OPERA

eastern community legal centre

Older People: Equity, Respect & Ageing

Phase 1 Findings | December 2019

www.eclc.org.au/opera

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Project Partners

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Acknowledgement of Country

Eastern Community Legal Centre acknowledges the Wurundjeri peoples of the Kulin Nation, the Traditional Owners of the land on which the Centre community lives and works and pay deep respect to Elders past, present and emerging.

ECLC also acknowledges those Aboriginal and Torres Strait Islander peoples, including Elders, who came to live on Wurundjeri land as a result of dispossession from their homelands and in more recent times through choice.

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"Young people think oldness is the bottom of the mountain... In truth it is the top. I am old because I have lived a whole life. I have climbed a long, long way. When I look back the way I have come, I can see the town I was raised in, and my mother and father. I see houses I lived in, friends that I made, people and pets that I loved. I see the wrong turns I took, places where I tripped, places where I skipped and sang and ran. I can see for years and years. To have such a view, you have to be standing on top of a mountain".

Extracted from The Ghosts Child, Sonya Hartnett. Penguin Books, 2007

Executive Summary

"While we have a sound evidence base for the prevention of violence against women, we know less about what causes, and what works to reduce, other forms of family violence including elder abuse..." *

Elder abuse is a form of family violence. It is any act or behaviour that results in harm to an older person caused by someone they know or trust. It can be physical, social, financial, psychological or sexual and can include mistreatment and neglect. Older people can experience a number of different types of abuse at the same time (Seniors Rights Victoria, 2018).

The prevalence of elder abuse in Australia is not known and like other forms of family violence, many cases of abuse go unreported. The World Health Organisation quotes an international 2017 study that estimates that one in six people aged 60 years and older were subjected to some form of abuse over a one year period (Yon, Mikton, Gassoumis and Wilber, 2017). The experience of elder abuse is gendered, and most commonly takes place within the family context. Data from Seniors Rights Victoria (as reported to their helpline) found that two-thirds of abuse is perpetrated by a son or daughter of the older person, and that the number of older women reporting abuse was approximately 2.5 times that of older men (Seniors Rights Victoria, 2015). While there is a growing understanding and acceptance of elder abuse as a form of family violence, resources put towards addressing this complex issue have predominantly focused on how to identify someone at risk, or respond to abuse once it has occurred. There is currently no consistent understanding of the causes of elder abuse, or how it can be prevented from occurring in the first place.

The Older People: Equity, Respect and Ageing (OPERA) Project responds to this current gap in the evidence. While there is not yet clear consensus, the literature suggests that ageism, including stereotyping and discrimination against individuals or groups on the basis of their age, is a contributing factor to elder abuse (NARI, 2018; Crichton, Bond Harvey and Ristock, 1999; Phelan, 2008; Nelson, 2005). Based on this assumption, the focus of OPERA was to explore how ageism plays out in the day-to-day experiences of older people, to better understand its trajectory towards elder abuse.

An extensive community consultation process explored the expressions and impacts of ageism as experienced by older people in Melbourne's Eastern Metropolitan Region (EMR). Findings from the consultations informed a second phase of the Project, led by Swinburne University. This included the development of a digital intervention, applying a co-design method, to further explore findings from the community consultation. An additional phase of the OPERA Project was funded in mid-2019, enabling further stakeholder engagement to inform branding and design of OPERA resources, an OPERA website and a Project launch.

This report presents an overview of findings from the community consultations and provides analysis and recommendations for action in the prevention of elder abuse.

* (Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women, State Government Victoria 2017)

Key findings:

Below is a summary of the main themes that arose from the consultations with community. Further discussion on these key findings is provided throughout the report.

Images and Stereotypes

- There were internalised beliefs on ageing by many older people who held negative associations with the word 'ageing' or 'older person'. Many of the associated terms centred on a sense of decline, vulnerability, dependence on others, loss of identity and perceived irrelevance/invisibility by the community.
- Ageism is embedded and expressed through negative portrayals of some older people, including in the media, movies, children's picture books and birthday cards.

Barriers to Participation

- Accessibility barriers are experienced through the built environment, public transport and technology
- Difficulty in obtaining and maintaining employment

Community Attitudes and Behaviours

- Rigid gender roles that set men up as 'breadwinners' and women as 'nurturers' has implications for an individual's financial autonomy, agency, social connection and sense of value; potentially leading to an increased risk of experiencing elder abuse
- Disrespect, disregard and impatience towards older people
- Invisibility and perceived irrelevance of older people
- Grandparenting expectations placed on older people

Frameworks to Understanding Ageism

A number of participants identified the hallmarks of capitalism, including money, status and power, as the driving forces that fuel a social mentality around consumption, individualism and greed. This sets the social context in which ageism occurs, where a person's intrinsic value and relevance in society is measured by their perceived capacity to contribute economically through an earned wage.

Recommendations

1) Evidence

a. Develop an evidence informed Primary Prevention Framework for Action to guide initiatives to prevent elder abuse.

b. Resource further research into the impacts of individualism and consumerism as frameworks that contribute to the underlying social context in which elder abuse can occur.

c. Strengthen evidence and understanding around the intersections of gender, family violence and elder abuse.

d. Resource further research to explore the systemic frameworks and cultural norms that can exploit older people as caregivers of grandchildren.

2) Community attitudes to ageing and older people

Establish a mechanism by which community attitudes and beliefs on ageing can be measured and used to inform practice (such as National Community Attitudes towards Violence against Women Survey (NCAS)).

3) Local Partnerships

Organisations commit to working collaboratively with local stakeholders to develop primary prevention initiatives to prevent elder abuse.

4) Funding

Increase funding for Elder Abuse Prevention Networks to support the development of local primary prevention initiatives and action research that will build on the current evidence.

Introduction

In 2018, Eastern Community Legal Centre (ECLC) in partnership with Swinburne University received funding from the Victorian Government's Office for Women for a prevention of elder abuse project funded under the 'Free from Violence' grant program. In order to reflect the nature of this primary prevention initiative, the Project was named Older People: Equity, Respect & Ageing (OPERA).

Current research suggests that ageism is a contributing factor to elder abuse. Building on this assumption, OPERA sought to contribute to the evidence base by further exploring and understanding the expressions, experiences and impacts of ageism in Melbourne's East. The Project involved three distinct phases as detailed below.

Phase I: Engage and consult with older people in the EMR around experiences of ageism and age discrimination and the social context within which it occurs, and report on the findings. This phase of the Project was led by ECLC.

Phase II: Drawing on the findings of the consultations, develop a digital intervention (video format) utilising a co-design method to bring awareness to, and challenge, ageism and age discrimination. This phase of the Project was led by Swinburne University.

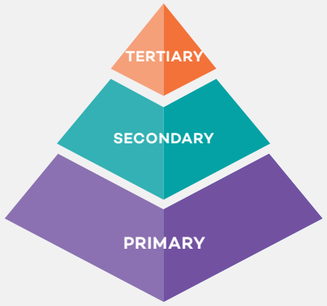
Phase III: Consult with sector partners to inform the branding of OPERA and develop a communications platform for the OPERA brand. Phase III will also see the launch of the OPERA reports, videos and website. This phase of the Project was jointly led by ECLC and Swinburne University.

The authors acknowledge that ageism is a social phenomenon that can be experienced at any age, informed by stereotypes and assumptions about a person based on their age - whether they are young, middle-aged or older. For the purposes of this report the term ageism refers to the experiences of older people and the ageism they experience.

For consistency with funding guidelines and the Free From Violence Strategy this report uses the term elder abuse, however the authors acknowledge that the word 'Elder' represents a term of respect and esteem within Aboriginal and Torres Strait Islander communities.

Project context and background

As an emerging area of work, the primary prevention of elder abuse requires further exploration. Current frameworks addressing family violence prevention, such as 'Change the story: A shared framework for the primary prevention of violence against women and their children in Australia' (Our Watch, 2015), are focussed on the gendered nature of violence, and gender inequality as the key driver that enables a social context in which violence against women occurs. No such framework currently exists for elder abuse. To date, work to prevent elder abuse has primarily focused on taking action on the early signs of abuse (secondary prevention or early intervention) and intervening after abuse has occurred (tertiary prevention or response).



Tertiary Prevention
Intervening ***after*** abuse has occurred e.g. litigation, police, courts

Secondary prevention or early intervention
Taking action on ***early signs*** of abuse e.g. awareness raising events, community education, Wills/Power of Attorney

Primary prevention
Preventing abuse ***before*** it occurs. Addressing the root cause of elder abuse, including ageism.

In March 2016, the Victorian Royal Commission into Family Violence handed down its report, including 227 recommendations (State of Victoria, 2016). The report identified elder abuse as a serious form of family violence and made a small number of recommendations, as well as identifying a range of priority areas for action, including a focus on education and prevention (State of Victoria, 2016a).

Based on these recommendations, several processes and strategies have been undertaken to bring a focus to the primary prevention of elder abuse. 'Free from Violence: Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women' (Victorian Government, 2017) was launched in May 2017, and the first corresponding Action Plan (Victorian Government, 2018) was released in early 2018. These documents signaled an investment in family violence prevention, including initiatives for the prevention of elder abuse. Among these was the establishment of ten Elder Abuse Prevention Networks across Victoria, and identification of the need for further research into elder abuse and its prevention. The Free from Violence grant program (through which OPERA was funded) has focused on funding community organisations to trial, test and evaluate prevention initiatives that address all forms of family violence, including elder abuse. The OPERA Project builds on the evidence around the underlying causes of elder abuse, which will then inform how society, as a collective, can stop it from happening.

The policy context of elder abuse prevention within family violence policy and frameworks

Several key policies and frameworks have been developed at a national, state and local level to address family violence. The table below outlines these documents and indicates any reference to the areas of prevention, response and/or elder abuse. It is worth noting that, whilst many of these documents refer to prevention work and elder abuse separately, the intersection of prevention and elder abuse is not clearly addressed. This is further complicated by the absence of a shared understanding around the use of the terms 'prevention' and/or 'primary prevention'. The table highlights the gaps in current policy in addressing not only elder abuse, but elder abuse at the primary prevention end of the spectrum.

NATIONAL

Key Documents	Related Documents	Prevention*	Response (including early intervention)	Elder Abuse
The National Plan to Reduce Violence Against Women and their Children 2010-2022, Commonwealth Government	The Fourth Action Plan 2019-2022	✓	✓	✓
National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023, Commonwealth Government	Implementation Plan to support the National Plan to Respond to the Abuse of Older Australians 2019-2023		✓	✓
Change The Story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch	Putting the primary prevention of violence against women into practice: How to change the story Community based prevention of violence against women and their children Counting on Change: A guide to prevention monitoring	✓		

NATIONAL

Key Documents	Related Documents	Prevention*	Response (including early intervention)	Elder Abuse
Changing the Picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch		✓		
The National Elder Abuse Prevention and Advocacy Framework, Older Persons Advocacy Network		✓	✓	✓

VICTORIA

Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families, Victorian Government		✓	✓	✓
Royal Commission into Family Violence: Report and recommendations, Victorian Government		✓	✓	✓
Ending family violence: Victoria's plan for change, Victorian Government		✓	✓	✓
Free From Violence: Victoria's Strategy to prevent family violence and all forms of violence against women, Victorian Government	Free From Violence: First Action Plan 2018-2021	✓		✓
Safe and Strong: A Victorian Gender Equality Strategy, Victorian Government		✓		
Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response, Victorian Government	Preventing Family Violence & Violence Against Women Capability Framework Responding to Family Violence Capability Framework Census of Workforces that Intersect with Family Violence	✓	✓	
	Elder Abuse Community Action Plan for Victoria, NARI		✓	✓

LOCAL

Key Documents	Related Documents	Prevention*	Response (including early intervention)	Elder Abuse
Together For Equality and Respect Strategy: Preventing Violence Against Women in Melbourne's East 2017-2021, Women's Health East	Together For Equality & Respect: Action Plan 2017-2021	✓		✓
Eastern Regional Family Violence Partnership Strategic Plan 2017-2020, EMRRFVP		✓	✓	

*Note: Documents identified as having reference to 'prevention' range from themes of primary prevention through to more downstream activities such as awareness raising and education.

Consultation Methodology

Community consultations sought to deepen the understanding of how ageism is expressed and experienced by older people in the EMR, together with understanding the direct impact this has on their lives. Consultations also sought to identify possible protective factors by seeking feedback around the kind of characteristics that would define a society where older people felt safe, valued and respected.

Rationale

The OPERA Project was based on the assumption that ageism is a contributing factor to elder abuse, and consultations therefore sought to gather data around older people, ageism and age discrimination.

Data collection

In order to gather rich data from a broad range of community members, a mixed-methods approach was used. Both qualitative and quantitative data were collected via:

- **Individual interviews (community & sector representatives)**
- **Diverse community focus groups**
  Focus groups were held with culturally and linguistically diverse (CaLD) community groups in the EMR including Chinese, Indian and the Hakha Chin communities. Focus groups were also held with members of the Aboriginal community, a Neighbourhood House and a local Dementia Alliance. The latter included representatives from both agencies and the community.
- **EMR Community Consultation Forum**
  The Forum provided an opportunity to engage and consult with a larger community audience, while also providing community members with the opportunity to hear from Gerard Mansour, the Commissioner for Senior Victorians, speaking on the 'Journey of Ageing'.
- **Community Survey – hard copy and electronic versions**
  The purpose of the community survey was to ensure that a diverse range of participants across the EMR were represented in the Project, and to gauge the extent to which the perceptions and impacts of ageism were identified through the interviews and consultations, experienced in the wider community. Surveys were disseminated in hard copy across a range of sites including Eastern Regional Libraries (including outer east branches), Whitehorse Manningham Libraries (six branches), Monash Council Seniors' Forum, Knox University of the Third Age (U3A) and EACH in Ferntree Gully. In addition to hard copies, the survey was made available online. Online availability was promoted through key stakeholder contacts (including representatives from Councils, community health and the Eastern Elder Abuse Network). One hundred and forty eight (148) surveys were completed and collected. The majority were completed via hard-copy with only 23 (or 16%) completed online. The findings around perceptions and experiences of ageing that were gathered through this survey are discussed throughout this report.

Target group

OPERA was developed to focus on the experiences of ageism of older people in the EMR. The term 'older person' was defined as 60 years and older or over 50 years for Aboriginal and Torres Strait Islander community members.

While the OPERA Project had not initially been designed to hear from sector representatives, the methodology was adapted to include sector representatives (of all ages) to gain a broader understanding of ageism and age discrimination, from both prevention and response perspectives.

The Project methodology was structured to represent diverse communities, including people who identify as from CaLD communities, as well as a range of abilities, genders, settings and local government areas (LGAs). Participants were recruited through networks including the Eastern Elder Abuse Network, and with assistance from specialist agencies (e.g. Aboriginal community controlled organisations and the Migrant Information Centre), local libraries, neighbourhood houses, local governments, community health services and recreation and planned activity groups.

Demographic data

All community participants were asked to complete a brief survey to illicit demographic data. The purpose of the demographic questionnaire was to document and gauge participant representation across various ages, genders, education, ability, socioeconomic status, and culture and language backgrounds across the seven municipalities in the EMR. The survey was later adapted to capture broader demographic data including if participants identified as lesbian, gay, bisexual, trans, and gender diverse or intersex (LGBTI) and to measure indicators for social connectedness including regular attendance at a recreation/hobby group or a faith community.

The majority of OPERA community participants identified as retired, owning their own home, and described their retirement as self-funded. 73% of all participants were aged between 61 and 80 years of age (35% aged between 71-80, and 38% aged between 61-70). Of the 25% who spoke a language other than English at home, the dominant language groups included Chinese (19 people), Italian (7 people) and Chin Hakha (7 people). Seven percent identified as Aboriginal or Torres Strait Islander. Of the 238 participants who completed the demographic and community surveys, the majority were women (70%). Twenty-nine percent were men and 1% identified as non-binary (2 participants).

OPERA community participants noted a reasonably high level of social engagement with 75% of respondents stating that they regularly attend a recreation, hobby or exercise group and 36% regularly attending a faith community. 21% identified as living with a disability.

Consultation reach

Phase I of the OPERA Project engaged approximately 287 participants across the EMR. A breakdown of participants is outlined in the table below.

Methodology	Target group	Total
Sector consultations	Sector representatives including prevention practitioners, active ageing officers, researchers and those in legal/response services.	9 people/7 organisations
Individual interviews	Older community members from diverse backgrounds: ability, faith, gender, a carer of a person with dementia, community group and an Aboriginal Elder.	6 people
Diverse Community Focus Groups	Hakha Chin Focus Group Chinese Focus Group Indian Focus Group Aboriginal Community Focus Group Neighbourhood House Focus Group (Inner East) Manningham Dementia Alliance Group	59 people engaged in 6 focus groups
Community Consultation Forum	'The Journey of Ageing' Consultation Forum targeting older people in the EMR	65 people
Community Survey (hard-copy & online)	Older community members across the EMR	148 people

Data analysis

Generally, individual consultations were recorded and transcribed according to key themes from each question, including personal quotes where relevant. An additional worker attended focus groups to take notes and record the session. Data was de-identified and key themes were then collated, analysed and summarised.

Other considerations

All participants (including face-to-face consultation participants) were offered information and referral in the event that the content discussed caused distress or other issues of concern.

For all CaLD community consultations, support from interpreters was offered. Interpreters were engaged for both the Hakha Chin and Chinese focus groups but were not required for the Indian focus group. In addition, the demographic survey was translated into Simplified Mandarin for Chinese participants.

Limitations

Ethics approval was obtained through Swinburne University to undertake research for phases I and II of the OPERA Project. The parameters of the ethics guidelines meant that limitations around the use of the term 'elder abuse' applied for all community consultations so not to cause distress. These guidelines on language had an unexpected positive impact on the Project. The Project title was changed from the Prevention of Elder Abuse Project, to Older People: Equity, Respect & Ageing, which helped focus the Project on the primary prevention end of the spectrum, rather than secondary and tertiary response.

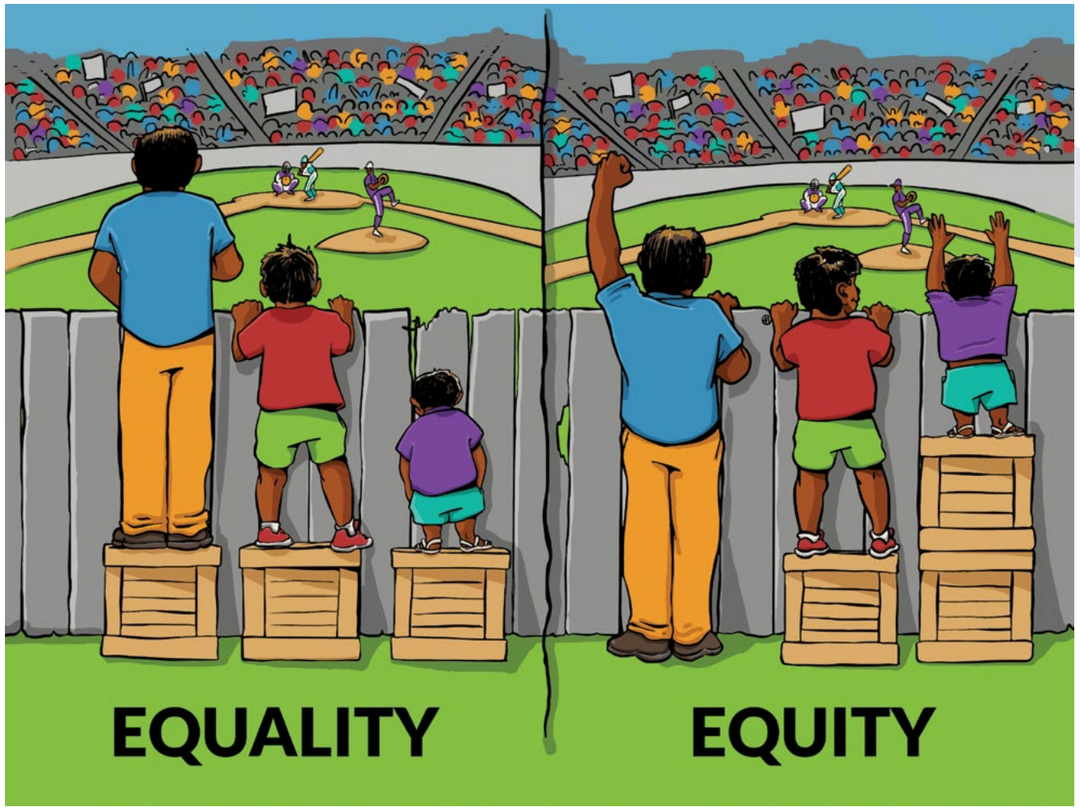
While it is acknowledged that younger people also face age discrimination or ageism, the focus of the Project was on older people's experiences. Additionally, given the limitations of the Project, this research does not capture the experiences of participants living in aged care facilities. External support to engage directly with diverse communities was critical to the success of the recruitment process. However, the limitations of the methodology are acknowledged in that recruitment processes (for direct consultations) were more likely to engage older people in the community who are more engaged through social and recreational groups. This may have impacted the data with an over-representation of older people (and largely women) who were already engaged with services, which may also suggest a higher level of social connectedness, autonomy and physical ability among those engaged in the Project.

It was intended that community surveys (online and hard copy) allowed for a more diverse range of participants including those who may not be engaged with social activity groups. It is acknowledged that the themes presented in the report are reflective of the individuals and target groups engaged in Phase I. While the data cannot be generalised to the broader population, the identification of recurrent themes serve to highlight areas for further exploration.

Reflection: reframing the concept of 'ageism'

A key reflection of the Project and its initial approach to community consultations was that the term 'ageism' was not one that resonated with participants. Older people tended to associate discrimination as being on the basis of race or sex. Perhaps compounding this was the reality that many of the people engaged in the Project did not see themselves as 'old', with 87% of survey respondents noting that they 'agree' or 'strongly agree' that they 'feel younger than their age'.

While many older people didn't feel that they had experienced ageism, or struggled to recount daily examples of age discrimination, when this question was asked in a different way using an equity/equality lens (and with an image to demonstrate the difference – see below) participants had much to contribute about their experiences regarding barriers to being able to participate fully and equally in the community. Participants were also able to identify broader systems or structures that overtly or inadvertently discriminate against older people. This is discussed further in the section 'Barriers to being able to participate equally in the community'.



Source: Interaction Institute for Social Change | Artist: Angus Maguire

OPERA Consultations – A Summary of the Findings

Sector Response

Prior to commencing the community consultations, consultations were conducted with nine sector representatives across seven organisations. Representatives included those from community, local government and specialist services across the EMR and broader state level. Sector participants worked across prevention, early intervention and response.

The purpose of the sector consultation was to provide an initial scoping around understandings of the different forms of elder abuse and its drivers. Sector participants also provided reflections on protective factors or characteristics that would define a society where older people felt safe, valued and respected.

Although the sector representation comprised a small sample of stakeholders, largely from the EMR, these consultations provided insights into perspectives of ageing from a younger generational perspective. It also highlighted tensions and challenges that add to the complexity of how sector workers begin to conceptualise the issue, as well as what prevention of elder abuse might need to look like.

Sector understanding of elder abuse

Financial abuse was the most identified form of elder abuse by sector participants, regardless of where they worked within the elder abuse field (ie. prevention or response). A number of participants also identified that some of the subtler forms of abuse, including disrespect, emotional and psychological abuse, were among the more pervasive and insidious forms of abuse.

Understanding of the drivers of elder abuse & prevention

Responses to 'What do you see as the drivers of elder abuse?' highlighted that there is no shared understanding of the drivers of elder abuse, which reflects the real and significant gap in current evidence around this issue. Most representatives from the sector voiced frustrations about this, and the subsequent challenge of conducting primary prevention work in the absence of a framework to guide evidence-based practice. This was noted in stark contrast to the primary prevention of violence against women sector.

A variation of responses around the perceived drivers of elder abuse ranged from disrespect and ageism - most commonly noted - to power and control, stereotypes around ageing and perceptions of 'value', as well as factors such as social isolation, vulnerability of older people and family pressures. One participant felt that a good indicator of effective prevention efforts is when more people have wills and powers of attorney in place to protect their rights. This view reflects the current tensions and gaps in understanding around what constitutes primary prevention and how it differs from early intervention and response in this newly emerging area of work.

Reflections on ageing

The notion of ageing, in and of itself, seemed to trigger strong feelings for some participants, who spoke about a fear of ageing and the perceived associated traits (including fear of physical and mental decline, associated vulnerability and dependence and loneliness). Some also expressed feelings of pity and the confronting nature of ageing in seeing their own possible trajectory in life. One participant gave the example of her grandmother who has very bad arthritis:

> **"She has clubs of hands, people notice it... Whenever I look at her hands, I get this feeling of pity... and then I think about Dad getting it and then I think about me... and I know it's very self-absorbed but I see myself in that and I see that trajectory... Also I see her isolation and I think about my life trajectory. It's seeing myself in her."**

> **"Abuse is so broad... It happens in so many ways and people don't recognise it. [Adult] kids don't realise they are putting restrictions on older people."**

Grandparenting

One participant talked about another of the more hidden forms of abuse that stems from rigid and heavy role expectations around grandparenting. Although this is not a form of abuse that is widely recognised, numerous sector (and community) representatives felt that grandparenting as a form of abuse requires greater attention.

Some noted the added complexities of this in families where there are strong cultural expectations around the role of grandparents (more often grandmothers) in looking after grandchildren. One participant felt that this can cross over into elder abuse when "...it's about manipulation and control – of their finances or their time." This was discussed as a particular concern for older parents brought to Australia from overseas on a Contributory Parent (or Aged Parent) Visa for the purpose of providing assistance and support for their grandchildren. This is a predicament that often means coming to Australia with limited, if any, social supports, English language or access to benefits or healthcare (e.g. Centrelink, health or social services).

Perspectives of ageism

Sector representatives provided some insightful reflections on ageism in modern society and how cultural shifts may have contributed to the invisibility and disrespect of older people today.

Attention was brought to:

- **Pervasive and socially accepted nature of ageism**. One participant believed that ageism is so internalised and accepted that *"Older people can't see it... They assume their capacity is diminished."* Another participant discussed the paradox of how ageism is socially accepted while racism and other forms of discrimination are not. Examples included culturally accepted jokes such as: "Having a senior's moment" or jokes about "going SKIING" (Spending the Kids Inheritance)
- **Cultural shifts** that may have contributed to the invisibility of older people and a loss of aptitude in looking after loved ones in their ageing years. Some participants felt that in the past it was common to grow up with your parents or grandparents. "It was normal to have your great grandparents around... It seemed the norm and those expectations and patience was learned at a very young age."

> **"It seems that we have lost the skills to care for older people, because there have been generations now where they get shipped off... Over time we've lost that respect, consideration, the 'know-how' and patience and that exposure... When my Mum was growing up she saw her parents caring for her grandparents as they got elderly. Whereas my kids, they go and see their grandparents in a home, and then they come out. They don't see the care, the respect and the patience."**

- **Fast tracked consumer society.** *"As a society we get worse and worse with patience… Everything is so quick and so ready."* Another participant believed that this change is also about change in cities - urban versus regional environments. For example, *"In Melbourne it's like you're walking fast, talking fast, doing things fast, everything is task related… it's connected to the workplace. I think that society has kind of moved on, particularly from the way that older people would have interacted with society"*. An example is given from the perspective of the hospitality sector where one participant used to work, she noted, *"they see older people as invisible… They're not consumers, they are not of value in the consumer world… They're taking too long to order, being too picky about things and asking how much things are."*
- **Generational tensions.** One participant believed that the *"Modern approach to ageing is that older people are privileged and rich."* Another articulated what was believed to be common attitudes of friends and community of younger generations that *"older people are taking up space where younger people should be"* or serve as a *"blockage to housing and jobs."* These sentiments centered on economic security and gain, and reflect the aforementioned comments around a consumerist society.
- **Transition periods and the shift in power.** One participant noted different periods within ageing and the subsequent transitions and shifts in power that can lead to elder abuse. She felt that as you get older, one's power decreases which reduces how much older people are respected, impacting also on visibility and perceived relevance. The only exception that was noted was for people who held positions of status and wealth. Within these transitions, further work needs to happen to better understand how this plays out in families and to interrogate attitudes around power and inheritance impatience. It was also expressed that when an older person lives with an adult child, it can be very demanding, and the child may feel as though they should get paid. The gendered nature of elder abuse was also discussed as it was widely acknowledged that women generally bear the brunt of caring responsibilities.

Community Response

Key themes identified from Phase I community consultations around the expressions and experiences of ageism centred on:

- Images and stereotypes of ageing – how older people are portrayed in the media, children's picture books, images and birthday cards.
- Barriers to being able to participate equally in the community.
- Community attitudes and behaviours that can directly or indirectly discriminate against older people.

Images & stereotypes of 'ageing'

Consultations sought to capture community perceptions of ageing. Participants were asked to share examples of stereotypes or attitudes to ageing.

Perceptions of ageing

Overwhelmingly, both community consultations and survey respondents expressed negative associations with the word ageing or older person. Some of the associated words or images from consultations included: frail, hobbled with a walking stick, physical weakness, feeble or having diminished capacity and 'losing ones' marbles'. The language primarily centered on:

- Decline/deterioration
  - Poor health, infirmity (physical/mental weakness), slowed down movement, loss of memory or "having a senior's moment" & loneliness
- Irrelevance/invisibility
- Dependence on others/vulnerability
- Loss of identity
  - Loss of role in the community or workplace
  - *"You get reduced to that 'old person.' Not the life you had that was enriched"*

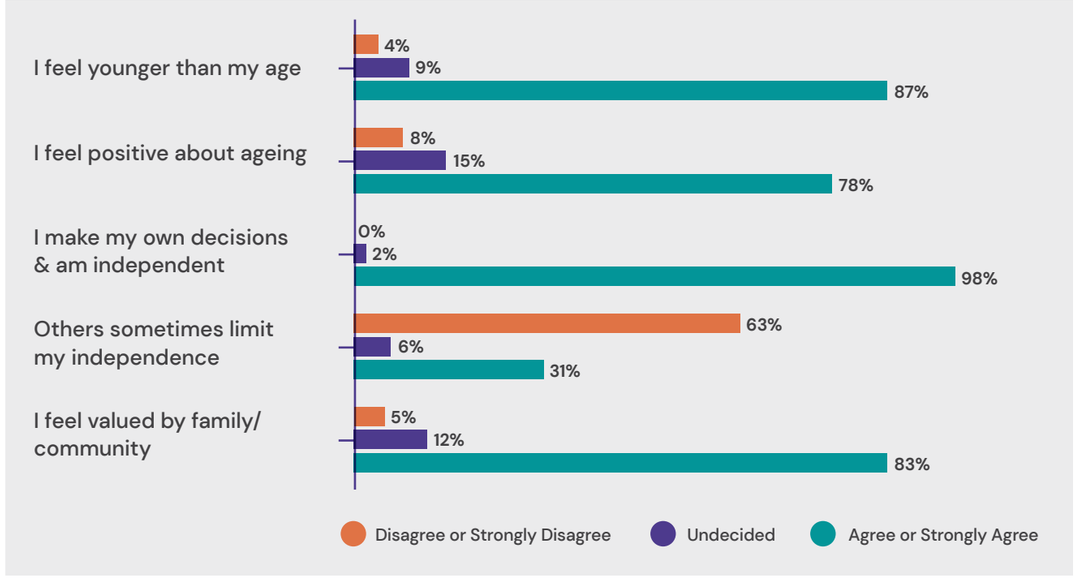
Community survey data yielded very similar responses, including:

- *"Lonely, Useless, Scared, Sad, Unloved"*
- Idle, unproductive

Some participants acknowledged that personal narratives and internalised beliefs around ageing, such as the 'I can't' mentality, can have a significant impact on their confidence, abilities and the extent to which some older people will engage within the community. One woman noted that, *"When you start thinking 'old' you likely lose some of your abilities."*

"When you start thinking 'old' you likely lose some of your abilities."

Personal perceptions & experiences of ageing



Almost 1 in 3 older people felt that others sometimes limited their independence

Community survey results also showed that many older people felt positive about ageing and the majority felt they could make their own decisions and were independent (98%). While 83% of survey participants reported that they felt valued by their family/community, almost 1 in 3 older people felt that others (family members/carers etc.) sometimes limited their independence. This is consistent with the findings from community consultations, which identified the issue of family member's assumptions around older people's capabilities and ability to do things for themselves because of their age.

While participants noted many negative word associations with the term 'ageing', many respondents from both consultations and community surveys also talked about the positive stereotypes and strengths associated with ageing. Survey responses showed that 37% of words associated with 'ageing' or 'older people' were positive. Examples included:

- Learned wisdoms and life experience
- Freedom of time to do enjoyable things
- Wealth and knowledge; broader perspective

"You are wiser, because you have walked a lot of miles."

The role of the media in perpetuating negative stereotypes:

Young people are often portrayed as progressive and technologically savvy, while older people are portrayed in a negative light.

Image and portrayal

In relation to the image and portrayal of older people, a significant number of participants highlighted the role of the media in perpetuating negative stereotypes of older people, while also glamourising a youth culture focused on constructs of beauty, being physically active and able-bodied. Participants noted that young people are often portrayed as progressive and technologically savvy, while older people are portrayed in a more negative light. Examples included images of being weak, infirm and forgetful, being the centre of a joke, or shown alongside advertisements around retirement villages, superannuation and funerals. A number of participants also noted ageist stereotypes, norms and messaging depicted on birthday cards for older people.

One participant had done significant research in the past around the portrayal of older people in children's picture books for which she had conducted an audit and written a thesis. She said that she was struck by the negative images of ageing that were consistent throughout children's picture books. These picture books denoted ageing or older people as something to be feared and associated themes being around death, dying or loneliness. She noted that the language was around "poor little old man/woman." Where the older person is either to be pitied or where they play the role of a villain to be feared.

Other aspects of image and stereotypes of older people are explored further in the sections below.

Barriers to being able to participate equally in the community

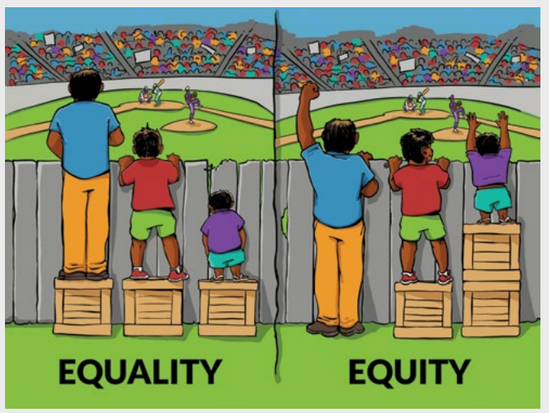
One of the key learnings in the consultation process was the importance of language. This meant having to rely less on terminology around ageism, and rather reframing this concept through an equity lens (Frameworks Institute, 2016; 2017).

By drawing on the image below, which represents the difference between equality and equity; participants were asked to reflect on barriers and experiences that impact on their capacity to participate equally in the community. The visual was a valuable aid and served as a platform for lively discussion where participants were able to identify broader structural barriers that may unintentionally serve to discriminate, inhibit or prevent access to participating fully in the community.

Accessibility and employment were noted as the two most significant areas that participants had experienced as barriers to equal participation based on age. In this section, 'barriers' are discussed as a form of ageism that deny older people equitable access to participating in the community.

Equity and equality

The below equality vs equity image was used as a tool to promote discussion around the current gaps, barriers and inequities that older people experience that may impact on the extent to which they are able to fully participate in the community. Prior to asking a question around barriers, the distinction between the concepts was explained:



The problem with when we treat everyone as equals, this assumes a 'sameness.' In this image everyone has equal access to seeing the game but the reality is that we are not all the same. Some people have different barriers/differences - in this instance not everyone is tall enough to actually see the game - and therefore the outcome is not fair or equal.

In the second image we see that in order to achieve equality (as in the outcome), where everyone can view the game - we need to understand what those barriers and differences are, and then allocate resources to ensure that everyone has access to the same opportunities.

Accessibility

Participants identified accessibility as a key issue – both in terms of the technologies used to access information, and the inaccessibility of physical infrastructure itself. Participants spoke of public infrastructure being 'ageist' and inadvertently discriminating against older people. The lack of well-designed public spaces that accommodate access and mobility needs of older people was identified as a major barrier.

Built environment

Older people spoke of aspects of the built environment that can act as a physical barrier. The need for paved paths in order to engage in physical activity was mentioned, and a lack of clear directions/signage to avoid getting lost was identified as a barrier to being more active. Physical barriers in public spaces and venues, such as staircases and a lack of ramp access, was raised as a barrier for those with mobility needs, like a walking stick, walking frame or mobility scooter. Participants also identified a need for additional, well-situated, bigger disability parking, particularly at railway stations and shopping centres.

Technology

Technology and the move to online information and service provision was one of the major barriers identified by participants, as many lacked confidence or felt uncomfortable using technology. Central to this was the frustration of technology (eg. email, online health services, event registrations) being the only available means of communication and accessing information. For instance, an online-only approach to registering for an event was seen to be inadequate for individuals or carers who had specific requirements around accessibility, adequate seating and transport. Issues around equity and the capacity to physically access and/or own technology – such as a mobile phone, computer or printer – was also a barrier for a number of participants, and was seen to widen the information gap between younger and older people.

Participants spoke of the difficulty in contacting peak bodies or government organisations when they can only email or download information. The strong push to pay bills on-line and the additional fee to have a paper copy of a bill was seen as unfair to older people who did not use computers. Understanding the introduction of Myki cards, locating this information, along with directions for catching public transport are found online which is not accessible to all older people.

Participants identified modern conveniences and advancements in technology as compounding social isolation for older people. Examples included the move to online banking/use of ATMs, supermarket self-checkouts and grocery home-delivery services which, for some, functioned to further isolate older people as these opportunities mark small but significant experiences for social interaction. A number of participants agreed that this was significant particularly for older people who live on their own with minimal social contact.

Transport

The lack of appropriate and accessible transport was another identified barrier. Participants noted that it was increasingly harder for older people to understand, navigate and access public transport, particularly with the move to (mostly) online purchasing of Myki cards, and not being able to physically get to a location where they can buy and top up a Myki card (if one was unable to complete this online), particularly for those with mobility issues.

The lack of reliable and safe transport options for older people was mentioned, as was the need for additional community buses to get older people to places and activities.

Employment

There was a strong perception that after the age of 50, people face significant barriers to employment. Many participants had themselves struggled, or knew of someone who struggled, to obtain or maintain employment. Participants reported examples of older people who, despite having high levels of experience and qualifications, were not even accepted for an interview. Further to this, some felt that it was also harder to be promoted, as older employees can be perceived as simply *'marking time'* until retirement.

Similarly, one participant felt that ingrained attitudes around ageism are embedded in systems such as employment support agencies where people aged over 50 are not considered a priority. *"If you're over 50 and unemployed they couldn't give a damn."* One participant spoke of a negative experience with an employment agency who was dismissive and unhelpful in her situation. She felt that after a certain age, there were limited pathways and support to return to meaningful employment. Some participants discussed the impacts of age discrimination in the employment sector on their finances, which had a significant flow-on effect to other areas of their lives, including housing and food affordability.

Community attitudes and behaviours that can discriminate against older people

While the word 'ageism' did not resonate with many participants, some were very articulate in describing their experiences as ageism, in the form of community attitudes, perceptions, or discriminatory practices based on age. Most of these experiences were described as manifestations of disrespect, negative community attitudes & assumptions. Outlined below are examples, by themes, which emerged from the data, as well as key settings where relevant.

Stereotypes

Participants discussed the incongruities of 'boxing' older people into one 'elderly' category stating that one 'older' person can have as big as a 30-40 year age difference to another older person. Given that somebody aged 50 will go through a completely different part of their ageing journey compared to somebody who is 90, the group noted that society would never consider a 10-year-old and a 40 year-old to be in the same life journey and questioned why this happens for older people.

Most of the participants who identified with experiences of ageism largely noted their frustration with attitudes and subsequent behaviours or practices that communicate rigid stereotyping and expectations of what it means to be older. Discussions also highlighted how rigid expectations and norms around ageing intersect with expectations and stereotypes based on gender, culture, social class, ability and even the expression of ones' sexuality. One woman stated: *"Family members who are well-meaning and trying to be protective but they sometimes make assumptions like 'You can't do that you're too old."* Community survey data shows a gendered dimension to this experience; 14% of women reported that they often or almost always experienced stereotypes and expectations of what an older person 'should' do or say, compared to 2% of men.

Consultation with CALD community participants who were relatively new in Australia found that they were more likely to report experiences of racism than ageism, and that race, age and gender intersected to fuel negative stereotypes of various CaLD populations in Australian culture.

Gender and sexuality

Across several consultations, the interplay of gender and ageing was discussed as participants noted differences in gender roles and expectations. Traditional gender roles meant that much of the caring responsibilities were largely shouldered by the women for both grandparenting and caring for elderly parents. Participants felt that gender expectations were different for men and women. For men, there were lower expectations on image and having to stay youthful, but a greater focus on work identity (men as breadwinners) and potentially fewer social networks as they age.

In comparison to men, women were more likely to report experiences of 'invisibility.' Almost twice as many women (47%) than men (24%) who responded to the community surveys reported that they sometimes, often, or almost always felt invisible because of their age. One explanation for this that was put forward was that in a world that has such a strong focus on women's appearance, beauty and sexual value, older women reported a loss of 'relevance' and 'sexual attraction' – this was generally reported from age 50, which is often at a time when menopause can lead to changes in women's body shape and appearance. Some women expressed that youthfulness, fertility and beauty were important aspects of a woman's identity and felt that bodily changes associated with age means that you are no longer worthy of being noticed. The focus on a woman's looks was also noted in participant perceptions that it is okay for men in the public eye or media to look scruffy/older, but for women, there is an image expectation about *"not looking too old"*.

Many female participants noted how older women are viewed as asexual. One participant felt that there was a general assumption that older women don't enjoy sex and frivolity, or bright, fun patterns and styles.

One key theme that arose from discussions on gender was the differences in power and control between men and women (which is a consistent finding in the literature for all age groups). Participants spoke of movie portrayals of older men in positions of power, while women were more commonly portrayed in a personal assistant role. It was also noted that there are more men than women on company boards in Australia and often older, white men who hold some of the most influential roles in Australia.

There was discussion by some participants about the control that adult children can wield over their parents, particularly widowed women where children want to *"make sure that Mum isn't spending their inheritance"*. This is an issue compounded by lower levels of financial literacy in traditional roles where men take care of financial decision making.

A number of participants noted the role of gender stereotypes for men and women and the trajectory of how this plays out as people age. While women's identity was tied up in constructs of beauty and their role as nurturer, men were confined to a role as breadwinner. Some reflected on the perceived 'pros and cons' of this dynamic. While the traditional role of women as 'nurturer' is always relevant and required throughout life stages, as mother or grandmother for example, this is not always the case for men. When men step outside of (or retire from) their role as 'breadwinner', participants reflected that they were more vulnerable to a loss of identity and meaning, and at an increased risk of social isolation.

One woman shared an example of her father who, until his retirement at age 65, was very outgoing, career oriented and confident. Within 12 months of retiring she notes that he was *"a very different person. He lost that feeling of being needed and the feeling of importance and purpose."* This participant also felt that, culturally, women were more social beings and therefore were more likely to have stronger social networks and meaning outside of paid employment– which she attributed as a key benefit and potentially attributing to women living longer.

Another participant noted that assumptions about older people's sexuality was further exacerbated for older community members who identified as lesbian, gay, bisexual, trans (and gender diverse) or intersex (LGBTI). This was particularly raised as a concern for the current generation who are entering aged care facilities or having in-home care workers and wanting to know that the services and staffing are able to provide appropriate and safe services for people who identify as LGBTI.

Invisibility & irrelevance

One of the most prominent themes that was discussed, particularly among female participants, was the experience of invisibility and perceived irrelevance. These experiences were largely characterised by feeling ignored, talked over, left behind or pushed to the side. Sentiments that capture this include:

- Perceived attitudes like "we have nothing to offer or contribute" (in comparison to the young)
- *"I remember the day I became invisible. I was in my 50's"*
- *"We are forgotten. You become very anonymous as you get older"*
- *"You no longer count. You get treated differently. You're just ignored"*

Perceptions of value

Community attitudes reflect the social structures and norms that dictate who is deemed most 'valuable' in society – that is, which groups are afforded power and status. The perceived value of older people was a topic that was widely discussed. While many of these sentiments are reflected in the experiences of invisibility, negative stereotypes and disrespect, participants noted numerous examples across a number of key settings where this was particularly pronounced and where older people felt less valued, less of a priority or directly discriminated against.

Feeling like a low priority

A number of people felt that as an older person you are treated as low priority. This was most pertinent in health and social settings.

Medical & health services

A number of participants felt the health of older people is not treated as a priority. Examples included a woman who was in her 80's who was told that she was "too old" for a knee replacement, or others who felt like they were last on the priority list for surgeries due to age. Participants also noted how medical practitioners cease health screenings after 70.

Retail/hospitality

Participants shared examples of interactions where they felt ignored, undermined or perceived as less valuable than younger clientele. Some participants reported experiences of being made to wait while a younger client was served in front of them, despite being there first.

Ageism as disrespect, disregard & impatience

Common examples of ageism as form of disrespect that was noted among participants included:

- Condescending attitudes and language (particularly noted in retail settings). One participant said *"You get spoken down to, treated like children or just ignored"* – a sentiment that was shared by a number of participants. Examples included being referred to as 'love', 'dear' and 'darling' or when people think they need to shout to be heard.
- Health professionals who talked to an older person's companion rather than the older person themselves. This was reported as common for a person with dementia or a disability.
- Lack of courtesy on public transport where people don't give up their seat for an older person.
- Birthday cards saturated with ageist 'humour'.

Some participants also noted some of the more subtle forms of ageism. One example was around impatience. This was discussed by a number of participants within both family and community settings where they felt easily dismissed by younger people. While the contribution of older people as carriers of knowledge, wisdom and stories was noted, many felt that younger people or family members did not make time to acknowledge, build rapport or hear stories. Some expressed grief as they felt as though their contributions, experiences and wisdom were disregarded by younger generations.

Expectations of being time-rich: grand-parenting roles

Many participants reported the benefits of older age as having more time to do the things that they enjoyed, including spending time with grandchildren. While this was the experience for many, others reported frustration about the expectation to be on-call for grandparenting. Some participants noted significant impacts that intense grandparenting had on their freedoms and capacity to engage socially. Grandparenting roles included *"Picking up, having sleep overs, then there's 15 weeks a year of school holidays that is often picked up"* as well as caring for adult children's pets when they are away on vacation.

"Older people become housemaids or house servants... Parents feel suffocated just looking after children, cooking and cleaning... They are missing out on a social life."

One participant talked about seeing common examples of grandmothers who might themselves have a disability or experience difficulty with mobility who get asked to look after children. *"They are expected to be on-call"*. One participant spoke openly about the impacts of intense grandparenting during the life stage which, *"should be the best time of our lives,"* yet their experience is one of marital tension and conflict regarding boundaries with adult children. This generated a personal toll on their own freedoms and availability to get out and enjoy life.

Heavy expectations around grandparenting were also identified among a number of CaLD community participants and sector representatives. One participant noted that in the instances where parents have been brought to Australia specifically to look after grandchildren, *"Older people become housemaids or house servants... Parents feel suffocated just looking after children, cooking and cleaning... They are missing out on a social life."* Some participants from CaLD communities talked openly about personal experiences of heavy grandparenting while others brought attention to the rise in numbers of older people who are being brought to Australia under a Contributory Parent (or Aged Parent) Visa. Participants raised concerns around the health and welfare of older people sponsored by family members to help look after grandchildren. Participants shared about the context of older people brought into Australia from their home country, leaving behind broader family and social networks and into an isolated environment, often with no English language, access to health and Medicare benefits and often with few social supports.

Learnings from diversity

Older people, like everyone, are not one homogenous group. Their life experiences are shaped by a number of attributes and social conditions that make up who they are. Certain characteristics such as Indigeneity, race or ethnicity, ability, sexuality, gender identity and religion, face higher levels of disadvantage and marginalisation. When these factors intersect with age, they compound to increase an older person's risk and experience of discrimination.

In order to engage with diverse community groups, focus groups and interviews were held with participants from the Aboriginal and Torres Strait Islander community, Hakha Chin community, Chinese community, Indian community, a Dementia alliance group and a number of people from various faith backgrounds. Consultation with these diverse groups yielded some interesting findings, and experiences of ageing which were unique to their own communities.

The intersection of ageism compounded by cultural expectations was discussed at greater depth within one of the CaLD focus groups, who spoke of how cultural expectations around inheritance meant that older people often withheld material pleasures or 'indulgences' for themselves in order that they could give as much to their children as possible. Many spoke about the sense of self-sacrifice being heavily ingrained in some cultures.

As with the majority of older people involved in the consultations, the term ageism did not resonate – for CaLD groups, both newly arrived and established, experiences of discrimination were more often centered on racism, and commonly held racial stereotypes.

One participant, who was the carer of their partner with dementia, talked about the pain of losing friends and community when her partner was diagnosed; "People withdrew because they were uncertain what to do or say." They spoke of their experience of discrimination and social disconnection being based on the stigma and fear surrounding dementia. Fear of dementia was highlighted in various consultations, particularly in the words that participants associated with ageing.

A number of participants spoke of their faith and engagement with church community as being an important part of their weekly routine. A number of benefits of this were identified including social connection, a sense of belonging and looking after each other, together with a sense of purpose and

"Aboriginal culture is about caring and sharing and it is about we are one big kinship. If anyone needs something we are there"

connection to a higher being which made them feel less alone. One participant spoke about the broader picture of life after death, and that this meant she was not afraid of death.

Consultation with an Aboriginal Elder reinforced the impacts of a history framed by colonisation and racism, and the generational trauma still experienced today. Discussion around colonisation and the 'use and abuse' mentality in relation to Aboriginal land parallels the broader sentiments about consumerism, and "structures of power and status. This is the narrative that drives out the power in this country" (Aboriginal Elder).

Further reflections on ageing, kinship and respect within Aboriginal communities: *"Aboriginal culture is about caring and sharing and it is about we are one big kinship. If anyone needs something we are there... In terms of respect, the men are called Uncles and the women are called Aunties, and it is natural for our community and for our kids to pay that respect... Surviving for thousands of years, there has to be some brick and mortar and foundation there and that is respect. That's what's been handed down. Family is what is important."*

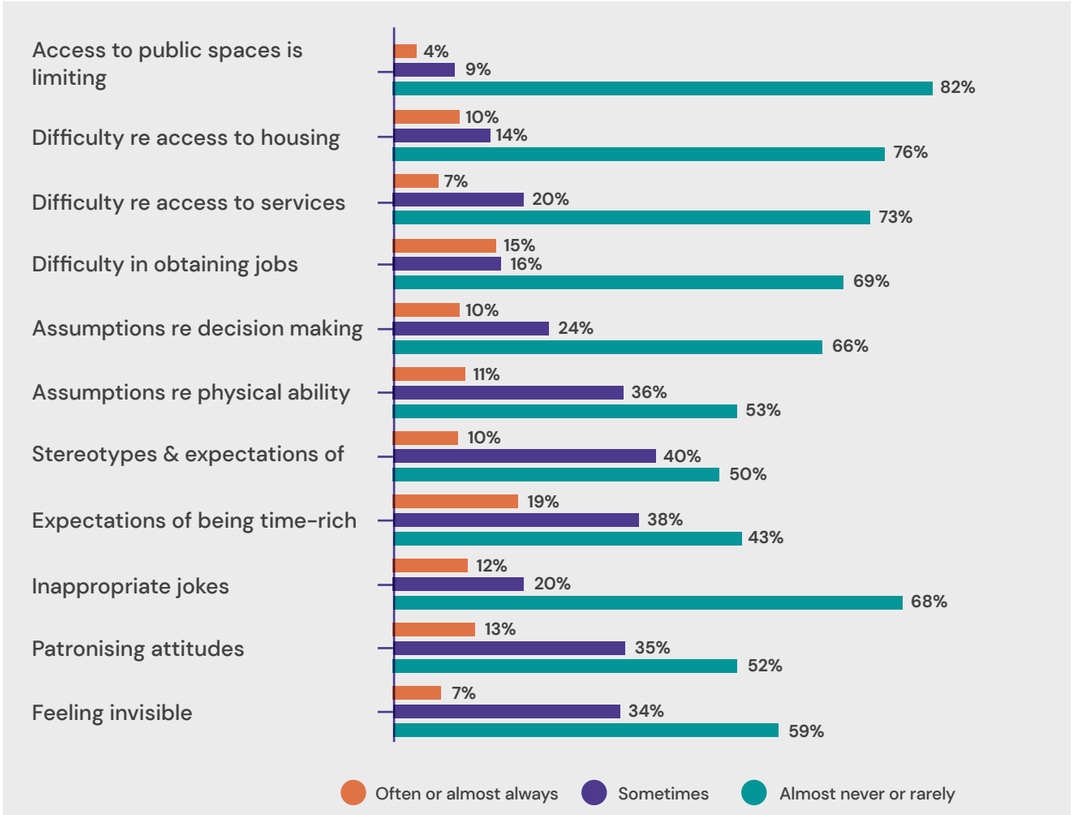
Additional data from community surveys

As discussed in the methodology, the purpose of the community survey was to gauge the extent to which the perceptions of ageism, identified through the interviews and consultations, were experienced in the wider community. One of the questions asked in the survey was, based on the examples in the table below, 'How often do you experience these attitudes, behaviours or limitations because of age?'

From the data, accessibility barriers to public spaces, housing and services were sometimes/often or almost always an issue for a small number of participants. However, consistent with the findings from the consultations, societal attitudes, including those around stereotypes and expectations/assumptions of older people, were identified by participants.

From the data, accessibility barriers to public spaces, housing and services were sometimes/often or almost always an issue for a small number of participants.

Experience of Age Discrimination



Impacts of ageism

Common themes that arose from participants who identified impacts of ageism were around feeling like a burden on society, feeling fearful and increased feelings of powerlessness and vulnerability.

For those who noted disrespect and the sense of being discarded by society – rendered as irrelevant and invisible – a common fear was around how this would translate in their older age when they will have increased vulnerability and dependency on others. For some, this fear centred on the day when they might feel pushed to enter an aged care facility. Participants spoke of hearing about the treatment of, and lack of respect given to older people in nursing homes. A number of participants made clear that they would refuse to go to a nursing home, no matter how desperate, for fear of how they might be treated.

Participants experienced ageism in a range of ways, including disrespect and barriers to being able to participate equally in the community (eg. the built environment, public transport and advances in technology), with varied impacts, from feelings of intimidation, vulnerability, anger and disappointment to deeper impacts including a loss of self-confidence and social withdrawal.

One woman noted, when reflecting on the impact of ageism, "I live a quieter life because of it". She felt that she is less likely to get out and about. She gave an example about the anticipated battle of securing a seat on a train as a barrier – "Young people don't move! Once I was in a moonboot and no one got up for me."

Generational tensions also emerged from the data. Some older participants felt that their contributions to society, from raising children to social, economic and voluntary contributions largely go unrecognised and unappreciated. This is often presented as frustration, anger or disappointment. Attitudes that exacerbated this generational divide centred around the economy, jobs and housing where some people felt that there was a general sense from younger people that the older generations were "clogging up the system" and a perception that "the value of my property is more important than my value as a person".

Another impact of ageism was a desire to stay 'relevant'. One participant felt that some older people stay in the workforce to continue to remain 'professionally relevant' while others may believe that family duties and caring for grandchildren keep them relevant.

While most people noted negative impacts of ageism, for others, their experiences of ageism only made them more determined to fight the 'invisibility syndrome' and to ensure that their voice is heard and their contributions acknowledged.

"I realised - I'm Invisible. It was like the people I was with kept turning to [talk to] the younger people around me. I remember thinking I've got to fight for this..."

Social context in which ageism occurs

"Money is the anthem of success...
Money is the reason we exist
Everybody knows it, it's a fact - kiss, kiss"

Lyrics extracted from National Anthem, by Lana Del Ray 2012

When prompted to consider why they felt that older people were more likely to experience invisibility or disrespect in the community, there were commonalities in participant responses. While the language and wording used to express their sentiments differed, many pointed to the attributes that characterise a society driven by capitalism and individualism.

A number of participants identified the hallmarks of capitalism including money, status and power as the driving forces that fuel a social mentality around consumption, individualism and greed. One participant felt that the impact of these 'forces' is what puts us in direct competition with each other. She feels that this creates a toxic cycle where, *"You don't care about anyone."*

Many felt that, in society, value is directly linked to a person's income and their capacity to contribute economically through an earned wage. *"It's about what you can do for society. If you're not contributing financially, then you're not of value."* Others expressed concerns that the community has become a *"throwaway society"* where this mentality around consumption and abuse, at the subconscious level, impacted on older people's sense of value in the community.

Concepts presented in the table below are a condensed version of themes that emerged from consultations, which lay the groundwork for a social context that supports and perpetuates ageism.

Identified themes that support or perpetuate ageism

Frameworks around individualism, consumerism and capitalism

These concepts support the notion that a person's intrinsic value and relevance in society is weighed against their capacity to contribute economically.

This can manifest as:

- Strong value placed on perceived capacity to contribute economically and be an active consumer
- Glamourisation of youth, fast-paced lifestyle (including 'busyness' or productivity) and technological advances over relationships, simplicity, learned wisdoms and experience
- Dictating who is afforded power and status in society

Rigid gender roles

Set men up as 'breadwinners' and women as 'nurturers'

For women in older age this can mean:

- Accumulative disadvantage (financial/power & status)
- Lower levels of financial literacy/autonomy
- Shouldering the brunt of caring responsibilities (grandchildren, adult children and ageing parents)
- Social value is tied up in social constructs of 'beauty' and reproductive worth

For men in older age this can mean:

- Fewer social networks – less socially engaged through formal and informal social networks
- The challenge of finding worth/identity outside of traditional paid employment

Rigid stereotypes/expectations around ageing

- Expectations by friends, colleagues and family members around what constitutes 'age-appropriate' behaviour. eg. expectations around what one should and shouldn't do in older age

OPERA Phase II

Phase II of the OPERA Project was the development of a digital intervention utilising a co-design method to both bring awareness to, and challenge age discrimination. The preliminary findings from the Phase I consultations were used to inform a series of direct participation community workshops attended by interested older people from across the EMR. Phase II participants were recruited through Phase I consultations and the community consultation forum.

While Phase I of the OPERA Project focused on contributing to an evidence base around ageism as a contributing factor in the perpetration of elder abuse, Phase II focused on using a co-design process to draw out experiences and stories that could be used in the digital intervention videos. This meant a slightly different approach, in that the workshops were trying to elicit stories, descriptions of everyday experiences, feelings and perceptions. Thus, the activities aimed to elicit individual and group perceptions and experiences of some of the themes that emerged from the Phase I consultations.

Findings

Consistent with the Phase I consultations, one of the major themes that emerged from the co-design workshops was the groups' dissatisfaction with language and terminology around ageing. Most participants felt that the negative 'baggage' associated with the language used to describe ageing did not adequately represent their lives. Many participants described active and happy lives.

For some this meant travel, for others, a much fuller sense of participating in their local communities. Some participants described days full of structured activities, including attending the gym, social events, reading and board games. Almost all of the participants described doing some form of physical activity or exercise like gardening, tai chi or a physical hobby. Many others volunteered in their local communities, around areas of personal interest or social awareness, or had joined community groups like the U3A or local government groups.

Almost all participants described the importance of a regular connection with family and friends, and a number also took on caring responsibilities for grandchildren. Others took on pastoral care duties or caring for frail family members or neighbours. The loss of family connection due to bereavement or limited family time was seen as 'painful' and a major contributor to feeling isolated or lonely in older age. In this sense, pets were regarded by most participants as an important source of companionship, and the loss of a pet was felt very keenly.

During the other structured activities during the workshops, many acknowledged that the incredibly busy lives they were describing were different from the stereotyped view of ageing, which they felt represented frailty and "going downhill". In the structured discussion, a number of participants suggested that while older people and the ageing process was seen in a negative light, they had positive feelings about ageing and were ambivalent about experiences of discrimination. Though this may have been reflective of the kind of cohort of participants the workshops attracted – active, physically able and relatively high on socio-economic measures – many suggested that ageing should not be seen through the prism of decline, but of transition.

Reflection

In responding to the invitation to co-design a video concept for the digital interventions around ageism, the response was somewhat surprising. While researchers were expecting stories about experiences of ageism and their negative impact on older people, most participants rejected this approach. Instead, most participants wanted to represent older people as positive role models who made active and powerful contributions to the community. Disruption of negative stereotypes was much more important than drawing attention to negative stereotypes.

The co-design process influenced the Swinburne Research team to re-conceptualise the approach to the video interventions, instead focusing on stories that showed older people who were resilient, physically active, autonomous and independent, making positive contributions to family community and society. This would aim to disrupt the negative stereotypes about older people that so often frame ageist behaviours and attitudes. Furthermore, stories that framed positive role models for 'ageing well' might also provide some protective factors in that this might prompt discussion or changed behaviours from those viewing the stories.

Creating the video concept with links to emergent themes from the workshops, as well as participant comments during the co-design process, the Swinburne research team was able to create a matrix of possible interviewees with stories and experiences that might best articulate the key messages of the digital intervention.

A detailed report on OPERA Phase II can be found at the Analysis and Policy Observatory https://apo.org.au/

During the other structured activities during the workshops, many acknowledged that the incredibly busy lives they were describing were different from the stereotyped view of ageing, which they felt represented frailty and "going downhill".

Imagine: A World without Ageism

"As a species we keep hoping things will change or get better. We look to the young to fix it. The trouble is if we don't change the structures – it won't work"
(Aboriginal Elder)

For consultations that allowed for greater depth of discussion in focus groups or individual interviews, participants were asked to imagine:

A world with no age discrimination or ageism, where older people are safe, valued and respected. What would that look like? What are the characteristics that might define: society/older people?

The table below outlines key ideas that arose from community consultations and feedback from sector discussions.

A WORLD WITHOUT AGEISM – COMMUNITY PERSPECTIVE

CHARACTERISTICS OF SOCIETY		
Individuals in society	**Attitudes of Respect**	People in society treat older people with respect and where they are seen as valuable contributors to society (including for their knowledge, abilities and life experiences).
Organisational/ Community	**Accessibility**	Services, practices and infrastructure support accessibility for all ages and abilities and where older people are engaged in dialogue to enable this.
	Social inclusion and connection	Tailored support and care for people who are socially isolated and experiencing loneliness
	Intergenerational learning/ connection	Opportunities for intergenerational connection, mutual learning and respect across a range of settings. Examples given were around aged care facilities that were designed alongside kindergartens to promote interactions and learning across the generations. Others talked about school as a setting for intergenerational learning/mentoring. *"Contact with young people is one of the best ways to keep you from growing old. I have a friend in her 80's she... volunteers with the [school] reading program and she has just blossomed – it's the sense of purpose, being around young people. It gets her out."*
	Holistic approaches to health and wellbeing	Organisations/environments that promote wellness from a broader, more holistic approach (not strictly biomedical). Factors that participants identified as positive aspects to healthy ageing largely revolved around routines, activities and roles that provide meaning and purpose to their lives. Examples include: • Staying active and socially connected • Volunteer roles/grandparenting • Connection to a church / faith community / belief in a higher being • Having pets – including benefits of companionship and having something to care for. Motivation for being active and staying fit • Connection to nature, good books, movies and the arts • Financial autonomy and freedom to make the choices you want *"I have four dogs to look after... Every day, I wake up I think good I've got to get going. They give me a good reason for living... For me animals are a big part of my life."* *"I have animals and they brighten your life."* Regarding U3A: *"People see themselves as a family. There is a lot of trust and relationships"* *"Healing happens around nature..." If we are going to have aged facilities... [They] should be around nature and water."* One participant expressed the importance of aged care facilities to inhabit natural beauty and tranquility however also stimulation and opportunities for older people to contribute back into society.
Societal	**Community minded/ Interdependent**	Where there is a shared value of looking out for and helping those in need. Shift from individual focus to being more community minded. One group described this as "interdependency" which is about the dependence of two or more people on each other. *"Interdependent doesn't mean you can't do it or that you need someone's help. You're not giving up your power. It's a mutual thing and a shared respect."*
	Courageous conversations	To understand and challenge the systems and structures that condone and excuse ageism, racism, sexism (and other forms of 'shaming' discrimination) that perpetuate the misuse of power and control.

CHARACTERISTICS OF OLDER PEOPLE	
Hopeful and free	Freedom to continue to explore opportunities to grow and learn. Having a future with potential.
Fun	Being young at heart - a child-like sense of ongoing curiosity, fun, learning and potential.
Socially connected and accepted	Where older people are socially connected and feel a sense of belonging within social interactions across the generations. One participant gives an example of regularly playing golf with two younger men who treat her as if she is one of them. She feels a great sense of enjoyment and belonging.
Self-aware	Self-awareness within a broader context of being a part of something bigger than oneself. *"That kind of quiet graciousness that doesn't need to dominate or promote itself. To know it's a part of something bigger than itself. Individualism isn't the be all and end all. That ability to come into the world and be part of that [and] to understand oneself as part of the trees and the land and the waters."* Aboriginal Elder

A WORLD WITHOUT AGEISM – SECTOR PERSPECTIVE

CHARACTERISTICS OF SOCIETY		
s in society	**Respect**	Community members demonstrate qualities of respect, patience and understanding of older people. Language denotes respect for older people and ageing more generally (no ageist language). A willingness to listen and learn from the experiences, stories and history of the past. One participant noted a social shift and sense of arrogance that has accompanied the introduction of the digital age where people are less likely to consult with our grandparents or older generations for knowledge, but turn to the internet as our guide. *"We think we know… We don't really listen to older people in our culture unless they are in positions of power."*

CHARACTERISTICS OF SOCIETY		
Individuals in society	**Self-awareness**	No sense of expectation of inheritance by children. People are more aware of unconscious bias and fear around ageing.
Organisational/Community	**Ageing is normalised**	Ageing processes are normalised and embraced (through images and language).
	Services and support are accessible and user friendly	Services are accessible so that individuals are both aware of the services that are available and have capacity to access services for the support required.
	A more equitable society	Everyone has the opportunity to participate in life fully and reach their potential. Individual needs are met and supported – both care for older people and also support for adult children. Accessibility to housing, transport options and engagement in employment. Where attitude to work is not segregated by age. When the system fails people on the margins/people who are experiencing mental health or life crisis, responsibilities often fall back on older people/parents to pick up the slack. An equitable society means that appropriate services and support for adult children has positive outcomes for older generations too.
Societal	**Language and image representation**	Positive representation (e.g. language and images) of older people across various forms of media, public transport and children's books Ageing is normalised and embraced (in all its shapes and forms). Opportunities to challenge rigid and unhelpful stereotypes of older people, starting from the early years. *"Ageism is everywhere- it's in TV shows, in movies, it's everywhere"*
	Consumerism	Challenge the mindset of a fast tracked, consumer world. Respect for patience. Individual value is seen beyond consumer value. In the consumer world: *"they see older people as invisible… They're not consumers, they are not of value in the consumer world… "*

CHARACTERISTICS OF OLDER PEOPLE	
Social connection	Older people have the capacity to get involved in their community, to engage socially, have friends and attend social groups.
Possibility	Older people are respected, recognised and valued. Older people have a sense of possibility and curiosity rather than restriction
Autonomy & freedom	Older people know their rights and have the capacity to make decisions for themselves. Continued self-reliance where older people continue to be active in political discussion and make the most of their capacity to work. Rights to enjoy their own earnings – *"Older people have the right to go SKIING (Spend the Kids Inheritance)".*
Informed on services and support	Knowledge and capacity to access support as needed (e.g. support to navigate the 'system' – most of which is now online). Start conversations young and early – planning ahead – putting Power of Attorney/wills in place early.
Meaningful contribution	Older people are not just recipients of care but also have opportunities to provide care or contribute (without exploitation) according to their interests.

Discussion and Conclusion

The Project findings have demonstrated that experiences of ageism and the barriers to participation as people age are multi-layered and complex. It can span across different settings such as the home, community, workplace, retail or the media. It can play out in different relationships or interactions (eg. family, friends or wider interpersonal, professional relationships or within casual interactions in a shopping centre). It can manifest as behavioural, attitudinal or be implicitly embedded in systems and structures, be that in recruitment approaches or urban design where the needs of older people are not taken into account. Ageism is often layered, and intersects with other forms of disadvantage, including culture and language differences, Aboriginality, ability, gender, sexuality, privilege and hierarchies of power.

There is also complexity in the perceptions of what constitutes ageism. For example, what one person viewed as discrimination, such as someone giving up a seat on a train or a younger person offering assistance to lift a heavy item in a shopping centre, for another was perceived as a welcomed courtesy or what one person referred to as 'positive discrimination'. Many of the nuances raised highlight that individuals' experiences of ageism were at times subjective and not solely based on a specific action or behaviour, but also about the perceived underlying attitude and whether actions were initiated out of a sense of pity or genuine kindness.

Through the various approaches to understanding and unpacking 'ageism', community members were able to articulate barriers to being able to participate fully and equally in the community and explore the 'why' behind their experiences of disrespect and age discrimination. Findings reflected community perceptions around a social context that enables ageist attitudes and beliefs. These findings reflected broader frameworks such as the role of capitalism, individualism and rigid gender roles that shape social norms around constructs of success and who is considered 'valuable' and worthy of respect in today's society. Though the presented findings cannot establish causal links it provides reasoning for further investigation.

Many of the nuances raised highlight that individuals' experiences of ageism were at times subjective and not solely based on a specific action or behaviour...

Further to this, consultations also highlighted underlying fears associated with ageing from a number of the younger (sector) cohort including perceived associated traits such as a fear of loneliness, physical and mental decline or having to become vulnerable on others. While consultation with younger sector representatives were limited and outside of the scope of this Project, it highlights the reality that in order to better understand and unpack ageism, research needs to be expanded to include younger members of the community. This may serve to shed light on underlying fears and internalised 'norms' that drive the language, attitudes and behaviours that seek to devalue older people. Importantly, both community and the sector alike were passionate about envisaging 'a world without ageism' where older people felt safe, valued and respected. This is a world where:

- *Everyone* is afforded respect and value beyond their perceived economic 'value'
- A holistic approach to health and wellbeing is taken
- An equitable approach to look after the most vulnerable community members, including adult children going through difficult times, is taken
- Courageous conversations are embraced – normalisation and celebration of ageing, planning for second half of life and addressing the stigma and fear around death / end of life stages
- Interdependency is fostered – shifting from individual focus (individualism) to being more community minded with a shared value of looking out for and helping one another.

What has emerged from the Project findings is that addressing ageism, and ultimately elder abuse, requires comprehensive and collaborative efforts across the prevention spectrum. Further investment in building and strengthening the evidence base is needed to enable a consistent understanding of the underlying causes of elder abuse and how it can be prevented. Dialogue on current prevention models must include a focus on shifting broader systemic structures and societal attitudes and behaviour in order to create a society where older people are genuinely safe, respected and valued.

Recommendations

1) Evidence

a. Develop an evidence informed Primary Prevention Framework for Action to guide initiatives to prevent elder abuse

b. Resource further research into the impacts of individualism and consumerism as frameworks that contribute to the underlying social context in which elder abuse can occur

c. Strengthen evidence and understanding around the intersections of gender, family violence and elder abuse.

d. Resource further research to explore the systemic frameworks and cultural norms that can exploit older people as caregivers of grandchildren.

2) Community attitudes to ageing and older people

Establish a mechanism by which community attitudes and beliefs on ageing can be measured and used to inform practice (such as National Community Attitudes towards Violence against Women Survey (NCAS)).

3) Local Partnerships

Organisations commit to working collaboratively with their local stakeholders to develop Primary Prevention initiatives to prevent the abuse of older people.

4) Funding

Increase funding for Elder Abuse Prevention Networks to support the development of local primary prevention initiatives and action research that will build on the current evidence.

Resources

OPERA PROJECT		
Resource	**About the Resource**	**URL**
Primary Prevention		
OPERA Project Reports, Videos and Website	Eastern Community Legal Centre and Swinburne University: Research, reports and videos to increase capacity of sector to prevent the abuse of older people	www.eclc.org.au/opera

LOCAL (MELBOURNE'S EASTERN METROPOLITAN REGION)		
Resource	**About the Resource**	**URL**
Prevention		
Together For Equality and Respect	Women's Health East: A regional strategy and partnership to prevent violence against women in Melbourne's East 2017-2021	http://whe.org.au/tfer/
Other		
Eastern Regional Family Violence Partnership Strategic Plan 2017-2020	Eastern Regional Family Violence Partnership: Committed organisations working together to address family violence in Melbourne's	http://www.easternfamilyviolencepartnership.org.au/sites/default/files/Strategic%20Plan%20RFVP%202015-2018.pdf

STATE (VICTORIAN)		
Resource	**About the Resource**	**URL**
Prevention		
Celebrate Ageing	Celebrate Ageing: A social enterprise to challenge ageism and build respect for older people	https://www.celebrateageing.com/
Preventing Elder Abuse (Literature Review)	Southern Melbourne Primary Care Partnership: A Literature review for the SMPCP elder abuse prevention network	http://www.smpcp.org.au/images/Documents/EA/SMPCP_Elder_Abuse_Literature_Review_FINAL.pdf
Older Better Together	Seniors Rights Victoria: A report on the primary prevention of elder abuse by prevention networks	https://seniorsrights.org.au/wp-content/uploads/2019/08/2019-06-28-Older-Better-Together-full-report.pdf
Challenging Ageism	The Council on the Ageing (COTA) and Seniors Rights Victoria: An overview of ageism in Australia	https://www.cotavic.org.au/wp-content/uploads/sites/2/2019/07/COTA_Challenging_Ageism.pdf
Free From Violence	Victoria's Strategy to prevent family violence and all forms of violence against women, Victorian Government	https://www.vic.gov.au/sites/default/files/2019-05/Free-From-Violence-First-Action-Plan2018-2021.pdf
Safe and Strong	A Victorian Gender Equality Strategy (2016), Victorian Government	https://www.vic.gov.au/safe-and-strong-victorian-gender-equality
Other		
Age Discrimination	Victorian Equal Opportunity and Human Rights Commission: Information about age discrimination and how to make a complaint	https://www.humanrightscommission.vic.gov.au/discrimination/discrimination/types-of-discrimination/age
Profile of Elder Abuse in Victoria	National Ageing Research Institute and Seniors Rights Victoria: An analysis of data about people seeking help from Seniors Rights Victoria	https://seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final.pdf
Strong Culture, Strong Peoples, Strong Families	Victorian Government, Dhelk Dja Partnership Forum: A 10 year plan working towards a safer future for Indigenous families and communities	https://www.vic.gov.au/dhelk-dja-partnership-forum
Royal Commission into Family Violence	Victorian Government: Report and recommendations	http://www.rcfv.com.au/Report-Recommendations
Ending family Violence	Victorian Government: Victoria's plan for change	https://www.vic.gov.au/sites/default/files/2019-07/Ending-Family-Violence-10-Year-Plan.pdf
Building from Strength	Victorian Government: A 10-Year Industry Plan for Family Violence Prevention and Response	https://www.vic.gov.au/sites/default/files/2019-05/Building-from-strength-10-year-industry-plan-for-family-violence-prevention-and-response.pdf

NATIONAL		
Resource	**About the Resource**	**URL**
Primary Prevention		
Power of Oldness	The Australian Human Rights Commission: A campaign aimed at highlighting the value of older workers	https://www.humanrights.gov.au/about/news/power-oldness
Every Age Counts (including literature review)	The Benevolent Society: An advocacy campaign to tackle ageism, including a literature review	https://www.everyagecounts.org.au/about https://d3n8a8pro7vhmx.cloudfront.net/benevolent/pages/393/attachments/original/1538977360/TBS_Ageism_Report_2017_-_Literature_Review-pdf?1538977360

NATIONAL

Resource	About the Resource	URL
Change The Story	A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch	https://www.ourwatch.org.au/getmedia/0aa0109b-6b03-43f2-85fe-a9f5ec92ae4e/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx
Changing the Picture	A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch	https://www.ourwatch.org.au/getmedia/ab55d7a6-8c07-45ac-a80f-dbb9e593cbf6/Changing-the-picture-AA-3.pdf.aspx
We Need to Talk About Ageism	The Ethics Centre: Bringing ethics to the centre of everyday life	https://ethics.org.au/australia-we-need-to-talk-about-ageism/
Other		
COMPASS – Guiding Action on Elder Abuse	A newly established national online resource which includes a central hub of information for sector and community in relation to understanding, preventing and taking action on elder abuse, Elder Abuse Action Australia.	https://www.compass.info/
Elder Abuse: Understanding Issues, Frameworks and Responses	The Australian Institute of Family Studies: Understanding issues, frameworks and responses	https://aifs.gov.au/sites/default/files/publication-documents/rr35-elder-abuse-nov18.pdf
Understanding Elder Abuse	The National Ageing Research Institute (NARI): A scoping study to review published literature and explore evidence supporting interventions to address the abuse of older people.	https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0011/2777924/Elder-Abuse-A-Scoping-Study.pdf
The National Plan to Reduce Violence Against Women and their Children 2010-2022	Commonwealth Government Action Plan	https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan_accessible.pdf
National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023	Commonwealth Government Plan	https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf
The National Elder Abuse Prevention and Advocacy Framework	Older Persons Advocacy Network	https://opan.com.au/wp-content/uploads/2018/11/OPAN-National-Elder-Abuse-Framework.pdf

INTERNATIONAL

Resource	About the Resource	URL
Prevention		
TED Talk	Ashton Applewhite explores ageism and challenges the assumption that ageing impoverishes us	https://www.ted.com/talks/ashton_applewhite_let_s_end_ageism
Cochrane	Evidence informed interventions to prevent the abuse of older people	https://www.cochrane.org/CD010321/PUBHLTH_interventions-preventing-abuse-older-people
The Frameworks Institute USA – Reframing Ageing	A not-for-profit thinktank to increase capacity of sector to frame public discourse about social and scientific issues	https://frameworksinstitute.org/reframing-aging.html
The Frameworks Institute USA – Communications Toolkit	A Quick Start Guide with themes to avoid, and alternatives to advance communication	http://frameworksinstitute.org/toolkits/aging/elements/items/aging_bp_quickstart.pdf
This Chair Rocks (Ashton Applewhite)	Resources developed by Ashton Applewhite with a focus on ageism	https://thischairrocks.com/

Other		
The Global Alliance for the Rights of Older People	A global alliance form out of the need to strengthen the rights and voices of older people	https://www.rightsofolder-people.org/
World Health Organisation – A Decade of Health Ageing 2020-2030	A decade of concerted global action on Healthy Ageing, led by the WHO	https://www.who.int/ageing/decade-of-healthy-ageing
HelpAge International	A global network of organisations working with and for older people	https://www.helpage.org/
International Federation on Ageing	A "Virtual expert centre", featuring thought leaders and special experts in policy, research and practice in fields associated with population ageing	https://www.ifa-fiv.org/

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Notes

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