



Future Directions to Support Ageing Well

Prepared for the Office for Ageing Well by the
Australian Centre for Social Innovation

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We acknowledge the traditional owners and custodians of the lands on which we work and live across Australia. We pay our respects to elders of the past, present and into the future. We're committed to furthering self determination and working toward a better future for all.



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This document captures our most recent findings on what older South Australians see as being key areas to support ageing well in 2018 and beyond. It presents both challenges and opportunities that we hope will inspire a range of responses within and outside the South Australian Government.

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We thank everyone who generously offered their time and insight to growing this work. In particular, those who acted as Story Gatherers in Adelaide, Murray Bridge and Victor Harbor.

As a national centre for social innovation, The Australian Centre for Social Innovation is passionate about uncovering better ways to create social good. Read more about our work at www.tacsi.org.au.

Introduction

The Australian Centre for Social Innovation (TACSI) has been working alongside the Office for Ageing Well (formerly Office for the Ageing) to understand how older South Australians view ageing well. We have heard from more than 1,500 older South Australians, as well as those who work with and for them. This report presents a collated and high-level set of themes from their direct feedback, and builds on previous consultation with older South Australians.

Throughout the report we describe a series of our own reflections based on the key themes and our broader work in ageing well.

While ageing well can mean many things to many people, **three strong themes** emerged from the conversations we held and supported. They are:



Supported by a need to

- ✓ **continue tackling ageism**
- ✓ **recognise and respond to diversity**
- ✓ **recognise the importance of money**

Methodology

✓ Story Gatherers

We trained 18 older South Australians across Adelaide, Victor Harbor and Murray Bridge to speak with 75 older South Australians about ageing well. We selected Story Gatherers connected to older South Australians within the following groups, as evidence indicates they typically experience greater barriers to ageing well:

- culturally diverse
- gender and sexually diverse
- few financial and non-financial resources.

✓ Community engagement

We invited the general public to contribute their perspectives on ageing well in South Australia across two half-day workshops. Through this process, we spoke with approximately 90 people. In addition, we heard from the Adelaide Grannies group, a network of Aboriginal grandparents who advocate on behalf of issues impacting their children, grandchildren and community.

✓ Survey

An online survey was available between 19 April - 14 May 2018, and was promoted through a wide range of channels. In addition, hard copies of the survey were made available. We received 1,211 responses.

✓ Information Scan

We carried out a rapid desk review to understand the impact of efforts to date and identify further opportunities to support all South Australians to age well. Documents scanned included projects led, supported or commissioned by the Office for Ageing Well in the past three years, as well as relevant strategies and policy.

✓ Key informants

We conducted nine interviews with a variety of organisations working with or for older South Australians. The interviews included non-government agencies, universities, state and local government.

There is no place like home

THEME

01



Home is an anchor for a good life. Without a good home, our physical, emotional, spiritual and mental health, well-being, and social connections all suffer (Rowles & Chaudhury, 2005). Older South Australians are clear - there is no place like home.

We heard from older South Australians that 'home' is more than bricks and mortar. It's also about self determination, social connection, belonging and feeling in control of our lives.

'Being known' in the places we live plays a huge role in feeling like we belong, as does the quality and strength of our neighbourly connections.

"Home and community are the factors that give me my identity and independence."

While home is a key factor that influences older people's well-being, affordability and housing suitability is an increasing issue in South Australia (Fiedler & Faulkner, 2017).

"To stay in community means everything to me. I've grown up here since a baby and my whole life is here. Home, it's where we belong."

We heard that a good home gives a sense of stability, belonging, safety and autonomy. Not knowing if we can stay in our homes as we age is a significant source of fear and anxiety for many older South Australians, especially given the only perceived alternative is an aged care facility.

"Don't want to go into a nursing home as I'd fear you'd be abandoned like a piece of rubbish."

If other home and housing options existed, would people's desire to remain in their existing home be strong?

To support them to stay in their homes as they age, older South Australians suggested:

- Ensuring adequate home care and community support services
- Encouraging neighbourliness and community
- Age friendly homes and communities, within urban design and planning.

**“Dear friends, good neighbours
and loving family are the
ingredients of the good life.”**



In the absence of desirable alternatives, older South Australians want to stay in their homes and need better options to do so.

While many older South Australians want to stay in their own homes as they age, many told us the options to do so feel limited and costly. This is particularly relevant among those living in regional and rural areas.

Many worry they don't have the financial means to buy the modifications, home-care services and supports they will need to stay at home. We heard a lot of confusion and concern about how older South Australians will access home care. Many worried it would be expensive and unavailable to them.

Beyond the burden of moving, the thought of moving causes anxiety for many people. Many older South Australians worry about the emotional, physical and spiritual impacts of moving, in addition to a loss of relationships and identity.

"I have moved twice and still experience a sense of loss, grief, fear and a sense of bewilderment for the new."

Older South Australians told us they value supports that enable them to stay in their communities. However, many also indicated the quality could be improved and services delivered by people who better understand their needs and preferences.

In addition, some older South Australians worry about the impact of limited and low-paid carer workforces on their care.

"I worry there won't be enough carers in place as there isn't enough now, it seems to be all about the money."

Living and dying at home

Beyond living at home for as long as possible, it is also important to older South Australians that they can die at home. Many are unsure what supports are available and how to access them.

"To be able to stay in my home until the end, avoiding a nursing home and to end my life on my terms."

"Dying peacefully - if necessary with voluntary assisted dying - which must be made legal in SA."



To watch the video visit: <https://vimeo.com/287957283>

Many older South Australians told us they fear spending the later years of their lives within the current model of residential aged care. Whilst there are pockets of innovation, more work is necessary. Frequent needs mentioned were:

- honoring individualism, privacy and space, ensuring the context doesn't force perpetual socialisation
- supporting couples to stay together
- allowing pets to come along with residents
- ensuring residents can grow and maintain strong social connections in the community
- increasing diversity beyond older people
- smaller settings, for those who don't enjoy living within a large group
- ensuring residents have their end-of-life wishes honoured.

Our reflections

Alternative models of home and housing will need to be co-designed with older people and showcased for people to see what is possible and address existing fears. To enable their success, new models must provide belonging, connection and independence for residents - the very qualities people are most fearful of losing when moving out of their home.

We see opportunities in the following areas:

- **Explore how government could directly or indirectly support strengthening informal and community supports** to enable people to stay at home longer, benefit from community based care as their needs change, or as they approach the end of life. A starting point could be drawing on the existing work of Compassionate Communities (<http://www.compassionatecommunities.net.au/#compassionate-communities>).
- **Leading partnerships to co-design and demonstrate innovative and scalable ways of living as we age.** New models for home and housing are necessary to provide older South Australians with options that better meet their needs as they age. In particular, that enable social connection, belonging and independence, whilst being economically sustainable. Opportunities include:
 - the design or redesign of homes for flexibility to accommodate changing needs (including end-of-life)
 - models for near living and co-housing
 - redesigning neighbourhoods and shared spaces for social connectedness, participation and contribution.
- **Given an emerging group of older people at risk of homelessness** (Fiedler & Faulkner, p.7), the Office for Ageing Well might support the development and delivery of targeted approaches to improve the conditions of older people at risk of homelessness. This could build on the work of *Ageing on The Edge - Older Persons Homelessness Prevention Project*.
- **Explore how government could directly or indirectly support people to die at home.**

Meaningful connection

THEME
02



It is well understood that strong social connections are one of the greatest determinants to living a happy and healthy life.

Older South Australians told us clearly - meaningful social connection is essential to ageing well. However, we also know that many older South Australians are socially isolated.

“Loneliness and boredom are my greatest fears.”



**To watch the video visit:
<https://vimeo.com/288104125>**

We know that loneliness and social isolation can increase as we age with devastating health impacts - akin to smoking a packet of cigarettes a day (Holt-Lunstad, Smith & Layton, 2010).

People view social connection differently depending on their values, personality and life experience. Some people have a highly developed ‘social muscle’, others have spent many years supporting others and feel drained themselves, or do not consider themselves as ‘social types’. Some people don’t believe anyone would want to know them. There is no ‘one size fits all’ approach for intervention.

Depression and social isolation are closely linked, with social isolation both leading to and maintaining depression (Cruwys et al., 2014).

With 20% of older people in Australia socially isolated (Beer et al., 2016), isolation is a significant and growing problem for older people, families, communities, service providers and Australia as a whole.

The Aboriginal Elders we spoke to stressed the need to have a welcoming place to go and activities to do. Many described the lack of social life experienced by grandparents raising grandchildren. Others talked about the need for more involvement of Aboriginal people.

“More involved with Aboriginal people, more support required for meeting places and discussions. Not happy about consultation only with ‘white’ people.”

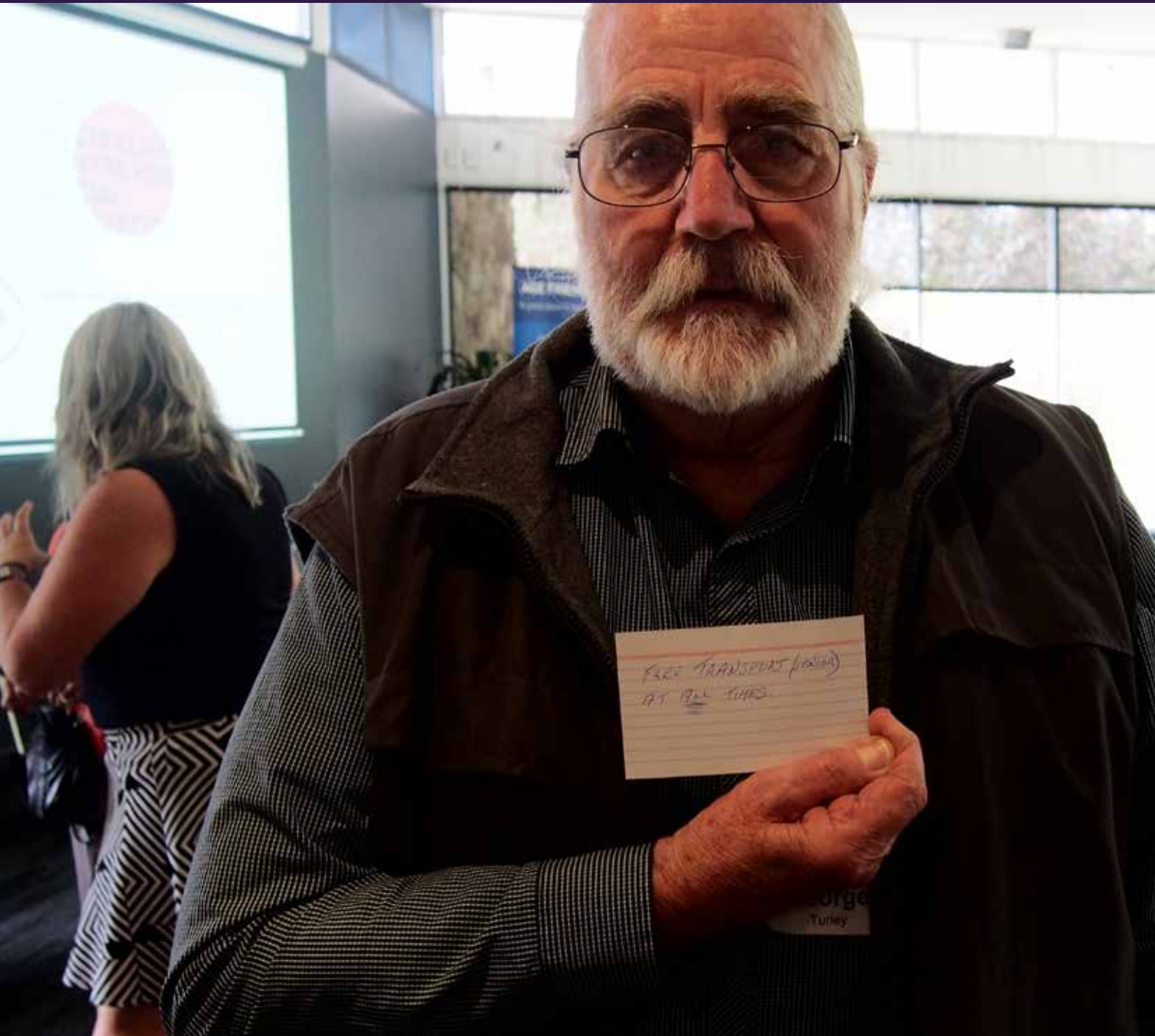


Image reads: 'Free transport (senior) at all times'

While we heard many people are worried about loneliness as they age, we also know few people plan for staying connected. How might we extend the current and dominant emphasis on financial planning, to planning for connection too?

Supporting older South Australians to grow and maintain meaningful social connections will require more than small-scale and once-off programs and supports. Many social opportunities for older adults are undifferentiated and unimaginative, based on assumptions that putting older people together will lead to friendship. Social network research suggests the opposite is true - that loneliness spreads like a contagion (Cacioppo, Fowler & Christakis, 2009).

We heard that older South Australians have varied levels of capability, mobility and/or capacity to 'join in' or create their own opportunities for social connection.

Beyond some people simply not being 'joiners', our ability to make and retain friendship relies on our sense of self.

"If I went into Murray Bridge I won't know anyone. I'm more of a loner, I don't find it easy to know new people."

When our sense of self (social cognition) is negative, it is a barrier to connecting positively with new people or maintaining existing connections. Therefore, people avoid social opportunities for fear of rejection (Goll, Charlesworth, Scior & Stott, 2015).

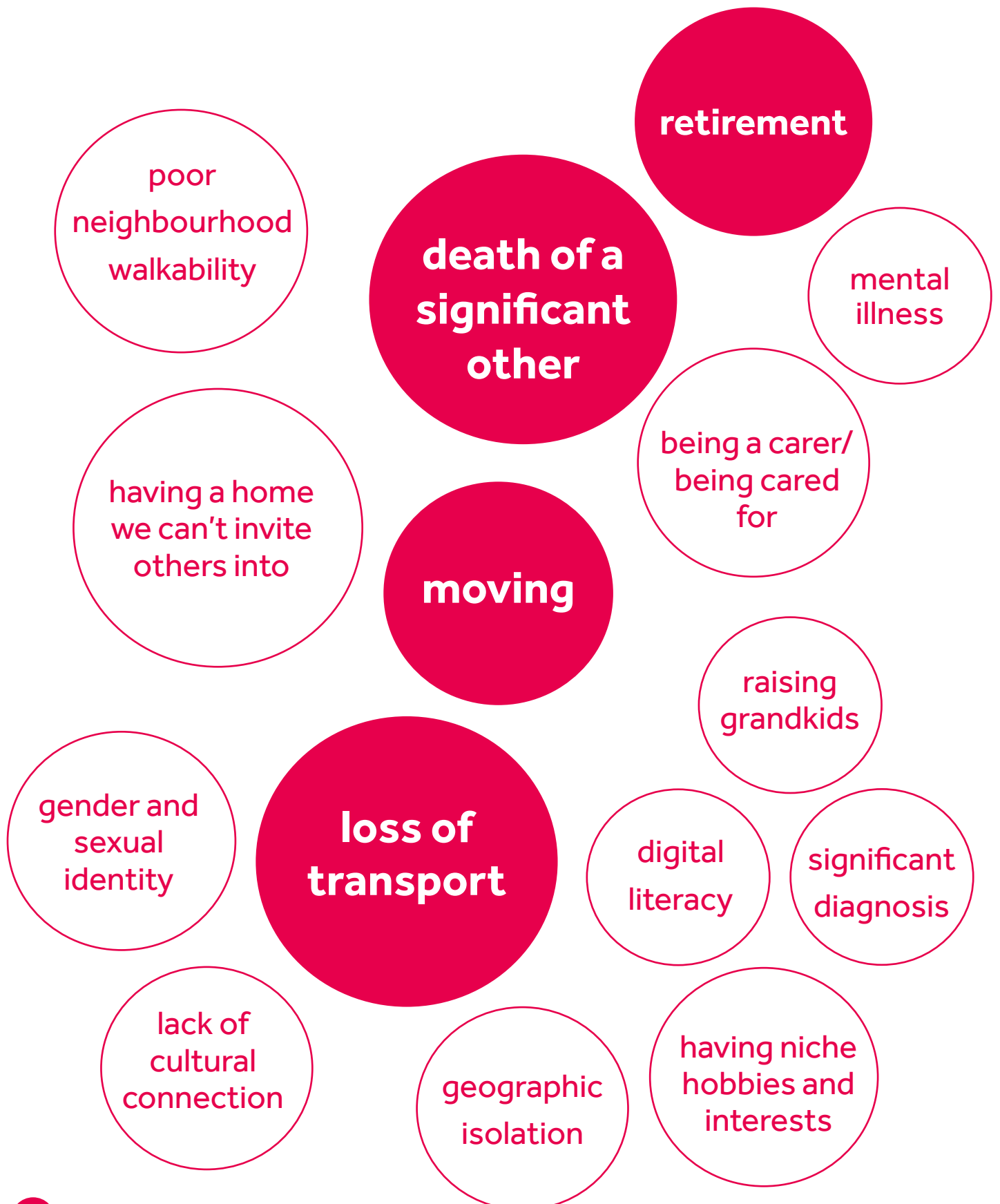
"I feel a sense of vulnerability. If my partner died I wouldn't have connections. He has more connections in the community."

When we perceive that meaningful social connections are out of our reach, it has a negative impact on our social cognition and makes chronic loneliness more likely (Masi, Chen, Hawkley & Cacioppo, 2011).

Actions suggested by older South Australians include:

- More opportunities for older people to play a role in reducing isolation
- Increased involvement of local councils in providing and promoting "meaningful" social activities
- Increased focus on intergenerational approaches.

We heard about a range of experiences that can heighten our vulnerability to becoming isolated or lonely (pictured below), influenced by our self image. For example, while some might see moving as an opportunity to make new friends, others might struggle to make new connections and experience depression.



Our reflections

New approaches are needed for people whose social networks will not support them to thrive as they age (Age UK Oxfordshire, 2011; Social Care Institute for Excellence, 2012).

While there are some efforts underway to decrease loneliness, they tend to be focussed on delivering programs or services at a small scale, with little coordination across organisations and groups. Across existing efforts, it is hard to know what is working and why.

Improving social connection at scale will require coordinated effort across a range of likely and unlikely partnerships. For example, working alongside banks, insurers and super funds to identify and support those most vulnerable.

That may include considering the role of local councils and Primary Health Networks (PHNs) in creating new responses to both preventing and addressing loneliness.

Consider targeted efforts towards supporting the social connection of carers, who have poor health outcomes and often face barriers to social connection by nature of their caring role. A quarter of all Australian carers experience high or very high levels of psychological distress (Carers NSW Australia, 2017, p. 13).

It is important to ensure responses do not feel one-sided, where older people are framed as being passive recipients of support. Instead, where are the opportunities to grow social connection through unlocking the contributions of older South Australians? How might models be based in reciprocity? An example can be found within Lively (<http://lively.org.au/>).

Navigating change

THEME
03

Change is a big part of getting older. However, we aren't always ready or able to cope with change as it happens.

Change is an inevitable part of our lives. Our ability to cope with, and positively navigate change, is generally dependent on the strength of our resilience.

When our resilience is low, change can be difficult to navigate - leading to reduced health and well-being. For many older South Australians, even imagining a change in physical, financial or relational circumstances is a point of concern.

While many of us like to plan, planning alone does not always ensure we will age well - particularly when we experience a change in circumstance we find difficult to navigate.

Older people have generally experienced more change and loss than younger generations, simply by virtue of having lived longer lives. While many people are able to positively navigate most experiences, it may not be the case for every person or experience, especially where social disadvantage plays a role.

“Unfortunately being recently divorced and losing my job means my hopes of enjoying my twilight years are gone.”

We heard the most critical changes in circumstance that can affect our ability to age well are:

- **The breakdown of a significant long-term relationship** - often resulting in reduced financial resources and reduced social supports.
- **Loss of a long-term home** - generally caused by relationship breakdown or financial difficulties. The path back to home ownership is often difficult and can result in insecurity of tenure for the rest of people's lives.

“If changes are managed well [someone cares, I am important, someone is listening], the trauma of change can be lessened.”



- **Transition from employment into retirement** - reduced financial resources, especially for people with lower superannuation balances. In addition, many experience poor mental health post-retirement.

“The first year of retirement is one of the scariest of your life.”

- **Loss of job** - particularly pertinent for people in their 50s who are 10-15 years off retirement, who often find it difficult to re-enter the workforce as a result of ageism. Similar to a loss of a relationship, job loss can shrink our social networks (Goodman, Swift & Adams, n.d.).
- **Loss of health** - often results in reduced mobility and increased dependency. Entering hospital is seen as particularly worrisome, given many believe it can lead them through a process they have no control over, which may result in being forcibly moved to an aged care facility.

“Health issues brought ageism and growing older to light.”

- **Death of long-term partner** - represents the loss of a significant social support and source of resilience.

“Death of my partner was a major issue, I wanted to end my life.”

“I worry most about coping with loneliness should a partner die or is placed in a nursing home or similar.”

- **Being a carer or cared for** - being cared for, caring for a loved one and transitioning out of being a carer significantly impacts the resilience of individuals, relationships and families. We heard that many caring situations are both labour and time intensive, often resulting in social isolation for both the carer and the recipient of care.

Many carers feel unsupported and under-valued in their roles and by their communities.

“I spend the respite in tears wondering where the money the agency wants will come from.”

While some older South Australians will require more support around key changes in their circumstance, it is also important we don't see all older people as vulnerable and in need of help.

“When I lost my husband, there was an enormous change in attitude from others, even my own family, thinking I might not be capable. I lost him at 76 and knew I was strong enough to survive his death.”

Listening to the needs and noticing resilience of older people is essential in providing help - that actually helps.

Actions suggested by older South Australians to better support them to manage change included:

- An increased number of support groups to deal with grief and loss
- Improved resourcing and support to and from local councils.

Our reflections

Building on older South Australians' thoughts, we see two broad opportunity areas. There is potential to better understand how individuals, community, private business and government can collectively:

- Support people to respond to key transition points during and prior to age 50 in ways that set them up for positive outcomes later in life.
- Minimise the adversity people experience during change and loss in older age.

More specifically, we see potential for the Office for Ageing Well and others to support innovation focussed on reducing vulnerability at key transition points/life changes. For example, within hospitals and the health system, driver licensing, births, deaths and marriages, funeral companies, financial planners, banks and superannuation, legal and human resource professionals.

Supporting themes

Beyond the key themes, we've identified three enablers to strengthen future efforts and avoid taking a 'one size fits all' approach to the needs of older South Australians. These are:

- recognising and responding to the diversity of older South Australians
- continuing to tackle ageism
- recognising the role of money and financial well-being in ageing well.



Diversity

Different groups have unique and legitimate needs when it comes to the ageing experience. A lack of recognition and response to that diversity can lead to homogeneous service and supports that may miss the needs of individuals and the broader groups they belong to.

This is further reinforced by some older South Australians themselves failing to recognise different cultural groups, sexual and gender identities as having legitimate needs or experiences different to their own.

Across the conversations we led and supported and in addition to our broader information scan, the following themes were apparent:

- **There is a lack of service provision and delivery of culturally competent care** across public and private services for a number of ethnic groups.

Cultural competence has been defined as "...the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes" (CCCA, n.d., p.4).

- **Aboriginal and Torres Strait Islander peoples continue to experience racism** within the health system, social groups, neighbourhoods and communities across South Australia.
- **Access to services, supports and social connection is difficult for recent arrivals and less established migrant communities**, with such communities sometimes failing to get adequate support.

It is essential that future efforts to support ageing well recognise and respond to the needs of those who face significant barriers to ageing well. We know people have better health outcomes when they are welcomed and feel they belong. It is important future ageing well strategies include specific approaches to providing those experiences, to support all South Australians to age well.

- **Some LGBTIQ and gender-diverse older South Australians continue to face significant isolation, discrimination and a lack of understanding** from services, peers and their broader communities.

“[Members of] the LGBTIQ community still live in the closet for fear of being discriminated against.”

“Same sex attracted men are not treated with dignity, or respect (including within LGBT+ networks), that our family networks are either non-existent, or minimal at best, that we are constantly isolated, we are devoid of any purpose to living.”

Aboriginal and Torres Strait Islander peoples ageing well

Aboriginal and Torres Strait Islander peoples have the right to self-determination, with health and social outcomes increased when Aboriginal people and communities lead the development, delivery and evaluation of the services and supports that affect their lives (Behrendt, Jorgensen & Vivian 2016; Thorpe, Arabena, Sullivan, Silburn & Rowley 2016).

Experiences of ageing for Aboriginal and Torres Strait Islander peoples are not only affected by services and supports (or lack thereof), but also the extent to which they are seen and valued by their peers, neighbours and communities. Across the conversations we led and supported, a lack of value was clear.

Through the ageing journey, there is a wide variety of touchpoints that can affect experiences of ageing and dying well. For example, primary and secondary care, palliative care, state and federal government services, such as Centrelink, banks, super funds and insurers. Across those touchpoints are varied levels of cultural understanding and culturally-responsive models of care and support, be it for Aboriginal and Torres Strait Islander peoples, the LGBTIQ community, as well as other ethnic groups within South Australia.

We heard stories of a lack of cultural competency within the health system. For example, an older Aboriginal woman who was hospitalised for heart surgery and was asked repeatedly for her family history - a family history she didn't know due to being part of the Stolen Generations.

Our reflections

There's an opportunity for work across government to support a self-determined ageing experience for Aboriginal and Torres Strait Islander peoples.

There is significantly more work to be done to understand what this could look like, with that work needing to be led by Aboriginal and Torres Strait Islander people.

For example, through exploring a **participatory budgeting approach**, whereby older Aboriginal and Torres Strait Islander peoples living in South Australia decide how to distribute funds allocated to ageing well, as well as determining when goals have been met and when funding priorities may need to shift.

We suggest undertaking additional research to understand where and how participatory budgeting has been successfully applied, as well as hearing from community about how this approach would need to work to be successful.

In addition to supporting self-determination, there are improvements to make to public systems and supports. This work could build on the goal of "strengthen our participation with Aboriginal communities in the design of policy and services that are delivered to Aboriginal people" (SA Health Strategic Plan 2017-2020, 2017, p. 11). Improvements could include but are not limited to:

- Care that recognises cultural identities as different and legitimate.
- Service provision and customer service that is culturally appropriate and culturally accessible.
- Increasing the number of Aboriginal health employees, who currently make up one per cent of SA Health employees (Health Performance Council, 2017).
- Ensuring end-of-life experiences are determined by Aboriginal and Torres Strait Islander peoples (for example, returning to country), and honoured by health and palliative care services.

Tackling ageism

We heard that ageism continues to be an issue for many older South Australians. Although it can be experienced subtly, many told us they feel it as a pervasive presence across the majority of their interactions with their community and wider society.

“What worries me most about getting older is being forgotten.”

Alongside being treated poorly by retail workers, older South Australians expressed frustration about how they are portrayed across media.

“I get annoyed at the way older people are portrayed in the media/movies/advertising/greeting cards (e.g. older people driving unfairly targeted in the media). No wonder people treat us like a joke. How could we do things better to promote positive ageing?”

We have also heard ageism often leads to more significant impacts on the lives of older South Australians.

For example:

- **Employment** - many older people described how they felt their employment potential had been overlooked due to age.
- **Elder abuse** - with ageism a risk factor for elder abuse.
- **Social isolation** - many described feeling invisible, unnoticed and unheard by wider society, with their potential for contribution generally undervalued or overlooked. This sometimes contributed to negative perceptions of self-worth, while compounding feelings of loneliness and social isolation.

“I worry about becoming less relevant. Not being seen.”

Some older South Australians feel the concept of ‘retirement’ needs retiring. Many view the word as enabling wider perceptions of older people have lost their usefulness and potential for contribution. Therefore, many argued that it was time to stop using the word and concept of ‘retirement.’

“It’s sad to know we are less and less visible especially woman. My dream is to start wearing a silly hat when I go out in the community so we remain visible.”



Older South Australians suggested the following actions to tackle ageism:

- Bringing back Grey Power
- Exploring tangible ways for all ages to tackle ageism (including and beyond education)
- School programs to foster intergenerational relationships
- Greater prevalence of positive images of older people, including diversity and individuality.

Our reflections

There is an opportunity for strategic and coordinated efforts towards tackling ageism across a range of contexts - employment, media and the social norms entrenched within the general public. One approach is strategic social marketing, ensuring efforts have both a strategic focus, links into policy, as well as practical community-based activities. For more information on strategic social marketing see Jeff French "Why nudging is not enough" (2011).

In addition, the Office for Ageing Well may consider further work with strategic partners and grant recipients to build a deeper understanding of how ageism shows up, and what can be done about it. Part of this may be exploring how contracting can support a reduction in ageism. For example, through requiring partners to positively portray ageing in their communities, or requiring meaningful roles be made available to older people as part of the work they plan to undertake.

Money matters

We heard many older South Australians are worried about meeting current and future costs.

“It is a challenge to plan for a secure and reliable income for retirement – particularly when we don’t know how long we are going to live, and we can only guess how much money we need to maintain a level of income that keeps up with rising costs.”

Those living on the age pension alone, along with those who are ‘asset rich, cash poor’ frequently mentioned concerns about the cost of healthcare, transport, utilities, rates, maintaining a property or affording rental payments.

“The ever increasing fear that I will simply not have enough money/income to meet day to day living and accommodation costs.”

For older South Australians, running out of money was linked to a decline in choice. Choices about where we live, who takes care of us - how we’re able to enjoy our lives, families and friendships.

While some older South Australians can and will continue to consume age friendly products and services, others are ageing precariously at the edge of poverty.

From a policy perspective, there is a strong and lively conversation within and beyond South Australia that sees older people as drivers of economic growth through their consumption of ageing-responsive products and services.

While those products and services can and will improve the lives of older South Australians, others will struggle to be consumers beyond expenditure on bare essentials - including but not limited to single older women, those living on the age pension alone, and those ageing in the private rental market.

“The huge costs of living increases [are] simply making life very difficult and there is very little left.”

We heard the financial burden is already forcing some older South Australians to make tough choices in order to meet basic costs and health demands.

Finding paid employment as an older South Australian can be difficult.

“Jobs are hard to come by for people in their 50s and 60s and almost non-existent for people in their 70s.”

While some older South Australians can volunteer their time as they age, others have a need or desire for paid employment. Unfortunately, the quest for work isn't always easy and older South Australians face significant barriers to finding work.

“We have to keep working despite long commute times and less than brilliant mobility. ”

“It can be an issue if [you're] perceived as unemployable, creating financial hardship and a bitter ageing journey.”

The challenge of employment for older people is not unique to South Australia. Despite strong evidence of the value older workers bring to workplaces, we know older workers are not staying in the workforce long enough to offset the effects of an ageing society (Centre for Workplace Leadership (2015, p. 13).

Alongside poor job matching, underemployment, unemployment and early retirement (Productivity Commission, 2017, p.115) older workers can face a number of barriers, including but not limited to:

- **Older workers are stereotyped in a way that creates and perpetuates disadvantage.** Within its *Willing to Work Inquiry* the Australian Human Rights Commission (2016, p. 60) found older women are more likely to be perceived as having outdated skills and as being too slow to learn new skills.

“I have heard the comment before, ‘I’m over 50, there are no jobs for me.’ Is there an increasing number of people between 50-60 who believe they are unemployable and have given up?”

- **Older people’s versus young people’s employment.** It is common to hear critique and assumption that employing older workers will take opportunity away from younger workers. Internationally, evidence points towards the opposite being true - that labour force participation of older workers is positively associated with employment of younger workers (Banks, Blundell, Bozio & Emmerson 2008, p.24).

**“I hope to live well - with
secure finances, housing,
with dignity and grace.”**



- **Increasing feminised, low-paid jobs:** Growth is projected in feminised, low-paid jobs in healthcare and social assistance. This trend is harmful not only for women, but for older men seeking employment too.
- **Ageing can shrink our networks:** With a decrease in traditional forms of job advertising and a growing gap between how jobs are advertised and how older jobseekers look for work, social networks are a key tool in finding work. As ageing often shrinks our networks, work can become harder to find.

“I want to keep working until at least 75 however gaining employment as I get older is an issue.”

- **Struggling to see the possibilities:** What we believe about ourselves, alongside the extent to which we are willing and flexible to change roles can expand or limit job possibilities. Those with a fixed mindset, and who have always done one ‘thing’ can struggle to find new opportunities.
- **Health is a key determinant to older workers being in the workforce,** with the majority of Australians having a less than 50% chance of still working in 2035 for health reasons (Centre for Workplace Leadership, 2015).

Our reflections

Given the significance of financial well-being to older South Australians and the economy, increased strategic effort is needed across government and private business.

1. To enable some older South Australians to move beyond surviving and into thriving, consider ways to reduce out of pocket expenses. For example - transport, rent, home maintenance, utilities and health costs.
2. Consider partnering with departments such as Industry and Skills to develop and implement a strategy to drive the growth of age friendly roles and businesses across South Australia.
3. Both younger and older workers can be impacted by issues of low pay, job insecurity and a lack of role progression (Thomson, 2018, p.14). Given this relationship, consider a strategy that works for both older and younger workers in South Australia. Thomson notes (p. 5) “policy solutions that focus on younger workers to the exclusion of older workers will fail to address these key structural inequalities in the labour market, leading to further disparities for Generation X and younger workers as they reach middle age.”

Overall recommendations

While this report includes reflections for each of the key themes, we have also identified broader 'high-level' recommendations. They have been formulated through looking across the key themes, and have been shaped by insights from the stakeholder engagement and information scan.

1. Include an increased focus on supporting Aboriginal and Torres Strait Islander peoples to meet their self-defined goals for ageing well

The review has been able to identify few projects that have focused on hearing from or responding to the needs of older Aboriginal and Torres Strait Islander peoples. This suggests many of these projects are likely to be limited in their capability to provide culturally appropriate support, and that Aboriginal and Torres Strait Islander peoples may experience limited options in accessing programs that support them to age well in culturally meaningful ways.

2. Consider applying a Theory of Change* approach to future planning and evaluation

It has been difficult for the review to easily determine the underpinning theory of change (see definition below) driving existing grant-making and strategic partnerships. Applying a Theory of Change will enable the Office for Ageing Well to be more explicit in how its strategy might be implemented, and how these efforts can be accurately monitored and evaluated.

***A Theory of Change is a logical, clear narrative about the change you wish to achieve, why the change is needed and how you intend to go about creating the change. It is used both in planning and evaluation.**

3. Ensure all projects follow an 'outcomes' approach to reporting

Many projects examined in the review have focused on 'output' or 'activity' reporting without capturing progress on intended outcomes. For this reason, it is difficult to understand what has worked to date (and why). Shifting the focus of future reporting from 'outputs' to 'outcomes' will enable the establishment of a shared evidence base about what works (in supporting South Australians to age well), and how this likely to differ across the population.

Commissioning could be further strengthened through:

- asking grant applicants to complete a Theory of Change
- connecting individual - and otherwise separated - projects to achieve greater impact and collaboration.

4. Work alongside partners to co-design, test and demonstrate new responses to ageing well

Older South Australians commented on the lack of meaningful opportunities that go beyond being consulted or surveyed. While many older South Australians are willing and able to take on significant roles in the design, testing, delivery and evaluation of projects and policy, there appears to be lack of capability among grant recipients and strategic partners to meaningfully involve older people as co-producers of change. For example, opportunities for older people to make greater contributions to the development of policy and projects as co-planners, co-designers, co-deliverers and co-evaluators. In particular, in developing better:

- housing alternatives
- models of care for residential aged care
- employment options
- solutions to combat social isolation.

5. Increase internal and external capability in the systems thinking and co-design

A lot of effort to date has focused on programs, services and initiatives. By contrast, less effort appears to be focused on the systems and structures that can perpetuate disadvantage for older people. Therefore, there is an opportunity to take a systems perspective going forward, while continuing to support high impact programs, services and initiatives. This will require deeper capability in both systems thinking and co-design from the Office for Ageing Well, its partners and grant recipients.

6. Across similar projects and initiatives, consider implementing peer learning structures to grow capability and enhance practice

While a number of organisations are implementing similar strategies e.g. Age-Friendly Cities, there appears to be a lack of shared knowledge about what is working, and what could be shared to enhance efforts both locally and across South Australia.

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