies of the OldKids online community in China (Xie, 2007, 2008) similarly demonstrated that ICT-based social interaction frequently led to other forms of interaction, enhancing overall relationships, and showing that reciprocity between offline and online interactions worked synergistically, resulting in stronger social bonding (Xie, 2008).

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Causal links between 1cr and the wellbeing of older people ischallenging toempirically verify (Dickinson &Gregor, 2006). However, there is some evidence, that greater connectivity and social networking, could assist to reduce isolation and that ICT contributes to improvementsin the wellbeing of the aged {Dick· inson & Gregor, 2006). Furthermore, multiple studies have re· vealed that ICf-based social interaction doe. not make peq>le less sociable, but instead can result in greater social contact via other means (Burmeister, 2010, 2012; Maloney Krichmar & Preece, 2005; Pakrasi, Burmeister, McCallum, Coppola, & Loeb,2015; Wright, 1999; Xie & Jaeger, 2008).

To gain the maximum benefit ofiCT-based social inter.tction, the technologies involved must beboth usable and acce.o;;sible to older people, thus *enabling* them to gain the social interaction benefito;; described above. There is also a growing body of ev.. idence that suggests that peer training in the use of ICT is the most effective fom1 of learning. Early research (\Villiamson, 1997; Williamson, Bow, & Wale, 1997) suggested that this ap· peared to be the case, and such findings were later confinned (Scotl, Roberts, & Burmeister, 2002). For instance, a study of early adoption ot onhne bankmg amongst older people revealed the greatest success was achieved by the Bank, which employed retired banking staff to conduct the training (Scott, Roberts, & Burmeister, 2002); a finding confim>ed by a later study (Note.ss & LorenzenHuber, 2007).

Previous research into healthy ageing has explored issue-; of providing equipment and training, but with inconcJusive results {Morris et aJ., 2014). ICT training has been seen as having equalising potential for the aged in rural settings, but a review of ICT use concluded that 'Specialist training ... (is) needed to challenge longstanding rural disadvantage, particularly to address the key concerns of rural, older Australians ... This is a critical area for action" (\Varburton, Cowan, & Bathgate, 2013, p. l3). It is against this background the pre.o;ent study wa developed to facilitate and increase opportunities for social connectedne. s for older people living in regionaJ areas through the use of technology training.

METHOD

The research project was infom1ed by Appreciative Inquiry (AI), which is a strengths based approach which has its genesii in organisational development psychology (RAWG, 2002). It pro· motes positive change by focusing on peak experiences, which are discovered through narrative approache. and a collective analysis of the elements of success (Cockell & McArthur-Blair, 2012). AI has been demonstrated to assist in the transforma· tion of communitie. from seeing themselve. in largely negative terms (and therefore inclined to become locked in their own negative views), to seeing themselve. as having the capacit)' to enrich and enhance the quality of life for all members of the community. A key principle of AI is to "focus on identifying 'positive models' or examples of success" (RAWG, 2002, p.5).

Ethics approval wa obtained through the Charles Sturt Uni · versity ethics committee. All members of the Seniors Citizen's Club were infom1ed about the nature of the project and in · vited to participate through an information sheet and in a pre · sentation to members. All participants in the study gave their formal consent to participate and signed an informed consent form.

The formal program ran for four months with training ses· sions scheduled weekly and sessions lasted up until two hours. Training sessions were attended not only by the six study par· ticipants, but also by other club members, with up to 15 club members participating in sessions. The training was conducted at the Seniors Citizen's Club, which had a large facility that included a computerroom with two fixed computers donated by industry. For this study the iPad was chosen, because of its many inbuilt usability and accessibility feature. . Due to limited fund · ing, only six iPads could be purchased for the study. Through this project a peer trainer (an experienced, retired computer teacher) wa employed for four months to conduct the training sessions with club members, using six iPad3s. Following initia1 trammg sesstons, J ds were lent to members parttcJpaung m this study who had been trained to use them. They had the use of the iPads for four months.

The six participants who fom1aJly took part in the research component of the study kept weekly diaries and these were intended to capture weekly engagement with the technology during the two months between interviews. Participants were interviewed at month two and at the conclusion of tbe fourth month. Interviewed topics included strategies used to maintain independence and social connectedness, contact with family and friends who do not live close by and who they would like to communicate with, preferred communication strategies, fa· miliarity with computers, how they learn about services and their reason for participating in the project. All interviews were conducted in a private room at the Seniors Club and lasted on average, 40 minute. . All were recorded and tran · scribed verbatim. Observations were a1so noted during the train - ing sessions by a research team member or by the trainer; the peer trainer also prepared reports after each se. sion and this wa part of the ethics approvaJ. Training session observa - tions were related to the types of areas seniors were having trouble with, their interest . and socia1 engagement within the group.

Data anaJysis involved a]] document generated by the projecl, including the transcribed interviews, re. earcher obser· vations of training sessions, reports from the peer trainer and weekly diaries (QSR International Pty Ltd, 2012). Thematic analysis was completed with the help of QSR NVivo 10, a soft · ware package for managing data. The unit of analysis was each individual document. The paper does not report any details of the people who attended training who were not the six partici - pants. Note: pseudonyms are used for a11 name. in the findings and the approximate age of each participant included with their response. .

FINDINGS AND DISCUSSION

Findings presented are from the six participants and ages ranged from the low-60s to the mid-80s. \Vhilst six people were involved in the indepth part of the study, one was unable to continue due to ill health. Three broad theme.s emerged through the data analysis process. These were "personal activity," "interaction with others," and "acces.s. Each had multiple categories, for instance the la'it included the categories of "cost," "confidence," "heaJth," and others, all related to issues of accessing technology, because the cost of the technology was a concern, or they acked confidence in using it, or their health issues made acce.o;;s difficult. However, across the themes a:nd categories two things stood out. One related to the approach the trainer used during the education sessions and, the other related to the layered nature of the social connectedne.-.s that emerged from tbe peer training in ICT. These two aspects were interconnected and together enabled the participant-. to build capacity in their own ICT skills, social connectedness and life satisfaction.

Connecling to the World and Each Other

Integral to the research was the provision of education and support in the use of the technology. The approach the trainer used in the education sessions was to focus on the learning needs of the individual, not a predetermined progr.m1. This approach was a challenge for the trainer a-. the participant-. were at varying levels of experience with iPads and had differing levels digita] literacy. The first layer of connectedness observed during the training sessions, wa-. the connection betwee:n the peer trainer and those participating. This level of connection was facilitated by the creative use of fun. Fun was a major factor and appreciated by many:

> The tmining was invatuable. Without it you would s.on of sit in your room or whlde\·er and maybe you would progn-s.'i your knowledge and your underst.nnding and your ability.or tn3ybe you wouldn't . It WU.'i 3 good fun environment and the learning was ea'iy and valuable (Srun.age 66-70).

The participants were a1so learning from and connecting to each other. In keeping with the philosophy of AI, as the partie - ipants inter.tcted and demonstrated their mastery of skills, connectivity evolved and they were benefiting from each other's strengths.

> I noticed Phillip helping Rita quite a bit. and Mary bdping whoever she had to saanding next to. nnd sort of. I think f ore and afkr people saying "Loot r\·e done this'" and they say .Oh that looks interesting" "Yes I can show you how todo thaf' which was how lhe group wou1d advance. (Tminer. age under 66)

Confirming earlier research (Burmeiter, 2012: Xie, 2008), human connections were formed or strengthened through tbe ICT-based social interaction. As the project progressed, the significance of connectedness to the participants through this technology wa-. evident. Participants enjoyed connecting to tbe wider world through the internet:

> All the thing..; I can see. all the thing..; I can lind nnd it is inten-s.cing. it renJiy open. it's noc wide on yet but it's renJiy oning. Aod a'i soon as I can afford I will ha\. I like co hlwe an iPad. (Ri:ta.. age 66-70)

> lreckon Skypcs lovely. to able to se<: people that at(: a long way nwny (Bridget. age 76-SO).

Participants particularly valued using the iP..td to better connect to family members and friends:

> The \value of the iPnd. *yc-nh* it'sjust made communication amcng.'>t my group. Pat nnd the: girls (daughters .that much easier. And mort: fr.quent (S•m.og< 66-70).

Such findings demonstrate that social connectedness was important for the older people and learning ICT facilitrrted this. Significantly, a deeper level of connectedness that is a rekin - dling of romance and intimacy was enabled by using ICT as the vehicle to connect. Sam's wife was a resident in an aged care facility and both be and his wife struggled to refra:me their marital relationship in view of their new, forced living arrangements. Sam was able to add a new and specia1 dimension to their relationship through ICT:

> lmentioned this morning- there was a rose and Itoot a photo and sent it otT- wdL withouc it. that contact woukln't have happened. nnd Pat woutdn t ha\·e se<:n the rose nnd the- so it's a good tiling. yeah. (Sam. *age* 66-70)

These community-dwelling older people valued cornnecting with others, but a.lso their independence:

> I think anybody would say it's important not to be rrtying on others. I know from personal experience my wif because she doesn't dri\ nnd she's got to go out SOille\\her to meetings she hat s depending on ocher people to pick her up and I'm lucky I drive ... So it's \'c:ry important to me·to independent. (Phillip.age 81-85)

Continui ty

With the posit£ve outcomes for the older people, the q.uandary was how to man.age the completion of the project which included the return of the iPads and the cessation of the support sessions. Fortunately, one a<ipect was addressed by the participants themselves. As the education progressed, the participants became aware of the potentia) of the technology and engaged more fully with it, with most deciding to purcha-.e their own tablet computer. They shared with each other where to access the most suitable and the least expensive devices, as evidenced in a follow-up email (31/5115):

> Mosa of the scnlon> have had their own tablet comput rs but Ol.hen; have come aklngco gee advi« on choosing a cablet computer. Some nrr choosins Aodroid-ba'ied tablccs nnd one has a Windows ca:bkt. (Tminer. age under 66)

Even though the support sessions were completed in 2014, the trainer appreciated the va]ue of the ses.sions and continued to provide these on a voluntary basis to more members of the Senior Citizens Club.

TABLE I
Lessons Learned About the ICT Tmining Process

Communication	•-+ Email. p:utirularly with photo ntt: Chmentswn.'in high dem:Uld •-+ Skypc wasseen ns\'aluabJe •-+ Social media was noc \~dluc:d
Compatibility	•-+ The projecl provided the same type of tabtcl. which made crn incr·bnscd suppon easier. HOWC\'er.pnnicipants Inter bought the ir own. with three 1needing to be supported
Email	•-+ Selling up individual 3C'rounts is time consuming and best done I o()O·I •-+ Pu.e..w..ordsnee-d to be writttn down and brought to Iuter s.\ions
Oigitll litcrucy	•-+ Bluet h. Wi·Fi nnd other terms tuad 10 be c.xpltlincd and dc:monstnued in multiple sessions bc:fon: p3nicipnntsg:mspcd the c-OnCepts
Flcxlbility	•-+ Although the trainer had a curriculumplnn ror cnch srssion. he also ensured thnt cnch srssion allowed time to explore issues of interest to participantx,. which they all apprecinted
Group kssons	._.. Mo than two to build ronfi<kncc •-+ Oumtioo of n1 lens l lhour eoch ._.. 4 panicip:ant!wn.'just bartly enough for good group dynamics
Henltheffcctli	– One man in hismid-1980s dropped out after suffering a saroke which pnralyscd him on one side. One woman in her late 1970s found it difficuh to:mend most of the group M"-!l!lions lx'eau!IC of on.going. pr lsting hcahh problems
Imemcc oonncctivity	• The Senior Citizens Club Wi-Fi only pcrmincd 6 devices to be connecled at nny one time ._.. In some rum! locations the iute Jll(t enabled Ulblctshad no ronnection – Slow oonncccions in rurnl areas mennt tlull upgnJdes and downle»d:s were \'tf)' slow or n01 possible ._.. Dlk' to limited fundjng only ba c internet dewrnlood limiiJt were adopted rutd two partkip:tnts exctcdcd the ir monthly limits. prevcnaing them lfrom enjoying the full benelits ol'the project
Peer training	.,_.. Most p:trtkipants commented on how nppcciativc they were of the truincrs patience.understunding of their age reluted issues 1nd the caring approoch to instructing them
Social connectivity within the tmining group	•._.. Interaclin& with other club members whom they had not mel before was appreciated •-+ Participants enjoyed experimenting nnd then showing others in the group .,_.. Helping each other understnnd wh.nt wns taught wu\ common

11le uttendunce-it steadily incren.'iCd over time. Once: other people found out theu- se55io11!wtre occurring and they wc:rrn't like u classroom. it wasn't a test, everybody just went relatively at their own *pact.* nnd did inlert:sting things. Lots morc people said "Oh I'd like to 1ry that'" $0 more and more people came along. ,,, I've been a \'Oiuncer giving mon- than 50 scMi OlU on using 1Jble1 computers at the Senior Citi1 los Centre. (Trainer. age under 66)

Lessons Learned About the ICT Training Process

A person centred approach 10 all interactions was a feature of this progmm; this involved recognizing lhc person, !heir wishes and !heir needs (Dupuis ct al.,2012). Consistent wilh lilcmlurc, the person undertaking lhe educational experience became the focus and connections were buill wilh lhem {Nay, Bird, Ed· hem through other fonns, such as he telephone and f;K:e lo face vardsson, Fleming, & Hill. 2009) rather lhan lhe agenda of lhe educator taking priarity. There was reciprocity and equality in inleraclions between learner and educator which is in contro.,llo the paternalism lhat can dominate interactions with older pco· incrco.'iCd socialising with increased wellbeing for older peo-pic. This person centred approach has lhc ability to increase heahh and wellbeing (Chenoweth & Jeon, 2007).

Table I provide."synopsis of lessons learned aboull lhe ICT tmining process. The types of areas seniors were having trouble wi l included remembering po.,swords, attaching picture. 10 an emaiL Their interests were face time with grandchildren, taking photos with [he iPad, and social engagement wilh other group members. Pallicipants were generally very appreciative ofhe !raining and connected with olherclub members willingly sharing and leaching each other.

MPLICATIONS AND CONCLUSION

This sludy illuslraled how ICTcan enhance social connected· ne.ss amongst older, rum I and regional people. This is import;mt because research in various disciplines has demonstmted that incrco. ing social intcmction has benefits for the quality of life and wel lbeing of older people (Dickinson & Gregor, 2006; Tyo. et al., 2007; Wormll el al., 1998). Findings also showed that **ICTbased social interaction can increa."e ovemll social activity.** Such socialising can be accomplished by people who experience increasing disabilitie. with increo.ing age, because ICT de. ign caters 10 many functional limitations. The asynchronous nature of technologies, such as email, give older people a measure of control over the communication prooess thai is nol available 10 **communication.**

The implications of these findings and future research at· cas arising from them are closely tied 10 literature that linh

ple. As lhc Dickinson and Gregor (2006) review found, there is as ye1 inconclusive evidence lhal ICT facilitated socialising has the same benefits 10 wellbeing thai physical social inler· action has, allhough research does appear lo supporl such a view. Building on such research findings, this study sugge.ts thai particularly important in rural and regional scuings is peer tmining and support,to work patiently with older peopleas they build confidence in learning 10 use ICT. h is also imporlantlhat **we incorpor:1 1e appropriate educ:1tion about Internet behaviors** and safely lo ensure thai this popu lation group are IT savvy as

they may be wlnerable to a range of scam> (Andrew. Cleary. & J< Ckson. 2012).

However, a. with alJ studies. there arc limittuion.s. \Vhilst diaries were intended to capture weekly cngagemel\l with the technology. these proved not to be a good data source. because most people did not fill them out or there were only very few cn1rics. In this age group,there arc frequcmly n1cdical interruption'i and, as previously stated, during the course of the study one had a stroke limiting his ability to participate beyond that point. Most importantly, however. although only six peop lewere involved in tbe in-depth part of the study. volunt>ry training with the 1r:Uner in the absence of any funding continues even at this present time. This project DO(only demonstr.ltes the importance o(social interaction to wellbeing of the aged living in rural and regional areas. but reports a posith-.:: model. with the potent ial to amend and tr.lnsfer such successful W3legies to other communities.

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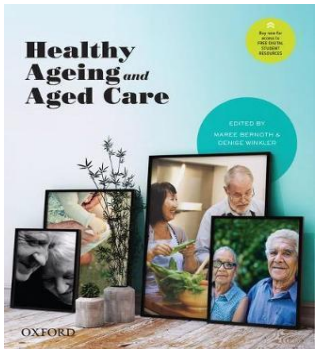
‘Healthy Ageing and Aged Care’ Book



Bernoth, M., & Winkler, D. (Eds.) (2017). *Healthy ageing and aged care*. Victoria, Australia: Oxford University Press.

At the very heart of the book is the people who have lived their lives and generously share their experiences. The text is a co-creation involving older people, clinicians and academics.

This is a book about life, the continuum of life, the impact of choices made throughout life, changes that happen during our lives and a celebration of lives lived! *Healthy Ageing and Aged Care* takes an inter-disciplinary approach to supporting older people within the community and in care. It represents current Australian and New Zealand policies and practices, takes a holistic view of the older person, and emphasises the positive aspects of the ageing process, maintaining that people age in healthy ways and continue to be an integral part of their families and communities. This is one of the rewarding aspects of working with older people assessing accurately and collaboratively, putting in place strategies that can maintain the person's quality of life.

Included with the text are real life videos and podcasts which were provided generously by older people so the students can learn from their experiences. They enhance the learning experience for the student audience by providing an opportunity to see the complexities and idiosyncrasies of situations relevant to older people and their carers.

Master of Gerontology at CSU

The Master of Gerontology positions students at the heart of a growing industry. The Federal Government forecasts that the number of Australians aged 75 years or over will rise by approximately four million by 2060. Aged care is part of a continuum of services to support older adults and workforce education in ageing is critical at all these levels. There is a need for specialist ageing knowledge throughout the range of health and social support services in order to assist older adults to remain well, improve health, access reablement and community support services and delay or reduce eventual admission to residential aged care. The interdisciplinary Master of Gerontology course prepares students, who are already professional practitioners in a range of disciplines and fields, to work as specialists in ageing. Students are prepared for leadership positions across the broad range of ageing services from primary care, community services, health promotion, acute health and hospital services, mental health, rehabilitation and aged care, quality assessment and policy positions. Graduates may also become a gerontological specialist in their profession and receive specialist recognition from their health discipline professional body.

There are multiple exit points from the Master of Gerontology – Graduate Certificate in Gerontology, Graduate Diploma in Gerontology and Master of Gerontology. The Graduate Certificate in Gerontology also provides an educational and career pathway for experienced carers working in aged care to gain a recognised qualification to support their existing skills and provide career options in leadership in aged care.

Integrated Health Teams and Participatory Approaches to Care

The following article is the outcome of a project conducted in Hobart in conjunction with the Hobart District Nursing Service. It was an authentic, consumer focused project where, instead of the usual assessment of the older client enrolled in the service, the client was asked what they wanted to achieve and what would make their quality of life more meaningful.

The program was implemented by the Hobart District Nursing Service and evaluated by researchers from Charles Sturt University. The outcomes were impressive, articulated in the article and the aspiration was that the program would become usual practice for the service. However, despite positive outcomes for the clients, the funding body withdrew the subsidy to ensure the program continued.

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The Impact of a Participatory Care Model on Work Satisfaction of Care Workers and the Functionality, Connectedness, and Mental Health of Community-Dwelling Older People

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This study describes and el'llluatcs an innovathe program designed to reduct functional dE"Ciioe among .seniors, using a participatory can- approach and intE'gratOO health teams. TiM' e\aluation provides oldu pE'Ople and community support workers (CSW.s) with the opportunity to shan- thE'ir cxperientts of being_ in, olrcd with an inno, atin program to reduct functional d«tioe (mobility, skin integrity, nutrition, mental health, contin E'nt'E') of oldE-r, community dwelling adultsimpk-mcntOO by a N"ursing Scrit'E' in a major capital dty in Australia. As part of the program, CSWs WE't'C' trained topro, idE>can- that aimed to redUtt functional dcdinE>, and impron• the quality or life for the care r ipicnts. Data were collec:tcd through in-depth interviews with older peoplE' n>t'E'iving can- and a fooos group (FG) was conductE-d with CSWs. Sewn thE'nlE'. SE'nM"rg«< during data analysis: I) functionalitylindE"ptndentt ; 2) pn-wntion ;3) confidentt; 4) connection; 5) the approach; 6) can- plans; and 7) the rolE' of thE' CSWs. TiM' relationship built between can- gher and rttE'her and the mutual respd facilitated hence inter Life. mental health services for older people will through adopting a participatory can- approach *was* crucial. This n-lationship-focltSol'd care contributed to improd functionality and con.socqucntly quality of nrc for the oldu pE"rson, and for thE' CSW professional it t'ontributE'd to thE'ir dc;clopltM'nt, impro,ed satisfaction wilh their rolE', and incn-ased pride in tiM' differmtt they make in the Jhes of their eliE"nlS. OpportunitiE'.s for impronmE"nl of the program indudE"d E-nsuring that participants undE-rstood the rationalE' for aU asp«ts orthE' program, in cludingn-gular remindE-D. as wE'll as the use of n-gular n-views or indh; dual outcomes.

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INTRODUCTION

The rapid growth in the populationaged 65 years and above is posing challenges ror healllh care syste.ms worldwide wilh the inci\".3SeS in psych atric and physical ill-health typically associated with ageing. including dementia (Wilberfocce et al.. 2013). Based on est mates or the increase in montal disorder prova-

lenging for specialst mentalhealth services to provide relevant and cJfective services to this group (Tuckor. W lbcsforce. Brand. Abendstern .& Challis. 2014).

Pl'of<SSiooal health care (iocluding meow he>llh)- 10 be in tpa&ed into fra -u:ts of supponin sen1ct.'S to meet a brood ran&e of needs and to maximize older penoru· rmt1inin& in lhetr n homes instea.d of being: confined to Institutions (Byrne & Neville. 2010: McKay&: Cr05S. 1979: Wlltx.'fforee etaI..2011).The need fOf imprO\ed k""f'Vice ink.'1:rndon (Of older pt.'Opl;. continues to be at the forefront of all succe lve health and social care reforms (Wilbelforce et al., 201 1). Sensitive healthcarc and appropriate community management Clln llS.Sist to improve runclioning and quaJily dfe.and dooreiL e hospital lcnth ofsl>y. and mortality (Tuckeret al., 2014),

While community he.alth servk:es continue to be lhe *pre* ferred lier of specialist s.uppon. integrated healthcare teams are beliC\00 to pro\·ide greater continuity of care (Wllbcrf'ortc ct al. 2013E,·,<en<:e of the gr<>l"ing use of such lntOQI'IIed teams 15 provided by Wllbeffon:e tt aL (2013) ""bo sure)ed linl:lish commWIlty .-:.1health.,..,. for older P<OPie S<d:u a ,.. formattoo on team strucuJre and man2:ement Responses from 376 (83) 1eoms mo..ed bro3der multidisdplinory memll«· ship tlwl found pm'iously. especially in the numll« or com· munlty •upport worters (CSWs) and otller unqu>llfted practi . tioMrs. I-IOV<e\'e'C.the gf0\\'1h in the numlxY of CSWs without proft.'S.Sion:a.l registration raises concerns about !kill mix and substitution (Wi lberforce et al.. 2013). Notwilhstand ina,this. it Isac:knowledG.ed that CSWs can provide care 10 the ml\\loril)' of clients. including people with demenlia anddcpre1. lon (Tucker Ct•I..2014),

Whilethe need for framewortsof supportive lccs.su<.has the usc of panicipatol)' care approaches. and the benefits of us. Ina inu.•w.ated heallbcare teams are recognised In Ihe lltcnuurc. there is a lact or practical *case* studies sbowln their bC'neJits. ch llllcn and opportunities for improvement in the context of reducin& functional decline among seniors. Rx lhis reason. -.e present an eo.""J.tuation of a program to pn!"lttnl functional decline of older. eommunily-<1,.-elting people. Stayin& Acth-..S..t•na lndopondent (SASJ). ,.11icb ,..., instigated by 1 """""""""""tan Nuntna Sen·ice in a major city in Austnlia. The definitiOn of functioiW decline used ,...,the *rrdw:nl aMity* ro *P't/Orlfii<Ub r\'rtyday lhi11g dJN to a ella in a puJtJtJ ·J' Malth. •ru. MSJ. or capacity*. As pan of dle program, CSWs v.-ere trained to pro\'ide care that aimed to reduce function:tl decline. and impro•;e the qualil:y of Ufe for the care recipients. Ave tupccts or functioning decline were *the* target of the proermm :mobility (" ur.self.care).skin integrity. nutrition,OOQ.nh lon/cmolionaI mcnual health. and continence. These live aretL of core were documented in a care plan which was dC\elopcd oollubonath-ely with the participant and the CSW received spoclollscd input from a Reg.istcred Nurse and an Allied Health Officer. The AI· lied HcaHh Officer de\'ised individualised excn:lse pro rams that o,a,ere documented in text and diagrams. and tept In a fokler In the participant's home. The projea inrorporaled re lar *rc*. Vlewsorholh the exercises and *the* care plans.Thlsanlcle roporu *the* t (lOOCtl<lOS orclient and CSWs p311icipan1S in lhe procrun Md ...U IO c:oobihute IO the titent"'" by pro•1din& funll« e>idern or the benefiiS or using •p311idpllory cor. llllll'OOdl 1mohing inlegrated beaJtb te:uns 10 address fUnc:lional decline among senior.;. and suggestioos about how th"lllii'OOCh mi t be improYed.

METHODS

The aim or this study was to provide p: nlc ip;ants und CSWs with the opportunity to sh a.t'e their experiences ork:ina im·ol\'cd with the SASI program.implemented by u Nursin& Servire in a capital city in Australia. Rlrm31eLhles approval was obtained to conduct indh'idual interviews with client J)IU1icipants. and a rocu:s group (FG) wllh CSWs. Inter\'lews and the focus aroup were conducted by an experienced qu.alltJth·e researcher indepeodeol from *the* setting and all panlcipanLJ .,.,informed Uut *they* \\"ere free to \\itbdtaw from Ihresearch study al any time •itbout consequence.

lneeo"iev.-s and *the* focus group v.-m unsti'UCIW\"d and con. \-.natiooalllut tile focus 1A'lSthe perreptions or the p:uticipaniS and the CSWs about the imp:lct of the fX0111111 in mlucing functional decline of older. community d eltin& aduiiS. The sampling of climiS was undertaken by the Project IM and the senior CSWs. Exclusion crileri:t in l.hc selection process included any client who was un well or hospitmlist.'<J.Following the SASlintervention.the independent research data were &athered during October of that year (2013).

Interviews were conducted in the participant's home. Inter. view topics generally focused on funetlonul decline. and topics *inc*Iudl'd:discussionsregardin Ccare:Whi!U they wantfm.•l'<l: what wasimpacting mostoolhcirfunctionality: whal wall it like being as.._ed to contribute to the care plan:stmu.· cs used by the CSWs to assist them and impact on quaU ty of life: lhouQ.hts about *ex*erdses: outcomes: and intera.ctinc with the CSWs. Notes were """1A'ritten immediotely after e3Ch l.,.,.vltw.These Cljl(ured *the* nomrba.J. aspeciS of the inttnction iUCh as silences. uncer. lainlies and adler et'DOtive fi!'3C'tion.s lhll may not br capti.Rd iD the recording.Inlfn;...-s lasted up Jo 1)0 minutts.

Tbtre vfas one focus group •hich IJSted about one hour •itb ..,...., CSWs. During *this* focus group. the CSWs shored their experiences about the prognm and tO!lics lnclucll•d but were not limited to strategies. approaches IO deo;-cklpin& care plans. client outcomes and overaJI thoughts:about the proaram. CSWs also participated in two surveys: before the lntcrvt.'ntion was aiven and after the interventi on. Results from the sun-eys h.a\·e been analysed and a paper is belne: preptln..."'<l r()(publication clsewhere.

Interviews and the focusgroupwere roc-orded and transcribed verbatim. Transcripts were read and ll.'f"('3d until the themes or the participants' e.xperiences began to (Olef&:e. An integrated approach to thematic analysis was u.st. (Nqy,Mill 1. Waters.& Biru. 2010). Similarities in experiences wore pulled under thematic beacfings. until a picrure cmertfd or the muJti-ptc factors participants felt *wcrc* imponant as a result of lbeir participalioo in the prognm.

FINDINGS

Twcl\'e clients were interviewed (9 females. 3 males. ages ranged from 74 to 101) and se\'eo CSWs participated in the focus group. There was strong resonance between the s.Locies of the clients and the experiences of all CSWs. Se\'en lhemes were drawn from the data: l) functionality/ndependence:2) prevention:3) ooofidence: 4) connection: 5) the approach: 6) the care p an:and 1) the ro e of the CSWs.

Fun ctionality/ Ind ependence

The improved functionaHy for participants. and the increased independence that rt':Sulled from this. was *the* first theme identified. The stories shared showed how funct ona ity impacts significantly on the quality of lfe of older people and overall health as well as motivation to continue with the program.

> *lts.iilst btilrg able* JO *Rtf a tJ ANI.h:oali£d from hett* (lhe bouse) *to tM prul box* ""*hit:h is Mp* Off *tht corntr alld bod. I'vt bt:t!tl trod-KJ.fly rt:d t:Utg tilt! timt on thai. I we111 atwnd Jht :tdwol oval tilt! other day: I <- arowrd in fifty fo vt mitllllts.* < 1sklr if *400 meun* (PS).

Pattkipants identified a number of positi\'e outoomes of being in the program and the following e.umple illustrates this:

> *Mytod < -nslowal.t 1 0tilesiwps. Ihavtn1bt:t!tlup thettforfour yean bt:caiUt of t!si.r lf!, f. I Ve bt!en doilrg tilt! uudses for six wee.t:t OJida{rif!fld armt tlse otlser day and Mid -whydon1*"' *\'t:go u.pafld lsavt a c ppa r / said Rood jdta!'" IROt ilplhert alright. I < -nso bit Sctl«d but I < -ns quilt! QIfM)ed bectJWt I coufdtr t RO i1p filtft! oa a:tj011afly n't'lljiUt to tt.ta lake* Ull'4) *maJ.f.buy a /lt'tlf':tpapt!t or jtut owal.t b«at«IkJit7lll Jht girlap theft!.Ntd IfOJ. filt!lf! Oltd'"V! lsavt btt.tr 11p tllur tilt«limes! Each 6mt it has bun* tasitr(PJ).

There was such renewed \'igour and independence for this woman:she suggested that the next item to be added to the care plan is *makeup.* She sta ed that if *she* is going out more.she *will need to look good !* Pre\'iously fearful of lea\'ing her home. *she* now reports walking to the local shops. talking with the staff at *the* coffee shop.tending to her garden and accessing services. independently.

Similar experiences were art culated by other participants. Where previously the participant relied on the CSW to undertake tasks.they were now either doing these indepondenlly or accompanying the CSW.reduc.ing isolation. and gj\'ing *the* person the opportunity to be part of *the* wider community.

> I"'OJddl! r *twngo* """*It to tht viUage.l'd 1Q)t IW.lci'.ln'J{eel up to il a11d:tht'd* (the CSW) *jiJJf diJ tilt! musop llmdf BUllfO with MrIW!4!llu.tead ofbting 1ilck iiUidtfOilr'M'OIls.. r'u flO Oill wrd do olittftt btl ojgatrlt.tritrg* (PIO).

The e\'a uation and revision process arc significant to the partic.ipants with one taking great pride in tangib e e\'idence that their functionality was improving.

> When (lhe CSW) c:ure lheotl);>r dly. srebOO 10me: sure "'11elhet I"':15e,ettiO£:IllY bettere,ettioe, up withouth:m.&in ootoSOfttlill£ I"'\"ttt\\\'II!Iv.-oeOI weD! Icu1(1,1;\1 seconds ofT! (PI1).

The unique features of the approach used by staff were also appreciated.

> *I appreciate it* (lhe approxb) *btcaiUt lltm't' had physio dofll'* ""heir *I* <.1Js *in hrupilal and it ri«Mcompatt 01 alt. I* "'u.r *1bt JtJtisfied. Now. I 'veOtrly btt.tr doint lhis flu*t'lIO *nwlltlu.JO I am ttot obit to mJily tefl* y011 *if it is s «es:rful bta.11.ut il* i.r *SiKh a :hon period bstJ I am* wry *t.ttCOfltaRf.d*WI) *t.ttcoufORt:dt;tht protnss that /ltave* JMde (PI2).

The CSWs recognised that the clients in the SASI program were disp ayinga different attitude and enthusiasm towards the.ir functionalhe.alth than those who were not in the program:

> *The ones Ur tilt! pfORram alf! o ltJt* ll!Wifl *t!llfilusias.tic* ...Jhey w *gone beyond Jheir goats* a.r *in tilt! e:utr.Uu and they art ocr t lly* "'*Yvrling to domort uudses* (CSW. FG).

> *When W* (sWI) *fint came. IteM htr I* aMJ *balance Sht* XJjd *)'OU* <iU *bt! 011d* nq,wt'tis *laltt /trir:d 01td* IIOW *I ct!!l staN/* 011 *Ofll' Iq.Sht Rmt*U1i"*obigpat ontile bod:and W* StJi.d *"filat sabsolilltly* ""*Otfdtrjitl..a11d it's wMdeiful for her b«at« it is o sign Jitat lise* ptOgtalff js *definittfy* <*YJttillg* (P7).

Prevention

The e-Xperiences of the all partic.ipants indicate that *the* program was not only improving functionalty and independence but also preventing deterioration in a number of ways physically and mentally. Strategies to prevent venous leg ulcers. prevent sk.in tears through appropriate sk.in care. prevent the oomplications of immob lity and card o vascular complications tttrough weight oss. prevent the deterioration of mentalhealth and prevent falls were spoken about by the participants and some were observed by the !\'.Searcher.

However.for one paiticipant who was asked about whether they felL any changes had occurred because of their invo vement in the program. their response was. *Not a lot. Nodijfere11ce* (P l). E\en though the participant asserted that the *staff were /0\•ely* and encouraged her to do as much as she cou d for hersc.lf. any questions about the program brooght a neutral or negative response. Yet. it was observed that the participant was wearing graduated compression stockings and when ttis was explored. the participant revea ed that the CSWs \'isit twice each day to apply and remove the stockings. */ llad o11e* (a eg ulcer)*...was ill llospital witll 01111/ctt dowtr my leg but 1\'e /Jee11 a/rig/11 so [ar (P I).*

Other participants ident fied how the program helped prc.-vent physicalsymptoms. One panic.ipant. who has significant mobility limitat ons as a result of anhritis and resultant pain. proudly discussed her weight oss and her subsequent ability to walk around the house without a walking a d. *besides /ositlg weight, I call gel around hue willrout my walkitlg slick* (PII). It was not so ely the physical aspects of the program that the participants spoke about.

> *W:t probably been a blusing for mt to taU nzy trtiltd Off otllu tllilrguurd ldoJ.lljfuftoflf dqJrusionOJid* OIUitf): *So it* js *vtry good that I am doiltg dsis* (P1).

This participant explained that the discipline of doing the exercises and focusing on counting distracted her and even afforded her some relaxation with the result that her anxiety was reduced. She could also link the three areas of mental health, skin care, and nutrition, which indicated that she had been provided with education on these topics.

All participants discussed their fear of falling and their aspirations that the program would prevent them from sustaining a fall. Participant 1 stated that she had not had a fall but *I am frightened of falling over. . .I try to be very careful* and that she agreed to be in the program to allay her fears.

CSWs recognised that just the fact that they were empowered to ask questions was a powerful prevention strategy.

> *I had one lady, she was dealing with mental health issues that I didn't even know about until I actually sat down with her and talked about her goals. She didn't have anyone to talk to and so she kept it to herself* (CSW, FG).

Confidence

A dominant theme was the confidence the participants had gained as a result of the program:

> *I've always had this fear of falling. I used to be afraid to go out: I used to be afraid of falling over. Now I go out and do my shopping. I think it (the program) has given me more confidence* (P2).

Just as lack of confidence inhibits engagement, functionality, and independence, for this participant addressing the issue of confidence through the program facilitated enablement and helped them to function at their optimal level.

Other examples of where participants feel that the program has positively impacted on their confidence are:

> *My confidence has certainly improved and I just feel all these things have helped* (P3).

> *Well, it's certainly improved my balance. My confidence has certainly improved and I just feel that these things have helped me. I have found them* (the care staff) *very supportive of me* (P4).

In some instances, during the interviews, participants were eager to demonstrate the exercises, and show their improved skin integrity:

> *Oh, it's been lovely to see people getting enthusiastic about doing a little bit more or helping themselves whether it is eating, using the skin products, it has been great to see their enthusiasm* (CSW, FG).

Connection

With improved functionality, renewed independence, and confidence in their ability, the participants reconnected with their community, previous activities, their garden, and their friends. The following participant revealed the concept of balance in a number of forms; the physiological balance as a result of the program and the social balance she had achieved in being confident enough to attend the theatre and be engaged with her family and the broader community.

> *Yes it's* (the program), *has given me a lot more confidence. . .even assists you with some little things. I used to go to the Theatre. . .with my sister but after my operation, I wasn't able to go in there, I was frightened of falling. You walk in and there's nothing to hang on to. Now I can go in there and I'm right. It makes a difference being able to go out and go to places with other people* (P2).

Participants have connected with others by sharing the interventions. Husbands and wives are doing the exercises together, Participant 10 now goes shopping with her granddaughter, and others are walking with neighbours even walking in busy areas: *I walk on the walkway. . .it is very pleasant and very popular* (P5).

> (Name) *goals are to increase walking, better mobility, do some gardening and lose some weight. After one week, she is already walking with her neighbour and having extra water instead of teas and coffee during the day* (CSW, FG).

The following quote comes from a participant who valued her regular visits to a friend:

> *I think that's what keeps me going. Every second month, I go to stay with a girlfriend for four or five days. . .. You know, I enjoy that. I want to keep going* (with the exercises) *so I can do that* (P11).

The Approach

Participants spoke of the willingness of staff to listen to them and take into account their individual situation. This was particularly significant with the exercise program. The Allied Health Officer goes to their home, devises the exercise program collaboratively with the client, and demonstrates the exercises in the area of the house in which the exercises will be done. This strategy means that the person is reminded about the exercises when they enter that part of the house. The environment was the prompt.

> *So while I'm cooking a meal or waiting for the washing to finish, I do the counter ones* (exercises) (P3).

> *When* (staff) *came, we went out on the front terrace and did a lot of them* (exercises). *That helps me to remember. I go out and look at the view and hang onto the rail and do what she told me. Oh yeah, it's always there* (P5).

The clients were provided with written instructions and diagrams to assist them to remember what they need to do. Some clients had these visible in the kitchen or lounge room and some had them in a folder that they could access readily when asked.

> *Yes, I have got sheets. . .they pinned them up in the kitchen, they are a reminder. Often do them here in the kitchen* (P2).

Participants were willing to have the sheets with individual exercises adorning their walls and some even adjusting their furniture to facilitate the exercise program.

> *I've been doing the walking exercises round the counter. You'll see another heap of exercises out there. The ones where I do a figure of eight, that's why the coffee table lives over there, not in the middle of the room* (P3).

This willingness to work with the participant to listen to their difficulties, challenges and successes was integral to the participants <XKtinuing with the program. P12 explained why the approach taken was appreciated:

> {.firlt. it if ittdMdi«J{.li!'l): wry f l'tlditaL NOiiliRR hasty about it ...ShtRRt.r«alfrht diaamms a11d aplaNJ.tio11sa11d silt spt.ttdf quitt a tor of rime nery limt she coma.uplaillint JO mt ita(todo and Jww 10 do il. Silt liruns to what Iwant. Sltt lirtttU aM if/ say. Oh it'stoopoitrf tL.Shtlf say "Doo'u/4il. Don't/or« yourst.ff. 'M!wilflfy todoPJttlhintelst" (PI2).

Care Plans

There was a variety of responses from participants related to the development of care plans. Some claimed to have not participated in the care planning process or *just left it all up to them* (P8). Asked about setting goals and identifying what he wanted to achieve, P8 stated, *Not really, should I have?*

P2 reported that the care staff had sat down with her and devised the strategies together. Another participant enjoyed being part of the process which was on-going:

> Its.lis!!)srifl comta11d ast«aftw Qi1tltio11slike abcu.rfallitrR. lr hdps hcnitrR !KJmtottt to tali. to about il. Sht said are YiN' htnint tM'fproblemJ ?Weso(dOk.-,aMii.'Ortad itlNlttOftlhtr (P..).

This participant revealed that she had care needs with continence, weight, skin integrity, and mobility that were addressed collaboratively.

Some participants were effusive in their praise and acknowledged the time care staff spent with them making suggestions and devising strategies.

> Its. I did lisecare pllllt Y-iJhJht Comm1111ity Sl.lppM "'YJfUt.l'\'t" put all Jhar intoprodi« aftliOftRhlisell:i11 011 my arJM wtd f eyslook:t drratfu.f. • .but myfttr are tltt !Nsr Jheyw eo;er lxe11 (PJ).

Participant 10 said she discussed the care plan with the CSW and another person whose role she was unsure of and:

> ... -howrou dl!MII rntf) tittle trMaf rhi11f. said it was toot/ to tali. abo1tt Illest lisiRRS. lt.r. 11:/1 sht ur astint me quutiotU aM lisiRRS..aN1it'slti/1fWlftlli5htd. lxcrutstt\'tf'J second week... I rhini. sltt mid it's a11 M-ROiRR lisiRR (PIO).

Participant 10's care plan states that she needs to maintain her weight and one strategy is she purchases a set of scales so this can be monitored. However, P10 felt that it was *all rubbish* indicating a need to ensure that the client agrees with the care strategies and understands the significance of each aspect of the care plan.

Role of the CSWs

It was evident from all of the interviews that the staff and their skills were integral to the success of the program. The participants were effusive in their praise, examples included:

> Icant s.ptat hi,ehly t.tWllRh o{lht com.o:t rn.ily :tr .ppon '14YJftr. I metM if It true her. I meon Imi£111 gtt :ttJm£OM as food bat I mitlll Mt I'\'efoUN1 them vtt) Si1ppql1ivt of me The e:urr. Ut lady. life has cei'Urilrly bee11 very Jltppqt1Nt.. I am M.e lttr 11p if I haw any pt'Obfems orwiltR Sht! COifttS!lat time.Ii«st tell her Mdlise rks thiJrt.tatwnd meslit has btt!n very :rupponiw (P..).

> The cattr. W iranab!oiJAtt RN and it's apleos«tr ..."'henlise comes to tht door a11d sN is happy a11d britill fOOd IMmiJrt. how art)'011 She ft'S 011 alit/dot:t things alit/Jht ajttrMvmb 11.1" lv.ne a cup of coffee (P).

> They att rmfly fOOd. 711e')o« sort of briJlhl. aili'O); tiu and brightwht'R they COIIIt ill' They llt\'tf f /Uillbftt ormy thint (iU that. They listt!n to •u nwre tfi(JJf anything d. Sht ahi'O); a.rb how I'm ftOitrt wtd if I'wtROtany UtNAbf tsortlll)11filrR like thai so I'm fj'ilite hapw <Ptll.

During the focus group discussion, the following three qualifications made by participants reflect the consensus of the group. Staff were positive, it: *were getlirrg acited and so tlrerr they were geuitrg txcited* (CSW. FG). *77ley'le tauglrJ me more thmr what f 'le raugliiihenr* (CSW. FG). and *Itlrillk we've all gro\4/JI.* (CSW. FG). Other typical quotes from focus group members included:

> !(,alxnlt btitrg ctntmi abmtl tht clielll...talf i11g to thtmai: JcNAt thtir fl£tt!s...ll 'SjJAS (beautiful toset that they 'rewantilrR to ROback tolise :rupermartd.they'tt "'Wftillg toRO OJdsidt.(CSW.FG).

> Ilisitrk "'t"'\'t" become cJostr to tHAt diellls. Till!')feel that we rmf l'jcart abtJu.t how thty art actually doilrR (CSW,R:;).

This reciprocity was deemed to be professionally rewarding.

> Alfdj(Jf mt persoMify. thai's"'tlt.rt it realiy hiu me. as inl \w nJadt adijftrtW:t to SOINOIIt'slift. That I atll sit do"'w a11d talk. to tht!1njwl about whamer. wtd I ca11 lta't"t!tere and "'tufk av.vy kM"'ilrR Jhar I Ve madt Jhtir day or "ltk or whalt\'tt. bdter. So it lta'i'tS atoot/ftdint iMide (CSW.FC).

DISCUSSION

Given the challenges of an ageing population, it is necessary that frameworks of supportive services, such as the use of participatory care approaches, are implemented so that seniors can maximise the time spent in their homes, which will reduce health costs as well as increase quality of life. Furthermore, the benefits of using integrated health teams as part of such frameworks is increasingly recognised. However, there are few case studies in the literature describing the implementation of such frameworks in the context of preventing functional decline among seniors. For this reason, we describe and evaluate the Staying Active, Staying Independent (SASI) case study, which is an example of a participatory care approach using an integrated health team, which was instigated by a metropolitan Nursing Service in a major city in Australia.

The provision of integrated, person-centred care is known to be important for older people including those with mental health problems (Tucker et al., 2009). Indeed, the importance of building rapport and seeking to understand the wishes of the

clicnt was evident in all interview dscussions and the focus groop.A willingness to ask quesUons and listen to answers. and to take into account the wishes and idosyncrasies of *the* client was deemed essential to achievin g positive outoomes. Hence. creativity and responsiveness to the idiosyncrasies of the participants.especially approaches to exerc.ise and engagement acti\'-it es. is encouraged.The findings demonstrate the importance of place.the demeanour of the therapist.the willin gness to wc.xk with and involhe clients and recognise small gains.and to frequenlly review with the clients. The relationship between the client and the staff person was found to be central. which is consistent with the principles of person<:enll\.'"d care (Kitson. Marshall. Bassett.& Zeitz.2013).

Many clients expressed satisfaction with their individualised care. including care and exerc.ise p ans.The clients apprec.iated the improved functioaHy and independence result ng from the program and the he p of their CSWs.with many sharing e.xamp es of what they can now do as a resull of participating in the program.They had increased mobilily.re stablshed past routines and reconnected wilh their community. Keeping activ e and engaged is a crucial oomponent of lhe percept on of independence w ilh identified healllh.ncludng physical and psycho ogical. benells (Tanner.2003).As reported inthe Literature (Tanner.2003).dent partic-ipants made effons to keep going and carry ondespite the various chalenges (inc- uding pain).and the assistance provided by lheCSWs supported a positivesense of self and ident ty.

All Slatf invo ved in lhis program spoke respectfully and were teen to en<XH.Jrage and support client independence. Staff also felt that they were conlribut ng to the safety and welfare of o der people.As the find ngs demonstrate.clients had gained considerable confidence as a result of the program. Some had fallen prior to commenC-ing the program. impacting their confidence.and subsequently inhibit ng their ability to pankipate in their usual activities.This has a cascading effect as fear and Jack of <Xlflfidence carlead to reduced engagement with others and wilh general acti\- ties: all of which are precursors for deprt".Ssion (Bidennan. Cwitel. Fried.& Ga insky. 2002:Gell. Wallace. Lacroix. Mroz.& Patel. 2015: P:ttel ctal.. 2014).

Depression intheederly liVingthe communily is a serious problem.and with Limited resources and health care costs. providng eJfective care to a large group can be challenging (Cole & Dendukuri.2003).Many elder y live with depression Of have identified risk factors. A systemat c review and meta-ana ysis identified research bereavement. s eep disturbance. disability. priOf depression. and fema e gender as important risk factOfS for depression among e derly peop e living in lhe oommunity (Cole& Oendukuri.2003).PsychosoC-ialadversity such as disability.and iso at on.can <Xlfttribute to lhe susceptibility to depression Of trigger ng depression in alre ady vulnerable elderly individuals (Aie.xopoulos. 2005).1n the present study. the sense of connection and activit es that client paiticipants engaged h was viewed posit ve y in terms of reducing isolation.

The program was focused on helping c ients to stay activ e wilh the outcome being that lhe clent is able to remain independent and physically and emotionally well.A llclent participants were articulate and passionate about the program.and only one could not identify any benefits. and this person did not understand that lhe graduated compression stockings be ng applied da ly by lhe CSWs were potentially preventing venous leg u cers and funct onal decline.Thus.lhere is evidence that lhe program is achievings goals.

However. there is still opportun ty for improvement in the program.While individualized p ans provide for the care deLivery process to be more goal--oriented and person-centred (Chui. Mui. Cheng.& Cheung.20 12). in the present study some participants had forgotten Of ds missed all or some aspects of their plan. Regulard scussion is therefore recommended and this information must be ongoing and user friendly as there may be issues wilh recall as well as health literacy.Similar y.reinforcing the significance of the interventions is crucial as demonstrated by the clent who did not re.a ise the importance of the graduated compression therapy.yet was in receipt of daily visits by the CSWs to prevent the recurrence of lhe ulcers-to enhance optimal mobility and retard functional decline.Some participants were also confused with Slaff rdes. calLing lhe.m *1he c/ea!lers* Of *my cleatriJrg lady.* By more frequently discussing the care plan wilh clents this incorrect nomenclature may be addressed.*As* has been demonstrated institutional care settings (Bernath. Dietsch.Burmister.& Schwartz.. 20 14).in this instance.the inability of a client to effectively communicate'With the healthcare professional may impact access to heallh care and oompromise the qu ality of care (Marie 2009).

Interestingly. the client participants e.xpressed their apprec ation that their program was being reviewed.It was apparcnt lhat the discussion of the program and lhe articulat on of individual outcomes achieved. helps to maintain the mot vation of participant to engage in. and undertake. lhe programs.This suggests that there would be bene Jil from ongo ng review of individual partic-ipants outcomes in such programs.All of the team *mem*bers. including the CSW s. Regis ered Nurse and Allied Health Officer.could be involved h these case reviews. to assist with developing strategies. espec.ially fOf issues like continence and enhancement of cognition. mental health. and well-being. It would be usefull CSWs considered formal assessment tools to gu de lheir assessment and this merits further considerat on.

A limitation of this study is that lhe results are based on the views of seven health care worters and twelve client participants. Olher professionals such as Nurses and Aged Care Specialists may ho d different views. Secondly. nterviews with client participants were conducted retrospectively and lhere may be issues with recall. Further research is recommended to investigate factors associated with effective joint wodding across professional disciplines and organisat onal boundaries in older care- ncluding exp oration of lhe less tangib e <Xlfttextual factOfS and features that are assoc.iated wilh improved outcomes

ror older people. espec.ially those with menlal health problems (Wilbcrforce el aL 20I I).

CONCLUSION

Th ooocIude. ilis of \'a ue to re\'isit *the* definition of func-tional dec ine citedn the inlroduction: *reduced ability to pa-form lasks of 1!'let)day living due 10 a dra11ge i11 a pason's hta/111, wei/tress or c.apaciiy*. The find ngs de.monstrate that the program onhanced functional capacity. facilitated mentalhealth and wellness. ncluding ooorecting wilh the communily. Each of lhese aua nments is a key aspcc.t of hc.allhy ageing. It was an aspiration of the participants lhat the program continue: *1 have enjoyed doi11g lhis and I !lope it does btmejil people bec.ause 1 ktrow a Jot of friends wlw wam 10 stay ill Ilreir own lwmes. Having worked in a IIUtsitrg /rome, I do11'twamlo end up in one* (P4).

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OPTEACH Resources and Website

Involving older people in the education and training of current and future aged care professionals and carers.

Available at www.opteach.com.au

We have previously trialled approaches which show that older people appreciate being involved in the education of aged care workers. In our university teaching, we have invited older people to tutorials, developed DVDs and a textbook with real case studies. These older people feel valued and validated that their lived experiences contribute to students' understanding of the ageing process. They also appreciate that their struggles and triumphs have meaning and significance in the learning journey of younger generations. Of particular importance are the cultural aspects of ageing and the stories of Indigenous peoples and older people from diverse cultural backgrounds. This process connects the older person to the educators, students and each other.

In 2015, we were funded by HETI for a small pilot study to investigate the response of students, staff and residents when aged care related tutorials were conducted in a residential aged care facility. That project found that positive outcomes were experienced by all when the residents themselves became active participants in the learning community. However, we realised there were no supports for the older person to develop skills as co-creators of knowledge. Further, we recognised there was a lack of avenues to share what we had learned about this successful approach with other RAC facilities and educational institutions.

In line with the consumer-directed care model of empowering older people to choose their services and providers, OPTEACH aims to shift the focus to the older person. It seeks to empower them to engage with their community as a valued and contributing member of society. The unique features of OPTEACH include: involving older people in educating healthcare providers, embracing the lived experience of the older person, and applying evidence based practice as driven by the

older person. These are important threads of our work that we've woven through all the resources and recommendations contained in the OPTECH site.

The resources available here were supported by a research grant from the NSW Department of Family and Community Services, Liveable Communities Grant and are the products of an action research project undertaken in partnership with three NSW residential aged care (RAC) facilities. The RAC facilities house the older people who are the focus of OPTEACH. They also attract the students who will participate in OPTEACH. It is the skills and experience of the older people living in these RAC facilities whose input was essential to develop the resources that are available.

The research was undertaken by experienced qualitative researchers working at Charles Sturt University from 2016-2018. All of the OPTEACH content (e.g., webpage, media, and documents available for download) is based upon the findings of the action research. Associate Professor Maree Bernoth, Dr Clarissa Hughes and Dr Denise Winkler were the research and writing team.

. The central ethos of OPTEACH is valuing the lived experience of older people and empowering them to be 'co-creators' of knowledge by speaking about their struggles and triumphs in their own words (see Bernoth & Winkler, 2017). OPTEACH emphasises the need to respect the rights, relevance and unique contribution of older people. All participants in OPTEACH education sessions are encouraged to reflect on their own assumptions and stereotypes, with the aim of building more inclusive and compassionate communities.

The following are quotes from some of the participants in the research when asked about their experience of participating in teaching ageing.

A retired man from a rural community, shared his experiences with teaching students:

> *"The more I think about it (participating in education sessions), the more I think it is a great idea; it's something that should be done more frequently because that's what we're here for - to learn and to teach each other and to show each other. You've lived life and are living your life for many years and you've got much to give and so I think it's important that it's done on a regular basis. I am happy to contribute whenever I can, yeah!"*

Mary, a volunteer co-ordinator who contributed to teaching students through the Health Ageing and Aged Care text said:

> By having older people included in education "*the older person realises how important they are, how important their opinion is and how important what they say is and how they feel. You see, I hear complaints – people in hospital, they'll say, 'the nurse or the doctor came in and it was as if I wasn't there'. That person feels they are being excluded from the conversation, which does nothing for their self-esteem.*"

Philomena is a woman living in a residential aged care facility and has a diagnosis of dementia. She had this to say about nurses and carers learning from textbooks:

> *"But I am the one that can talk to them, that can tell them, that can answer the[ir] questions. Provided it's much the same sort of dementia. I don't know of any other sorts. And I can tell them about all the tears along the way but that's alright. That's okay. The best thing to do is to find yourself little interests, little things that you can do with other people and [those opportunities] pop up."*

The examples of teaching strategies within the OPTEACH site are the strategies we have used for a number of years at Charles Sturt University. Access to the web site and the materials are free of charge. The article below expands on the project and our aspirations for future development.

Increasing the social participation of older rural residents: Opportunities offered by "OPTEACH"

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Abstract

Problem: The issue.' addressed in this article are two-fold.Fir.;tly. education about ageing is predominantly textbook-based. Secoodly. many rural older people face social isolation which impacts their health. In addressing the first issue, we discov· ered lhat our projecL Older Persons Teaching and Empowering Aged Care Student'i (OPTEACH). has the potential to have a positive impact on the second issue.

Design: \Ve run university education sessions involving older people. Since such sessions present unique challenges. we obtained a gr.tnt todevelop resources to assist educator.; and support ruml older people to become "OPTEACHers."

Se-tting: OPTEACH was undertaken in several rum] communities in New South \Vales and included staff and resident'i at resiCential aged care facilities and com· munity·dwelling rural older people.

Key measures for improvement: Our previoJs work had highlighted a need for educator resources that would facilitate "ageing" being taught in a way that both in· volved and respected older people. Our ethos centres on the "co-creation" of know(- edge. and having older peoples' unique contributions recognised and celebrated.

Strate2:ies for cbanee: Resources to assist with planning and being involved in OPTEACH education sessions are available at www.opteach.com.au. They will sup- port a growing community of "OPTEACHers.• with beneficial flow..,on effects for rural older people.

Effects Or change: We seek to provide practical support to both educators and older people to provide "rea] life,. education on the eAperience of ageing.

Next steps: Further evaluation is needed. yet we anticipate a positive impact on self-esteem. community "connectedness.. and quality of life for older rur.tl "OPTEACHers" as the approach gains momentum.

Kt:Y WO RDS
agc:ing. education. nursing. rc:s.idc:ntia1 ag.cd care. social isoiJtion

1 | BRIEF DESCRIPTION OF CONTEXT

Social participation might be defined a.' "the level at which an individual takes part in the activities of fom1al and infor· mal groups and other activities in society."[5] Numerous stud· ies have demonstrated a link between social participation and health, with more engaged people having lower levels of morbidity and morta lity (see for example Ref.[6]). This is particularly significant for older people in rur.tl locations,[8] with evidence suggesting that the rural context presents particular challenges to ageing in general, and to social en· gagement in particular.[9,10] Individuals ageing in rural com· munities commonly face barriers to social participation, including geographical isolation and limited public transport and community services.[1,1,2]

In the context of a rapidly ageing population in Australia, the question of how to increase the social participation of rural older people is assuming importance.[8]

1.1 Ethics approval

The project was undertaken with approval from the Charles Sturt University Human Research Ethics Committee (HI7139).

2 OUTLINE OF THE PROBLEM

In many undergraduate health curricula, teaching about ageing tends to be textbook-ba'ied. Although simulations, case-studies, audio-visual resources and workplace learning sessions might be used, contact with "real people" is com· paratively rare. In particular, it is relatively uncommon for students to hear an older person speak about their experience of ageing. Out'iide the classroom, students might be unfamil· iar with communicating with older people. This "limited ex· posure.. might foster or compoullld ageist attitudes and a lack of intergenerational understandilllg.

As noted earlier, the clear link between social isolation and poorer health outcomes for older people (and part.icu· larly rural older people) means that there is a pressing need to identify effective and sustainable str.uegies for enhancing "connectedness" between older people and their communi· ties. Despite focusing mainly on the educational issues relat· ing to Older Persons Teaching and Empowering Aged Care Student' (OPTEACH), an unanticipated aspect of the project wa.'i that many older OPTEACHers (ie, guest speakers at ed· ucational sessions) reported feeUng less .redundant:• In set· ting out to identify specific pr.tctical steps that facilitated the involvemen t of older people, we learned about the positive feelines thev derived from sharine their wisdom with others.

What is already known on this subject:

- In Australia, around one-third of the population live in rural areas, and many older people move from urban to rural areas when they retire.[1]
- Nursing students and other health professionals· in-training might hold ageist stereotypes and have limited contact engagement with older people, and there is a need to increase intergenerational understanding.[2]
- Staying socially engaged improves health and Jon· gevity in older people. The rural context presents challenges to "healthy ageing.. in gener.tl, and maintaining social engagement in particular.[3]

What this study adds:

- Despite an initial focus on improving "real life" learning for undergraduate nursing stud ent'i, our work ha.' highlighted the potential for OPTEACH to yield positive benefit' for the rural older people involved in education session[4]!i.
- The process of reminiscing has been shown to be beneficial to older people (eg. in improving well· being and sense of life satisfaction) but ha.'i not been previously been incorporated into an educa· tiona! approach.
- Participatory educational approaches such as OPTEACH could incorpor.tte elements of remi· niscence in such a way that older people's social engagement is enhanced, along with their sense of contribution, purpose and meaning.

3 | KEY MEASURES FOR IMPROVEMENT

As educators at a rur.tl university who teach undergraduate nurses about ageing, we identified .a .gap.. – ie, resources to assist educators at universities, technical and further edu· cation (TAFEs), training organisations and residential aged care facilities (RACFs) to involve older people themselves in teaching about the experience of ageing. In an effort to fill this gap, in 2016, a multidisciplinary team from Charles Sturt University applied for, and received, a. Liveable Communities Gr.tnt from the New South Wale.' {NSW) Government to un - dertake the OPTEACH Project.

From the start, the oentml ethos of OPTEACH has been .valuing the lived experience of older people and empowering them to be 'co-creators' of knowledge by speaking about their struggles and triumphs in their own words:'[13] OPTEACH

unique contribution or older people. Both guest speakers and students in OPTEACH education M:Mions arc encouraged to renect en their own bia and stcn:olypcs. v.rith the aim of building more compassionate and inclu.Yvc communities....

4 | PROCESS OF GATHERI G INFORMATION

The fim ph:t.<e of OPTEACH iO\oh·ed conducting int!r-views \\ith managers. staff and residents (including several individual< with dementia) at three RACFs. as well as older people iving in rural communities in NS\V . The project team interviewed severo) older people who had olready been involved in teaching programs to lind out more about their experience and their ideas for improvcmcnt.[1] The int!r-views v.ere trnnscribcd verbatim and analysed thematically by the JX'Oject teum. supported by regular team meetings.

5 PARTICIPANTS' INSIGHTS

Overall. the older people were keen to $hare their obscrva-tions and idett . and involvement in OPTEACHing wa. gcn-erally reponed a.o;; n positive experience. For example, <me RACF resident rcnoc1ed th:u her involvcmcnl in the educa-lional session:

> fell quite good because il WM aboul..issucs that are quite prevalent today in society... I fell rc-'"-arded for doing it :md it's t;.On\Clhing you can conrribute.

Simiuly, a mule intcniewec underlined the importance of recogni.<ing the older person "lts expen··:

> I mink IOPTEACHing(is a great idea... You\.., lh-..1 life... and yoo\'C g01 much to give. and so lthink il's imponan1 that it's done on a regular bui.<. I am happy to eontributc wheOC\'Cr I coo.)'<ah!

Finally.the commcniS ora female interviewee emphastse the potenti>l of OPTEACH to m:tJ.:c a positi\'C contribution to the soc1alpart1c1pa11on ot older rur.al adults. by recogrus.e ing the '13lue or their experiences and their wisdom:

> By having older people included in education. the older person n.:ali how important they are. how importn.nl their opinion is. how import-ant what they say is ttnd how they feel.

6 | ANALYSIS AND INTERPR ETATIO N

The project team aoolyscd the interview tran«:ript.< with a \riew to identifying key elements 10 incof?Or:Ue into there-sources for educators. since lhis was the main rcxus of 1he granL We were appreciatiYe of lhe insights and suggestions of the interviewee; from a range of bactgrounds. In rela-tion to practicalities. inteniewees hjghlighed such issues м transport to and from the \'etlue, acces.. ibility issue., within the venue (eg.location of wheelctu.ir 3Cee"SSible 1oilct.S. — ing to 03\>igate stairs). and the provision d microphones ror those with hearing impairment. Deeper arullysi or those is-sues brought home the *social participario.1* nod *:CfHritntial* implications of many of those *pragmatic* concerns: the difli-culties faced by older people who no Jong<r drive but do not have access to adequate public transpon and the trustrouon or embarrassment of older people with impaired mobility. vi-sion. or bearing.

More detailed analysis of those excerpts mnrked as rei-evant to the "Feelings.. theme alened us tO the potentia l or the OPTEACH approach to not only 'bring ageing education alive" but also make a positive contribu1ion to the well-being of the older guest speakers. Being a guest speaker u1 un ed-ucation session wa." something older people looked forward to and discussed with their families and 04hers. Even older people who did not like public speaking reported a sense of achievement after having spoken abol.l their life wich n smoll group of students. They enjoyed providing "warts and 311" accounts of illness and bereavement. but bulaoeed this with recollections of achievement\. happiness and rewarding experiences.

lbese stories caused u.\ to renect funher on the potential of carefully designed and planned OPTEACH edueation ses-sions to bm"e a po<iti,.., impact on the lives of older people in rural communities. particularly in rellllion to social par-ticipation. Research conducted by Bohlmcijer et at' suggest> that sharing memories of the past can pot<nti>lly ha'" posi-ti'"' effects on ps)'Chologjcol well-being af'IOng older people. As they explain. "fentiniscence may rontnbute to a person's self-identity by Jetting people tell and rct.O the story of their lives.... Although older people eommonly repon dealing with many kinds of los.• (of relationships or lo'-..1 ones. so-cial rolc.5 and e.steem.. and cognitive l!lndlor phy:Jicl!ll c p: c:• ity). '"' belie\'C that the positive< and "triumph•" or ageing should olso be recognised and celebrated. OPTEACH has the potential to remind student\ and speakers alike that "every life...(is] composed or happines.•. anger, «dnes.•. and joyfu l-ness.and that everyone ha(s1a unique life journey which (is1 irreplaceable."[16]

The recent launch of the OPTEACH website at www.optea ch.com.au marks the availability of free, easy to use resources to a.. sist educators who are planning to involve an older person in an education session, or older people who are considering becoming "OPTEACHers" themselve.'i. The website has been designed as a toolkit to a'isist organisations to partner with older people (including residents of aged care facilities and those with cognitive impaim1ent) to help educate younger genemtions, caregivers and health professionals about the joys and challenges of getting older. It includes planning checklists, policy matters, safety consider.ttions and other issues to keep in mind, and is underpinned by a commitment to the value of older people in our communities.

8 EFFECTS OF CHANGE

Although we do not have data relating to the effectivene.'is or effects of the OPTEACH website, we remain quietly confident that this educational approach can provide a new opportunity for community involvement for some rur.tl older people. OPTEACH could be particularly helpful for individuals wary of formal service use or want to avoid the stigma of being seen a..'i .not coping..[11, 17] while appealing to the altruistic desire to "give back" to the community.[1] Further, we are hopeful that increased real·time contact between older and younger people in educational settings might help to reduce ageist stereotypes and improve intergenerational understanding, by demonstrating that older people are not "unproductive, ill, hapless, useless, users of services with little or nothing to offer."[9]

9 NEXT STEPS

According to Heenan,[9] the active community involvement of older people has many benefits, including enhanced quality of life, reduced exclusion and loneliness, and the erosion of ageist stereotypes. \Ve hope that OPTEACH can make a modest contribution to these lofty social goals, as people in more rural communities become aware of the approach and adapt it to suit their local context and needs. The next steps will involve seeking further funding to: (a) evaluate the impact of OPTEACHing on older people's well being and social participation and other outcomes of the approach; (b) undertake marketing and promotion to assist uptake of the approach in rural communities; and (c) establish training and support positions to ensure sustainability. \Ve will also investigate ways in which positive elements of "reminiscing" can be fully integmted into the ships embedded in the approach and developing theoretical fr.tmeworks to inform future evaluation and research.

ACKNOWLEDGEMENTS

Older Persons Teaching and Empowering Aged Care Health Students (OPTEACH) was funded by a Liveable Communitie.'i Gr.mt from the NSW Government. The pro--ject wa..'i undertaken with approval from the Charles Sturt University Human Research Ethics Committee (HI 7I 39).

CONFLICT OF INTEREST

No known conflict of interest.

DISCLOSURE

Previous publications on this project: Hughes C, Winkler 0, Bemoth M. Promoting health across the life span. Involving older people as teachers. *Australian Nursing and Midwifery Joumal.* 20I 8;25(8):40.

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Clinical Chair in Aged Care Practice Innovation

School of Nursing, Midwifery and Indigenous Health, Faculty of Science, Charles Sturt University

Catholic Healthcare

Overview

This strategic position, established in 2017 as a collaboration between Charles Sturt University (CSU) School of Nursing, Midwifery and Indigenous Health, Faculty of Science and Catholic Healthcare (CHL), is responsible for providing nursing leadership in clinical nursing research, community engagement and education in aged care practice and innovation.

The overall aim of the position is to facilitate improvements to aged care clinical practice and enhance workforce capacity through the development of undergraduate and post graduate teaching. The Clinical Chair position is geographically based at the Bathurst campus of CSU, in the Central West Local Health District of NSW and close to two Catholic Healthcare Facilities. This allows for active involvement with staff and management as well as community engagement at a regional level.

At a strategic level the Clinical Chair is a member of the CHL Clinical Governance Committee and works with senior management on targeted strategic projects focused on advancing aged care within their organization as follows:

- Establishing a partnership agreement between CSU and CHL to establish student nurse clinical placements, commencing as a pilot at two facilities in the Central West NSW in 2019. Depending on the success of these placements the initiative will continue to all CHL facilities in NSW and Queensland.
- Taking a needs-based approach to educating and supporting nursing and care staff at CHL in a regional area with the aim to ensure clinical practice is evidence based and sourced from the most recent research and clinical guidelines.
- Developing aged care specific diploma, undergraduate and post graduate programs tailored to the needs of the organization. This includes working in partnership with CHL

and other education providers such as the Wicking Dementia Research and Education Centre and Dementia Australia to provide specialized courses such as dementia;

- Providing input to evolution of the CHL model of care with a focus on the following dimensions:
    - As a structure for implementation and evaluation of care within the organization;
    - As the primary interface between organizational values and the Aged Care Standards (2019);
    - As a key influencer on teaching and learning programs and quality improvement projects to advance quality improvement in aged care,
    - As a framework to enhance person centred models of care, based on the principles of wellness and reablement;
- Enhancing industry engagement by providing leadership and fostering partnerships with NSW Health and the professions that bring direct benefit to the strategic work of CSU and CHL, in terms of co design in creative projects, teaching, workplace learning and aged care research;
- Contributing to the development and improvement of links between policy and practice through direct involvement in industry associations such as the Australian Association of Gerontology, with a focus on Catholic Healthcare building its profile through conference presentations and national or international initiatives such as the ARC Collaborative Research Centre project;
- Engaging in and make substantial contributions in professional practice in the area of aged care for the purposes of improving/transforming professional practice and feeding back into teaching and/or practice across the professions.

Transition to Practice for Newly Graduated Registered Nurses

In the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University, there were a number of graduates from the Bachelor of Nursing who wanted to move directly into aged care services or residential aged care. However, there were no programs to support them through their first year as a graduated registered nurse, similar to the programs available for graduates entering acute care facilities.

Rural and remote age care facilities were seeking to attract newly graduated registered nurses to their communities and wanted a strategy that would make living and working in country towns attractive.

To address both of these issues, the SNMIH developed a Transition to Practice program. This program involves:

- A workbook which directs the RN to salient resources and on-line learning relevant to aged care and then case studies with which to link their practical experiences
- A mentor at the facility or service to support the student through the program
- Access to an experienced aged care academic within the SNMIH at least on a monthly basis via web or phone
- Auditor status in and access to resources in an aged care subject at CSU as an auditor
- Access to the CSU Library services
- Certification at the completion of the graduate year.