



ARC/NHMRC Research
Network in Ageing Well

Independent Living and Social Participation Related to Ageing in Australia: The Research Context

ARC/NHMRC Research Network in Ageing Well

Independent Living and Social Participation Theme - Scoping Paper

Helen Bartlett, Duncan Boldy and Jacki Liddle

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Abstract

The need for strategic, high quality research to inform policy and practice relating to older people and the ageing population has been widely documented. Within Australia, the ARC/NHMRC Research Network on Ageing Well has developed four themes of ageing research to help focus the organisation, collaboration and optimal application of current research expertise and efforts. The themes are: Productivity and Economic Security, Independent Living and Social Participation, Healthy Ageing, and Population Research Strategies. This scoping paper examines the context and background for the Independent Living and Social Participation theme. Key definitions and broad research questions are described and relevant theoretical considerations, international and Australian policy contexts and research agendas are examined. Key areas requiring further research are identified.

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1. Philosophy, definitions and broad research questions

The hope for 'a good life' is a universal one, relevant across cultures, cohorts, stages of life and individual preferences. However, the components of a good life are more individually defined, being influenced by culture, life experience and personal preferences and expectations (Bowling, 2005). The concept of a good life (or quality of life) is broadly understood, and has been described variously as having all important needs met, being healthy and happy, being involved in personally valued activities and roles and being socially connected (Bowling, 2005; Liddle & McKenna, 2000; WHOQOL Group 1995). It is defined by the WHOQOL Group (1995) as

a person's perception of their position in life in the context of their culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment (p. 1405).

The independent living and social participation (ILSP) theme relates to that aspect of quality of life concerned with the daily life of an individual, within their personal context. All people function within a specific physical (built environment, geographic locality, neighbourhood design, climate), social (family structures, formal and informal supports, societal attitudes and expectations, social capital), and economic-political (financial, ageing policy, community infrastructure, services) context. In addition, daily life will be influenced by personal factors, such as health, functional abilities, life experience, preferences and interests, coping skills, beliefs and values. In other words, independent living and social participation outcomes are influenced by the context and personal factors (as illustrated in Figure 1).

Independent living and social participation is likely to mean different things to different people. Although in this theme it has been taken to mean an optimal lifestyle relating to quality of life, this will be culturally and individually defined. For example, in Western societies independence throughout life is highly valued, and managing tasks, activities and roles without the involvement of others can be a desirable outcome in older age and the aim of many rehabilitation programs (Cordingley & Webb, 1997; Torres, 2002). Alternatively, in many Asian countries, having these tasks managed by family members in later life can be an indicator of successful ageing (Torres, 2002). Numerous frameworks and research paradigms have been developed to attempt to describe optimal ageing including successful ageing (Baltes & Carstensen, 1996; Rowe & Kahn, 1987), active ageing (World Health Organisation, 2002), productive ageing (Hinterlong, Morrow-Howell, & Sherraden, 2001), and healthy ageing. Inherent in all of these approaches is the assumption that the following contribute to an increased quality of life:

- engaging in personally valued activities and roles within the local context;
- maintaining autonomy, self efficacy and control over life choices; and
- remaining interconnected with social networks and communities,

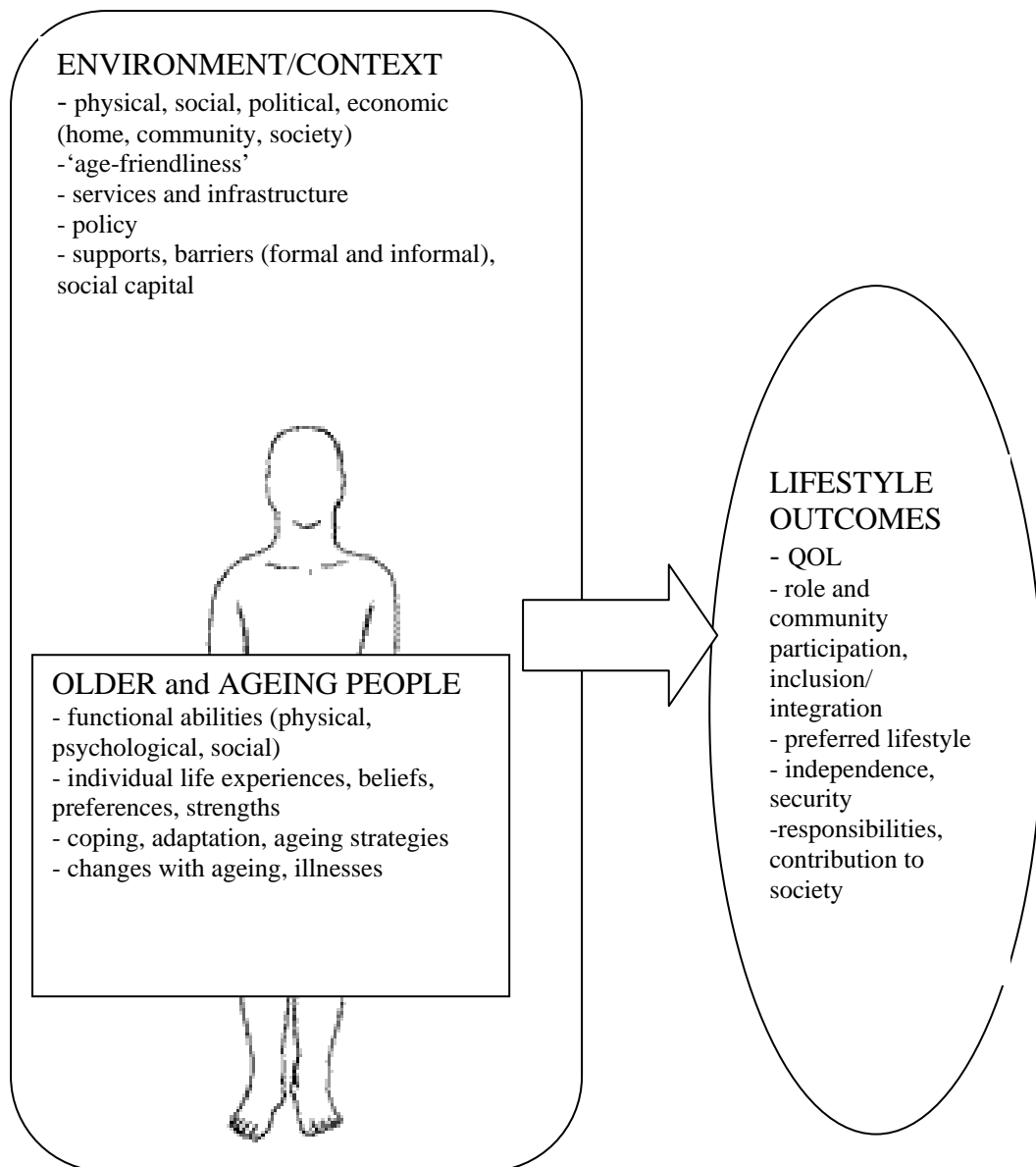


Figure 1: Components of independent living and social participation

This theme seeks to investigate and understand this component of quality of life for older and ageing people. It aims to understand the changing meanings of an optimal lifestyle throughout life and in later life. Methods of defining and measuring independent living and social participation require investigation. Contextual barriers and supports affecting lifestyle outcomes need to be identified and approaches to facilitate independent living and social participation developed.

The overarching research questions for this theme are:

- What is an optimal lifestyle that maximises quality of life for current and future older people?
- How does the context in which older people live influence independent living and social participation?

- How can the independent living and social participation of older people be facilitated?

To answer these questions, research within this theme will need to draw on a range of disciplines, theories, methodologies and topic areas. Such research should have broad applicability within government policy, health and community service provision, and theoretical understanding related to ageing, as well as being relevant for advocacy and consumer groups. This paper aims to describe the current ageing research climate and activities in Australia and internationally, in order to help identify focal areas for further research.

2. Theoretical context of independent living and social participation research

The lack of a strong theoretical tradition within gerontology is well recognised (Bengston, Rice, & Johnson, 1999; Estes, Biggs, & Phillipson, 2003). Theories act to shape research questions and organise and develop detailed explanations for research findings. Research findings in turn help to strengthen and/or modify/develop theory and assist in targeting 'gaps' in understanding, for which new research is required (Bengston et al., 1999). At present, there are numerous theories and models arising from differing disciplines, movements and focal areas within gerontology (Achenbaum & Bengston, 1994; Bengston & Schaie, 1999). This section provides an overview of theories relevant to independent living and social participation from gerontology and other areas of study.

Historically, the formal study of ageing in Western society took a problem focused, biomedical approach, where individual changes and medical conditions experienced with ageing were studied and remedies proposed (Achenbaum & Bengston, 1994; Hendricks & Achenbaum, 1999). A broader attempt to understand ageing was represented within social gerontology and Hendricks and Achenbaum (1999) have described the evolution of three generations of social gerontological theory. The first generation aimed to explain the relationship between life satisfaction and activity in older age (Hendricks & Achenbaum, 1999). Disengagement theory, activity theory and continuity theory were developed, attempting to explain older individuals' experiences of changing lifestyles with ageing. These theories reflected both empirical findings and societal and researcher values relating to current and optimal ageing (Hendricks & Achenbaum, 1999; Katz, 2000). The second generation of theories moved away from an individual focus to a macro level, explaining the role of societal structures in affecting the outcomes of ageing for older people as a group. Age-stratification and modernization theories used social structures as the units of analysis, rather than the individuals of the first generation theories (Hendricks & Achenbaum, 1999). The third generation of theories (e.g. critical gerontology) combined the structural and individual focus, identifying the importance of the societal and environmental context of ageing, together with the individual's perceptions, agency to interact with the environment and lifelong experience (Hendricks & Achenbaum, 1999).

The life course perspective, which serves as a framework for organising micro level experiences and macro level influences throughout the lifespan (not just in later life) is also increasingly being applied within social gerontology (Elder, 2001; Elder & Johnson, 2003). Some of the first generation theories have been reinterpreted to include this broader perspective and recognition of the individual perception of meaning in lifestyle patterns (Jamieson, 2002). The study of successful or optimal ageing is moving away from prescriptive definitions of preferable lifestyles and outcomes, towards individually defined indicators of quality of life (Estes et al., 2003). The need to consider multiple facets and individual meaning when researching

ageing has strengthened the need for broad, interdisciplinary research which enables participants to articulate their experiences, preferences and needs (Gabriel & Bowling, 2004).

The complexity and diversity of the ageing experience as reflected in the third generation of theories, has led some authors to conclude that it is unlikely that a useable single theory of ageing will ever exist (Bengston et al., 1999). Instead, it is suggested that numerous 'mini-theories' explaining speciality areas or specific aspects of ageing are more relevant (Bengston et al., 1999). An example of a specialty area within social gerontology is that focussing on environment and its relationship to independence and role participation (Putnam, 2002). The ecological model of ageing developed by Lawton and Nahemow (1973), proposed that a balance point exists between the demands of the environment and the abilities of the individual. A change in either upsets the balance and needs to be addressed. Building on this theory, a model of person-environment congruence (Kahuna, 1982 in Putnam, 2002) explained the relationship between the environment and well-being (Putnam, 2002). Theories developed outside of gerontology may also be applied to the situations of some subgroups of older people or discrete aspects of ageing (Bengston et al., 1999). A potentially relevant body of theory and models relating to independent living and social participation can be derived from the study of disability.

As with gerontology, the development of theory within the disability area was initially biomedical, focusing on the health causes of impairment (Bickenbach, Chatterji, Badley, & Ustun, 1999; Oliver, 1990). An independent stream of social and politically motivated theory developed, highlighting the role of social attitudes, environments and formal structures in creating the limitations in activity and role participation faced by people with disabilities (Bickenbach et al., 1999; Oliver, 1990). While social theories and models are widely applied (e.g. social role valorisation), approaches to understanding disability have also been developed which combine biomedical and psychosocial elements (Bickenbach et al., 1999).

The International Classification of Functioning (ICF) is a framework for organising and understanding the impact of health conditions (World Health Organization, 2001). It represents a bridging of biomedical and social perspectives, where both the impact of a health condition on body functions and the individual's context (societal structures, cultural values, barriers, supports) combine to result in disability or function limitation in social activities and roles. The framework also recognises diversity in personal characteristics (beliefs, experiences) and local environment in influencing social participation (World Health Organization, 2001). It suggests that limitations in functioning can be created by the environment, negative societal attitudes and/or lack of resources without the presence of a health condition. The development of the ICF reflects the influence of universalism, which is a model for theory development, research and application in the disability area. Universalism aims to cease the categorisation of people with disabilities as a minority or deviant group and characterises disability as a state potentially experienced by everyone in society. It suggests that environmental and societal structures which facilitate social participation for people with disabilities, would be beneficial for the entire community (Bickenbach et al., 1999).

The International Classification of Functioning and other disability theories have been applied in research with older people who have health conditions (e.g. Putnam, 2002). Theories developed in other areas may also be relevant to ageing research (particularly the ILSP theme) including feminism, political sociology, economics, engineering and design, and developmental psychology (Estes et al., 2003; Marshall, 1999; Putnam, 2002). The interdisciplinary nature of gerontology has complicated

the development and application of theory in relation to ageing research, with researchers tending to apply discipline-specific theories they are familiar with. However, gerontology will be strengthened by bridging the different theoretical disciplines and broadening theoretical boundaries (Bengtson et al., 1999). Future gerontological research needs to develop a more integrated theory, test existing theories for relevance in the current Australian context and explore a range of theoretical approaches as to their ability to explain empirical findings.

3. Current Australian context

Following the gerontological tradition of practical and applied research, relatively few Australian studies aim to develop or evaluate theory. Bengtson and colleagues (1999) suggest that even when the research has practical goals, the theoretical context should be identified and explanations for the findings should be examined in relation to this. A brief overview of current Australian research relevant to the ILSP theme was undertaken to determine the extent to which studies had sought to develop or test theory, or to refer to existing theory.

The Research Directory of Ageing Research Online (ARO) was examined for relevant projects, using the 'search research directory' function. The limitations of this method in identifying the theoretical context of current Australian ageing research should be noted. Not all studies conducted in Australia will have been entered in the ARO database and not all studies testing or developing theories will mention this point (via the nominated keywords) in the title or abstract. However, this approach enabled a rough portrayal of the type of theoretically relevant research being conducted in Australia.

A search of the 1455 projects listed on ARO on the 28th June 2006 revealed that 8 projects were concerned with either theory development or theory evaluation. All of these related to the independent living and social participation theme in that they listed one of the 3 relevant National Strategy policy themes (numbered 3-5 in the National Strategy and ARO):

- Developing positive images of ageing and supporting continued social participation
- Developing age-friendly infrastructure and built environment
- Achieving healthy ageing to maintain health and independence.

A range of theories were mentioned including social movement theory, identity theory, social constructionism and universalism.

Another method used to monitor the focus of current Australian ageing research was to identify the topics being examined by emerging researchers. The proceedings from the National Annual Conference for Emerging Researchers in Ageing (ERA) covering 2003, 2004 and 2005 were examined for topics relevant to the independent living and social participation theme. A total of 112 papers and abstracts were contained in the proceedings (2003: 27; 2004: 25; 2005: 60) and of these 35 related to independent living and social participation (2003: 9; 2004: 7; 2005: 19).

In total, fifteen studies specifically mentioned theory development or theory evaluation. Studies using existing theoretical frameworks drew on a range of areas including postmodernism, feminism, ageism, developmental models, ecological models, transition models, successful ageing and technology acceptance models. Whilst not particularly impressive, this represents a somewhat higher proportion (i.e.

15/112) than indicated via the ARO (8/1455) and is perhaps explained by the doctoral study focus of the ERA presentations.

THEORETICAL CONTEXT – KEY POINTS

- Theory is important for understanding current research findings and developing future research
- There is a general lack of theory development and application in gerontology
- Theories within social gerontology have become more interdisciplinary and less biomedical, recognise the diversity of ageing and the individuality of meaning
- Gerontological theory and theories from other disciplines and areas of study may be relevant to the ILSP theme

Research questions:

1. Are current social gerontological theories relevant to the independent living and social participation of older Australians? If so, which? And to what extent?
2. Do theories from disability or other areas of research help to inform research into the ILSP of older Australians?
3. Is the development of new theories (and/or the integration of existing theories) required to better understand ILSP?

4. Policy context for independent living and social participation theme

Gerontological research has tended to both reflect and shape government policy and service development and evaluation (Bengston et al., 1999; Estes et al., 2003). The needs and perspectives of governments, service providers and consumers can drive funding foci and availability, provide avenues for the application of research and influence the training that is available to researchers (Estes et al., 2003). Conversely, issues that are identified and studies undertaken by researchers may demonstrate the impact of current policy; inform the development of new policy and services and highlight current and future challenges for government and service providers (Estes et al., 2003; Farkas, Jette, Tennstedt, Haley, & Quinn, 2003). Both research and policy reflect societal beliefs and values related to the understanding of ageing and perception of optimal older age (Estes et al., 2003; Minichiello, Somerville, McConaghy, McParlane, & Scott, 2005). However, both also have the scope to shape societal views and challenge existing beliefs.

The interrelatedness of research and policy dictates that researchers need to be aware of the current national and international policy context. In addition, the policy implications of research findings should be articulated and disseminated to key stakeholders. There are numerous international and national policy documents which form the policy context for ageing research into independent living and social participation.

The international policy context

National and local government policies related to ageing around the world vary widely and have changed over time, reflecting growth in knowledge and changes in values (Jamieson, 2002). Public policy is moving further from viewing older age as a time of dependency requiring segregation and institutionalisation to an active and productive time necessitating inclusion and participation (Estes et al., 2003). The changes in policy have been attributed to economic pressures, the rise of older consumer groups and improvements in health throughout the lifespan (Estes et al., 2003). Regardless of the reasons for this change, many countries now have positive,

successful and/or productive ageing policies. These counter the perception of deterioration and disability resulting from older age and generally emphasise the value of older people's contributions. Consequently, such policies reflect the desire to maintain the productive roles, independence and participation of older people. This may be manifested in inclusive work policies, development of supportive social and physical community environments, encouragement of personal strategies and lifestyles associated with continued participation and involvement of older people in policy development and research (Bass & Caro, 2001; World Health Organisation, 2002).

The needs of ageing populations and the desire to improve quality of life in older age have led to the drafting of international documents by the United Nations and the World Health Organization. The United Nations Program on Ageing incorporates a variety of international policy aims and research priorities. The United Nations Principles for Older Persons (1991) encouraged governments to consider and incorporate the principles of *independence, participation, care, self fulfilment* and *dignity* of older people into policies and programs. More recently, the Madrid International Plan on Ageing, 2002, aimed to "*ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights*" (p. 7). Three priority directions were identified to help to meet this aim:

1. Older persons and development;
2. Advancing health and well being into old age; and
3. Ensuring enabling and supportive environments.

A need to 'mainstream' ageing issues has also recently been identified by the United Nations, so as to encourage the social integration, and the social, political, cultural and economic inclusion of older people. Mainstreaming is defined as a process of bringing attention and focus to previously neglected areas. Achieving mainstreaming of ageing issues is believed to enable the improvement of conditions for all people (Venne, 2005).

The World Health Organization contributed the Active Ageing Policy Framework to the International Plan on Ageing. It suggested a move away from a needs based policy model to a rights based one, emphasising the rights and responsibilities of older people and encouraging their involvement in policy making and implementation (World Health Organisation, 2002). Three pillars to the policy framework were identified:

1. Participation
2. Health (including quality of life) and
3. Security.

Within this framework, the need to consider social and physical environments, related to healthcare and community life, is noted and the importance of interdependence, barrier-free living and age friendly environments is stressed. Again, it is stated that social and physical environments that support ageing people, would support all people (World Health Organisation, 2002). Therefore, both the United Nations and the World Health Organization characterise ageing policy as something currently requiring attention, inclusion in general policy making and potentially improving conditions and outcomes for the population as a whole.

The Australian policy context

Numerous policy documents related to ageing have been produced at a national and state level. The National Strategy for an Ageing Australia (2001;

[http://www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-ofoa-agepolicy-nsaa-nsaa.htm/\\$file/nsaabook.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-ofoa-agepolicy-nsaa-nsaa.htm/$file/nsaabook.pdf)) identified four policy themes to address the issues related to an ageing population. They are:

1. Independence and self provision
2. Attitude, lifestyle and community support
3. Healthy ageing
4. World class care.

In addition, the strategy identified principles, noting that quality of life and access to services were issues facing all people over the lifespan, and that individuals, family and the community should be supported but not replaced by government policy, and that policy should be underpinned by a strong evidence base. Goals identified within the National Strategy of particular relevance to the ILSP theme include:

- *Society has a positive image of older Australians, appreciates their diversity and recognises the many roles and contributions they continue to make to the economy and the community.*
- *That public, private and community infrastructure is available to support older Australians and their participation in society.*

The focus on healthy ageing within policy also led to the development of a number of policy documents that give insight into the broader meaning of this term for policy or research. The Commonwealth, State and Territory Strategy on Healthy Ageing (2000; <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-ofoa-agepolicy-pars2.htm>) documents a vision for Australia as “*a fair society where all older people can lead satisfying and productive lives which maximise their independence and wellbeing*” (p. 3). It identifies six universal principles of healthy ageing:

1. Support independence
2. Encourage a good quality of life for Australians as they age
3. Promote fairness and equity
4. Recognise interdependence
5. Recognise and respond to Australia’s growing diversity
6. Encourage personal responsibility while providing support for those most in need.

Key focal areas requiring action were identified, including community attitudes, health and well being, work and community participation, sustainable resourcing, inclusive communities and appropriate care and support. A summary table of some of the key policy recommendations of various government and stakeholder organisations is provided as Attachment 1. Many of these areas relate to the theme of independent living and social participation and these are bolded.

The international and Australian policy contexts have some shared themes that relate to independent living and social participation. The diversity of the process and outcomes of ageing and the individuality of needs and experiences of older people are recognised. Positive outcomes of ageing have been emphasised and tend to include independence and autonomy, well being, and participation in and contribution to community, family and work life. The influence of social and physical environments on the participation of older people (and the population as a whole) has also been noted. Ageing is also characterised as a whole of life issue, with emphasis being placed on the need to bring ‘ageing issues’ into the mainstream to benefit the population as a whole. Policies have also supported the need to involve older people in articulating and pursuing what contributes to their quality of life, so that policy and research agendas can be meaningful to older people.

5. Current Australian policy research

To provide a broad overview of the scope of research being conducted that related to policy and independent living and social participation, the Research Directory of Ageing Research Online and the presentations from the Emerging Researchers in Ageing (ERA) conferences were searched for mentions of 'policy'. Within the 1455 projects listed in Ageing Research Online, 182 were identified when searching for policy (19 of which are current). However, combining 'policy' with search terms related to independent living and social participation resulted in a total of 15 projects, only 4 of which are current.

Policy and ...	Current	Total
Age friendly	2	3
Images	1	1
Attitudes	0	8
Social participation	0	0
Community participation	0	2
Independent living	1	1
Total	4	15

These projects reflected both researcher driven studies with implications for policy, and government or stakeholder driven research to inform or evaluate policy. The projects that combined independent living and social participation with an emphasis on policy were not broadly spread across the disciplines, with the majority from the health sciences.

The search for policy related studies within the ERA proceedings revealed a total of 21 papers explicitly nominating policy and program implications related to independent living and social participation. These ranged from global ageing policy issues (to develop a new understanding of ageing to enable relevant policy development) to specific policies and programs related to physical activity, transport, environmental and community resources, ageing in place, health, "age friendly" standards, retirement village issues and acceptable risk for older people.

POLICY CONTEXT – KEY POINTS

- Policy and research are interrelated: Research can inform and shape policy development and government and stakeholder groups can identify areas requiring research.
- Public policy related to ageing has moved towards focusing on positive, productive outcomes of ageing, recognising diversity, understanding ageing as a lifespan issue, developing enabling environments and involving older people in policy development

Research questions:

1. What do older people perceived as successful, optimal, productive, active ageing?
2. What are meaningful outcomes for older people?
3. What comprises "age friendly" or enabling environments?
4. What aspects of the social environment support independent living and social participation? and to what extent?
5. How successful have ageing policies been in achieving their goals?

6. Research agenda for the independent living and social participation theme

The focus of attention and energies within research communities is shaped by many forces including the need to develop or evaluate theory and the policy related influences described earlier in this paper. In addition, discipline-specific pressures, requirements of clinical or community practice, or the development of new methodologies may influence the current research agenda. Where communication between disciplines is not fostered, and long term research goals are not articulated, parallel streams of research separately tackling the same or similar issues can develop.

A reactive approach to prioritising research, based on readily identifiable existing needs, can also lead to a lack of planning for future policy and research related needs. For this reason, the trends within ageing research and the current gaps and future needs within this body of research have been scoped, and in combination with the policy related requirements, an ageing research agenda is suggested. A number of international and Australian documents detail both principles for quality ageing research and content areas requiring future attention.

The International Ageing Research Agenda

A Research Agenda on Ageing for the 21st Century has been developed by the United Nations Office on Ageing and the International Association of Gerontology (<http://www.un.org/esa/socdev/ageing/ageing/ageraa.htm>). This document, designed to support the Madrid International Plan for Action on Ageing, identifies six major research priorities and ten critical research arenas detailing content areas requiring attention. The major research priorities are:

1. Relationships between population ageing and socio-economic development
2. Current practices and options for maintaining material security into older age
3. Changing family structures, intergenerational transfer systems and emergent patterns of family and institutional dynamics
4. Determinants of healthy ageing
5. Basic biological mechanisms and age associated disease
6. Quality of life and ageing in diverse cultural, socio-economic and environmental situations.

The related critical research arenas are:

1. Social participation and integration
2. Economic security
3. Macro-societal change and development
4. Healthy ageing
5. Biomedical
6. Physical and mental functioning
7. Quality of Life
8. Care systems
9. Changing structures and functions of families, kin and community
10. Policy process and evaluation.

The theme of independent living and social participation aligns most strongly with the priority areas 3, 4 (as it considers contextual factors in healthy ageing) and 6 and research arenas 1, 3, 7 and 9. A listing of specific research issues for each of these research arenas is provided at Attachment 2.

In addition to these content areas, the research agenda also notes the need for methodological development. Ageing research needs to be ethically conducted, sensitive to cultural contexts and include the perspectives of the community. It also needs to develop interdisciplinary, cross-cultural, multifaceted understandings of issues relevant to current and future older people. The need for quality, reliable and valid research tools and approaches was also documented.

Research priorities related to ageing have been identified within most countries, and in the interest of pooling findings and studying macro-level structures, collaborations between organisations and between nations have been established. One example is the European Forum on Population Ageing Research, developed under the European Commission's Fifth Framework Program (<http://www.shef.ac.uk/ageingresearch/agendas.php>). Following collaboration of researchers in Europe through workshops covering quality of life, health and social care management and longevity, demographics and genetics, priority areas for European Ageing Research have been identified. These include: continued collaboration between disciplines and improved funding structures, as well as involvement of communities in research and attracting new researchers to ageing topics. Numerous topic areas requiring further research were identified and it was indicated that research will need to:

- relate closely to policy and system requirements;
- consider diversity and difference in older populations;
- focus on environmental factors;
- evaluate interventions and programs;
- investigate transitions, trajectory and differences between generations in the ageing process;
- emphasise care related issues; and
- focus on the active role that older people can play in research.

All of these priority areas relate to the independent living and social participation theme.

Another stream of international research which may help to inform the ILSP theme is the Growing Older Programme on Extending the Quality of Life, under the aegis of Economic and Social Research Council in the United Kingdom. This programme which ran for five years from 1999, included 24 research projects aiming to understand and expand the quality of life for older people. A number of books have been published as a result of this initiative (e.g. Walker & Hennessy, 2004). The Growing Older Programme explicitly aimed to develop new knowledge about promoting quality of life from a multidisciplinary perspective, with a focus on applying this knowledge in policy and practice. The scope was spread over six topic areas:

1. Defining and measuring quality of life
2. Inequalities in quality of life
3. Technology and the built environment
4. Healthy and productive ageing
5. Family and support networks
6. Participation and activity in later life.

Researchers from a range of backgrounds and using a variety of methodologies received funding under this programme to investigate quality of life issues related to ageing. This approach enabled a previously neglected area to be explored in an in-depth yet extensive manner and inform policy and practice.

The Australian Ageing Research Agenda

To make decisions based on evidence and achieve the visions set out within the National Strategy for an Ageing Australia, ageing research will need to be of high quality and targeted towards areas of need. The Framework for an Australian Ageing Research Agenda was developed from the Building Ageing Research Capacity project. Ageing research comes under the National Research priority of “promoting and maintaining good health” and the related goals of *a healthy start to life, ageing well, ageing productively and preventive healthcare*. The Framework contextualises ageing research within this general Australian research environment and identifies both requirements for building capacity and quality, and thematic content areas requiring attention.

In order to build the capacity for quality ageing research, six priorities have been identified. They align with the international context by identifying the need for quality methodology, promoting application and dissemination of research findings, supporting multidisciplinary collaborations, encouraging communication between researchers, government, industry and consumers and supporting connections to the wider international context.

The identified themes for research attention relate closely to the *National Strategy for an Ageing Australia* policy themes, namely:

1. Maintaining economic growth in the face of an ageing workforce and reduction in the supply of younger workers
2. Achieving adequate, sustainable retirement income over lengthening periods of retirement
3. Developing positive images of ageing and supporting continued social participation
4. Developing age-friendly infrastructure and built environment
5. Achieving healthy ageing to maintain health and independence.
6. Providing accessible, appropriate, high quality health and aged care.

The independent living and social participation theme relates most strongly to themes 3 and 4.

Two major sources of funding for research within Australia, the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) have collaborated to promote research that will meet the goal of *Ageing Well, Ageing Productively*. A policy framework has been developed, which identifies three research themes:

1. Disease prevention and compression of morbidity
2. Maintaining economic and social participation
3. Approaches to care supporting independence and quality of life.

The Independent Living and Social Participation Theme is relevant to themes 2 and 3.

7. Current research context

A search was undertaken to investigate Australian research activity in the areas identified in the research agenda. The ARO database was searched using the keywords “age friendly”, “images”, “attitudes”, “independent living”, “social participation” and “community participation”. A total of 126 records related to one of

these search terms in the way in which they were used in the Research Agenda. Of those, 17 were identified as current projects.

Theme	Current	Total
Age friendly	6	19
Images	3	5
Attitudes	5	77
Social participation	1	7
Community participation	1	5
Independent living	3	19
Overlap	-2	-6
Total	17	126

Most ILSP projects were concerned with attitudes. While there was considerable diversity in the research topics that fell into this category, some themes could be identified. Numerous projects were concerned with workforce and retirement issues, and included attitudes of employers and employees to older workers, and attitudes of older people towards work and retirement. Other projects were concerned with the attitudes towards older people held by students and health professionals, whilst others were concerned with older people's attitudes towards various issues such as euthanasia, life sustaining treatments, disclosing diagnoses and technology. While many of the projects on attitudes were government led, the majority were led by researchers from the health sciences or psychology.

The projects aimed at creating an age-friendly society were fairly diverse with researchers from numerous disciplines including medicine, health and rehabilitation sciences, social work and criminology.

Most of the projects on independent living were concerned with the housing needs of older Australians, the transition to care, and the delivery of appropriate care. Researchers were based in Psychology, AHURI, Nursing, Human Services, and the Health Sciences.

The projects on social participation were diverse in both topic and discipline, with Human Services the most common discipline. Similarly community participation projects were diverse with regards topic and discipline, but were more likely to be government led projects.

Research into images was also diverse with projects investigating masculinities, anti-ageing and the meaning of bodies to name a few. The social sciences appear to have the most input to this theme.

There was surprisingly little overlap between these projects, with only 6 projects covering two of the search terms (and none covering 3 or more). The most common overlap was between social participation and independent living (2 projects), and attitude and community participation (2 projects).

Ageing Research Online categorizes projects according to 6 themes which match those identified in the National Strategy for an Ageing Australia, and the Framework for an Australian Ageing Research Agenda. The 126 projects that fall under the category of independent living and social participation (identified using the above key

terms), were manually searched in order to quantify the themes attached to each project. The results of this quantification are presented below.

No.	Theme	Total ILSP projects
1	Maintaining economic growth in the face of an ageing workforce and reduction in the supply of younger workers	11 (9%)
2	Achieving adequate, sustainable retirement income over lengthening periods of retirement	16 (13%)
3	Developing positive images of ageing and supporting continued social participation	80 (63%)
4	Developing age-friendly infrastructure and built environment	20 (16%)
5	Achieving healthy ageing to maintain health and independence	46 (36%)
6	Providing accessible, appropriate, high quality health and aged care	58 (46%)

Theme 3, developing positive images of ageing and supporting continued social participation, dominated the projects categorized under the ILSP theme.

The majority of projects had 2 or more themes listed, however 46 (36%) listed only one. Of these most listed theme 3 (n=19) or theme 6 (n=16), while some listed 5 (n=8) and 4 (n=3). The most popular combinations of themes were 3 and 6, or 3 and 5.

The ERA proceedings contained a total of 32 studies relating to the above keywords. Twelve related to the images of and attitudes towards ageing and 20 related to social and community participation. Researchers drew on a range of topic areas and disciplines including sociology, nursing, allied health, leisure studies, communication, transport, migration, relocation, environmental supports, and education.

AGEING RESEARCH AGENDA- KEY POINTS

- Setting broad, long term focus areas for research enables an organised collaborative approach to achieving research goals
- Ageing research agendas have been set internationally and in Australia, highlighting some focal areas that fall within the Independent Living and Social Participation theme including:
 - Changing family structures, intergenerational transfer systems and emergent patterns of family and institutional dynamics
 - Determinants of healthy ageing (including contextual factors)
 - Social participation and integration
 - Macro-societal change and development
 - Quality of Life
 - Changing structures and functions of families, kin and community
 - Developing positive images of ageing and supporting continued social participation.
 - Developing age-friendly infrastructure and built environment.
 - Maintaining economic and social participation
 - Approaches to care supporting independence and quality of life.
- Properties of quality ageing research have also been identified

Research questions

1. What constitutes quality of life throughout the lifespan and in later life? What contributes to promoting quality of life?
2. Which contextual factors (social networks and attitudes, societal and institutional structures, infrastructure and build environmental, economic factors etc) affect quality of life, independence and social participation of older people? and to what extent?
3. How can optimal independence and social participation throughout life and in older age be facilitated?

8. Vision for the independent living and social participation theme

The Independent Living and Social Participation theme relates to the activities and roles of older and ageing people within their societal, social, physical, political and economic contexts. It is relevant to a body of theoretical literature, has policy implications and has been identified as requiring further research in international and Australian research agendas. Some broad research questions have been posed throughout this paper and properties of quality ageing research have been identified.

The purpose of the ARC Research Network on Ageing Well is to facilitate high quality research related to ageing. It aims to promote collaboration, facilitate involvement in international ageing research, support research capacity and quality, improve its efficiency and involve key stakeholders in research, so as to facilitate the application of findings. It aims to prioritise innovative, quality research that draws on multiple disciplines, universities and geographic locations. Large scale projects requiring collaboration among research groups and with the potential for national policy and practice application are particularly sought. It is also desirable that early career researchers are included in projects, to foster future ageing research capacity.

The Independent Living and Social Participation theme will follow these criteria and members have identified some additional factors for consideration. Criteria indicating research project and team quality will be relevant including: conceptual quality, track record of researchers, achievability, and appropriateness of methods. Projects will also be reviewed for their social and political importance, involvement with stakeholders (service providers, policy groups, consumer organisations), inclusion of older people where appropriate, and cost effectiveness. In addition, projects should demonstrate theoretical application, policy implications and relevance to research agenda priorities.

Three overarching areas of research, and numerous research questions, have been identified in this paper.

1. The nature of independent living and social participation

Research is needed to determine the characteristics of independent living and social participation. What constitutes a life lived independently and with social participation? What constitutes quality of life at different ages? We cannot assume the quality of life or levels of independence and social participation desired by community members, nor can we assume the levels that are of most benefit to their physical, mental and financial well-being.

Future research could focus on the following questions:

- What do older people perceive as successful, optimal, productive, active ageing?
- What constitutes quality of life throughout the lifespan and in later life?
- What do quality of life, independence, and social participation mean to older people?
- What is the relationship between ageing in place and independent living and social participation? To what extent should ageing in place be supported and under what circumstances?
- How much variation is there among older Australians in the attitudes, desires and needs with regards independence, social participation and quality of life? For example, do older Australians from culturally and linguistically diverse backgrounds differ?

2. The determinants of independent living and social participation

Research is needed in order to identify the determinants of quality of life, independent living and social participation. In particular aspects of the social environment that support Independent Living and Social Participation must be identified.

Future research could focus on the following questions:

- How does the context in which older people live influence independent living and social participation?
- What is an optimal lifestyle that maximises quality of life for current and future older people?
- What is the connection between the micro (e.g. experience) and the macro (e.g. infrastructure) when it comes to independent living, social participation and quality of life?
- What comprises “age friendly” or enabling environments?
- Which contextual factors (social networks and attitudes, societal and institutional structures, infrastructure and build environmental, economic factors) affect quality of life, independence and social participation of older people?

3. The facilitation of independent living and social participation

After identifying the nature of independent living, social participation and quality of life, and the determinants of these factors, research can then focus on the best strategies for their facilitation. Research should be outcome oriented in order to identify those strategies that are most effective at establishing levels of independence and social participation that are of optimum benefit to older Australians.

Future research could focus on the following questions:

- What is an optimal lifestyle that maximises quality of life for current and future older people?
- How does the context in which older people live influence independent living and social participation?

- How can the independent living and social participation of older people be facilitated?

This exploration of the scope of ageing research in relation to independent living and social participation and related theory, policy and the research agenda, indicates that there are research gaps. Approaches which meld different theoretical perspectives, bridge disciplinary and geographic boundaries and involve stakeholder groups will help to address these gaps. Innovative research projects exploring the activities and roles of older people within their relevant contexts will help to improve outcomes now and in the future.

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Attachment 1: Examples of policy needs related to ILSP

NATIONAL POLICY	
<p>PMSEIC (Prime Minister's Science, Engineering and Innovation Council) Promoting healthy ageing in Australia Working group – prevention and healthy ageing <i>(last updated April 26 2005)</i></p>	<p><u>Important messages</u></p> <ol style="list-style-type: none"> 1. Ageing is an opportunity – (healthy ageing needs to be supported by the social environment in which people live and by the built environment) 2. Adverse trends in risk factors for chronic disease 3. A whole of life approach to healthy ageing: never too early and never too late 4. Small improvements in disease risks across the whole population have major benefits 5. Making healthy choices easy choices (environment) 6. Multidisciplinary collaborative approach is needed 7. There is a major research agenda to promote healthy ageing (including enhancing the social, work and built environment for older people) <p><u>Recommendations</u></p> <ol style="list-style-type: none"> 1. Physical activity 2. Nutrition 3. Work and social environment (barriers, transitions) 4. Built environment (mobility, independence and autonomy) 5. National network for healthy ageing research 6. Longitudinal studies of healthy and productive ageing.
STATE GOVERNMENT POLICY	
<p>Victoria (Making this the age to be in Victoria, 2003)</p>	<ol style="list-style-type: none"> 1. Enable senior Victorians to lead independent, active and healthy lives for as long as possible. 2. Encourage communities to value, listen to, and learn from senior Victorians, and understand and appreciate the diversity of the ageing experience. 3. Create opportunities for senior Victorians to fully participate in economic, social and community life. 4. Equip senior Victorians with the information they need to understand their rights, and the choices and opportunities open to them. 5. Raise the profile of population ageing as an issue for government, business and the community, and build partnerships for action. 6. Provide opportunities for senior Victorians to contribute to planning for the future and promote informed decision-making by government, business and the community.
<p>Queensland (Our shared future: Queensland's framework for ageing) <i>"an inclusive and fair</i></p>	<p><u>Areas for action</u></p> <ol style="list-style-type: none"> 1. State government leadership on ageing issues (promote the interests of older people in Queensland) 2. Community participation (Provide opportunities for older people in Queensland to participate fully in all aspects of

<p><i>society where all older people are able to lead productive and fulfilling lives as valued members of their community”</i></p>	<p>community life) 3. Community infrastructure (Promote access to appropriate infrastructure for older people) 4. Health and well being (Promote improved health and well being for all older people in Queensland) 5. Employment and retirement planning (Promote opportunities for older people in Queensland to access and maintain employment and to plan for their retirement).</p>
<p>Western Australia (State Aged Care Plan for Western Australia 2003-2008)</p>	<p><u>Vision</u> Independence, well-being and quality of life for older people through responsive health and aged care services and supports.</p> <p><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Realise the vision for health and aged care services 2. Ensure older people are valued 3. Improve coordination in planning for aged care 4. Support transitions across the continuum of care 5. Improve quality of life and independence for older people 6. Tailor services designed to meet specific needs 7. Sustain a workforce sufficient to meet demand 8. Support professional development, education and training 9. Formally recognise carers and volunteers.
<p>Tasmania (Tasmanian Plan for Positive Ageing 2000-2005)</p>	<ol style="list-style-type: none"> 1 Community attitudes: To develop a more positive community attitude to older people and ageing; 2. Community participation: To increase the participation of older Tasmanians in recreation, paid work and voluntary activities; 3. Living in the community: To improve local planning and design and access to transport to better meet the needs of older Tasmanians and to enhance their feelings of safety and security both within their homes and within the community; 4. Health, independence and community support: To support and promote older people’s maintenance of a healthy lifestyle and independence in the community; 5. Education and information in the community: To improve older Tasmanian’s access to and understanding of information, continuing education and technology.
<p>STAKEHOLDER GROUPS</p>	
<p>Alzheimer’s Australia (National philosophy, principles and service standards)</p>	<p><u>Principles</u> People living with dementia, their families and carers have the right to</p> <ul style="list-style-type: none"> o access high quality support services which uphold all their rights o access flexible, responsive and timely support services o be treated with dignity, courtesy and respect, to have their feelings validated and their choices and individual beliefs respected. This includes sensitivity to culture, age, language, location, educational background and level of

	<p>impairment of the person using the service.</p> <ul style="list-style-type: none"> ○ services which support both the person with dementia and their families individually and together provided always that serving the best interest of the person with dementia be the overriding aim. <p>Whenever possible, services will be provided free and no person with dementia or their family or carer will be denied access due to their inability to pay.</p>
<p>Carers Australia (Strategic Plan 2004-2008)</p>	<p><u>Goals</u></p> <ol style="list-style-type: none"> 1. To influence public policy and service delivery to improve the health and wellbeing of all carers 2. To enable the public and private sector to meet the needs of carers in different caring roles through high quality information, education and training and support strategies and mechanisms 3. To be a well governed and resourced organization.
<p>The Australian Association of Gerontology</p>	<p><u>Mission</u> To expand knowledge of ageing Why: To improve the experience of ageing How:</p> <ul style="list-style-type: none"> ○ Promoting and supporting research ○ Disseminating information ○ Promoting and providing education ○ Promoting informed debate ○ Cooperating with other stakeholders ○ Providing leadership

Attachment 2: Research topics related to ILSP identified by the United Nations

Critical research arenas	Topics
<p>1. Social participation and integration</p>	<p>Ageism in different societies.</p> <p>Images of ageing. Convergence between older and younger people's views of ageing and older people.</p> <p>Demographic factors, e.g., rapid urbanisation and migration, affecting participation and integration.</p> <p>Gender, ethnical, racial and other differences.</p> <p>Psychosocial determinants of participation and integration.</p> <p>Strategies to promote integration.</p> <p>Measures to empower/enable older persons' participation in and contribution to society.</p> <p>Active ageing: concept; determinants; repercussions at different levels (individual, family, etc.); measuring.</p> <p>Social, economic and other forms of contributions of older people.</p> <p>Political participation of older people.</p> <p>Isolation in rural areas, and measures to promote participation.</p> <p>Violation of human rights and age-discrimination factors e.g., socio-economic, structural, attitudinal, which influence social participation and integration in different societies.</p> <p>Elder abuse, neglect, violence and exploitation.</p> <p>Displacement of older persons in emergency situations, such as man-made and natural disasters. Supportive social networks for older displaced persons.</p>
<p>3. Macro-societal change and development (<i>in conjunction with the longitudinal and productive ageing themes</i>)</p>	<p>Future scenarios of development of ageing societies.</p> <p>Globalisation and ageing.</p> <p>Reciprocity of ageing and development.</p> <p>Implications of, and adjustment to, the changing age structure.</p> <p>Population and individual ageing in international and national developmental policies and programmes.</p>

	<p>Dynamics of wealth re/distribution across the life span and of younger and older people in rural and urban environments.</p> <p>Impact of development phases and programmes on the economic and health status of older persons.</p> <p>Needs of older persons arising from technological change and economic development.</p>
7. Quality of life	<p>Internationally harmonised measures of quality of life.</p> <p>Determinants of quality of life at different life stages. Impact of life-course transitions on quality of life.</p> <p>The factors that determine differences in quality of life in old age.</p> <p>Cultural and other variations in the meaning of quality in later life.</p> <p>Relationships between development and quality of life.</p> <p>“Meaning of life” for older people.</p> <p>Well-being, quality of life and health.</p> <p>Disability and quality of life throughout life course.</p>
9. Changing structures and functions of families, kin and community	<p>Diverse family structures and functions and their evolution.</p> <p>Changes in living arrangements, especially co-residence and independent living.</p> <p>The nature and challenges of family care giving.</p> <p>Structures and processes of adaptation and coping strategies of people without family resources.</p> <p>Interventions to promote other informal bases of support.</p> <p>Mechanisms of provision and receipt of support, including emotional, physical, economic and in kind.</p> <p>Variation in family arrangements, living arrangements and multi-generational relations.</p>

<http://www.un.org/esa/socdev/ageing/ageing/ageraa2.htm>