

Welcome from our CEO, Julianne Parkinson

During 2021, it can be argued that the need to focus on ageing communities has become clearer than ever before. The importance of home continues to be highlighted, as well as the role technology could play to change lives.

It has never been more important to plan for "ageing in place". Ageing in place involves being able to live where you choose for as long as you can. This includes embedding the services and support that you need as your needs change over time. At the GCMA we believe an important component to successful ageing in place lies in unlocking the potential of gerontechnology.

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- Julianne Parkinson

We're seeing intention and focus from industry, government and new players, on how we can improve lives for older people.

However, there is a long way to go and older people must be at the centre of the design and development of new products and services.

Understanding people's lived experiences and their needs, must be embedded into how we authentically design services and products into the future.

Without products and services that people enjoy and value using, we won't change behavior or make much needed improvements.

It is a global opportunity.

In Australia there has been a Royal Commission into Aged Care Quality and Safety which shone a spotlight on some of the areas that needed to be improved.

This year the GCMA is proud to be involved in some iconic projects where we explored the value of 'Digital Health in the Home' to create impactful improvements in people's lives.

Understanding how people age well is core to GCMA.

This is why gerontechnology is one of our key areas of focus. We know that technology is embedded in the everyday of our lives. With more thoughtful investment, technology could play a more integrated role for people in the second half of life.

We look at the demands that come with ageing, and recognise the importance of personalised responses. Our research uncovers ways to translating those needs into solutions that people value.

We need to give technology guiding rails and these will come from the people it serves, and for us this is the co-design community. A new gerontechnology ecosystem that involves citizens, industry, including technology providers, government and academic is being developed to capture this opportunity.

In the coming months we will share with you new ways for you to actively participate in understanding and developing gerontechnology solutions that make a difference to peoples' lives in ways that they value.

- Julianne Parkinson, CEO

IT IS A GLOBAL OPPORTUNITY.

Digital Health in the Home

Research released in May by the Global Centre for Modern Ageing (GCMA) shows the dramatically increased availability of digital health services, has many benefits for older Australians.

In partnership with Google Chrome Enterprise, the GCMA research team undertook qualitative research into digital health in the home between March and May this year. Inspiring new models of care: Digital health in the Home investigated the challenges and opportunities facing the Australian healthcare industry in adopting rapidly changing digital technologies and delivery methods.

The research aimed to discover how older people view health technology becoming integrated into their homes and help build a bridge between people's needs and what's currently available. We spoke with clinicians, aged care staff and community members.

We found that to ensure improving the quality of life for older people remains the number one priority, a coordinated effort focusing on three areas is required. The three focus areas include:

- 1. Reskilling / upskilling the industry;
- Validating and highlighting the most suitable in-home technology; and
- 3. Ensuring aged care models into the future do not compromise on quality of care.

Research data was grouped with five key themes emerging that highlighted current views, ideas and hopes for digital technology in Australia:

- Identifying priority areas for more digitally-enabled healthcare solutions;
- Reasons quality of care must remain top priority;
- The importance of communicating the benefits of technology for healthcare and ageing well;
- 4. The definition of digital health; and
- Barriers to adoption as determined by our target audiences.

Priority Areas

Individuals in each cohort of our primary research outlined the following goals as priority areas for more digitally enabled healthcare provision:

	Community members	Aged care providers	Clinicians
Increased accessibility of care	1		
Improved safety	!	!	
Better Health outcomes	!	!	!
Enabling independence	!		
Workflow efficiencies		!	!
More proactive, preventative, and predictive healthcare	!	!	<u>!</u>
Greater peace of mind for users and family	!		

Figure 1: Goals of digitally enabled healthcare provision (GCMA 2021)

2021 Australian Federal Budget



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Following the Budget announcement in May 2021 the Federal Government allocated \$18-billion in funding to implement its responses to the Aged Care Royal Commission. This included increased funding for workforce training and securing private operators.

At the GCMA, we welcomed the Government's initiatives.

Our aim is to be a catalyst of change, helping to improve the lives of older people. We are built on the core belief that the evidenced based, person centred approaches will drive and create the best outcomes for everyone – that is what we want the government to consider when providing funding.

We see this Federal funding as an opportunity for new entrants, with entrepreneurial approaches and demonstrated track records, to enter the supply chain and deliver on transformative change.

Our society is at a pivotal point in time where the ageing megatrend is having an increasing impact. The older demographic is now the largest demographic on the planet, and the ageing industry must transform to address the societal and negligence gaps experienced by people as they age.

The ageing sector is ready for transformative change, and as highlighted by the recent Royal Commission, it needs ground-breaking models of care that enable us all to find the right care at the right time, be that at home or in a residential setting that also delivers on quality of life.

Our research highlights that the sector needs new relationships, entrepreneurial ecosystems, and both the mindset and processes to integrate digital health across the board.

Digital health is an ecosystem designed to support and improve the health and wellbeing of older Australians, while making it easier for Aged Care providers to offer in-home support and enabling clinicians to look after their patient's health, both face-to-face and virtually.

Looking to the future, the digital health ecosystem unfolds to include evidence-based innovations, products, care pathways, collaborations, partnerships, and programs, which combine and share the following key objectives:

- · Reduce inefficiencies;
- · Improve access;
- Reduce costs;
- · Increase quality; and
- Make medicine more personalised, preventative, and predictive.

We advocate that well governed, nuanced co-design insights that boost and support workforce attraction and retention through skills development and career progression is crucial in introducing new solutions and innovations to the modern ageing ecosystem.

Spending these funds well now, for the future, will allow more people access to better care, where and when they need it most.

^{*}Image composition based on the document cover: *Budget 2021-22, Securing Australia's Recovery, Overview.*© Commonwealth of Australia 2021.
https://budget.gov.au/2021-22/content/download/glossy_overview.pdf

GCMA welcomes Prof Angelina Russo, Program Manager



After 25 years in academia, Angelina Russo joined the GCMA as a Program Manager in March 2021.

Teaming an MBA, a Bachelor's degree and a PhD with her proven international track record in digital culture communication, Angelina has built a career driven by her deep understanding of design and innovation.

She believes that modern ageing should be one of our communities' greatest priorities. More specifically she highlights we need to ensure ageing adults have the infrastructure and support to ensure successful 'ageing in place'.

"Research shows many care home admissions are unexpected, perhaps somebody has fallen or becomes unwell and failure to plan for ageing in place can result in people struggling to return home," Angelina explains.

"Ageing in place, is planning for how we live through the second half of life, ensuring that the activities and relationships that are meaningful to us can be accommodated to ensure fulfilled lives in our homes. When I joined the GCMA, I did so with intention of supporting people to age in place and age well," says Angelina.

In her role with the GCMA, she works with researchers and partners including aged care providers, businesses, and the wider community, on a range of projects designed to develop solutions that help people plan for successful ageing in place.

"Beyond a developing ecosystem that is addressing the challenges of ageing in place, the real key is codesign. Ageing well means having the ability to make decisions about the products and services you use, the environment you live in, and who you interact with," Angelina says.

"Perhaps even more importantly is when people respect ageing people's decisions, allowing all adults to remain in their communities and to live the lives they choose."

Angelina is managing the GCMA's current portfolio of research into modern ageing, drawing inspiration from international programs that look after intergenerational wellbeing. She says the most important considerations for our ageing communities should be planning, dignity and the agency to make choices.

"Perhaps even more importantly is when people respect ageing people's decisions, allowing all adults to remain in their communities and to live the lives they choose."

- Prof Angelina Russo



The Strength of the Modern Elder

A 'modern elder' is as curious as they are wise. The term was coined by Chip Conley when he worked at Airbnb at age 52 – double the age of the average employee. This curiosity and wisdom is exactly what's needed to co-create a future with modern elders, rather than by designers and developers.

The team at the Global Centre for Modern Ageing (GCMA) are dedicated to amplifying the voice of modern elders so we can better understand – who is the modern elder? What do they want? And how can we design great things, together?

Society's reference for older adults is a worn-out picture of an outdated, unfashionable couple who are doddery but dear. The colour slowly fading, the lines deepening - a frame being the only thing holding them up. But this is not the modern elder. The modern elder is full of colour - and continuing to develop.

The modern elder is confident, purposeful, and resilient. The modern elder is an Instagram influencer with millions of followers. The modern elder has independence and control over their lives.

The team at GCMA have played host to the powerful voice of modern elders in our work and conversations.

We have the exhilarating role of bringing a microphone to modern elders – to listen - so together the wisdom and insights can be heard, respected, and integrated into the design of products and services so we may live with purpose and style. We are sitting at the table side-by-side with modern elders. Are you?

Who is the modern elder?

When we look around the table at the faces of the modern elders who sit with us, we see resilience, confidence, and purpose.

Resilience to withstand the unexpected. Resilience in journeying through the ups and downs of life that has etched wrinkles on their face and selfassuredness in their heart. "Older Australians see a silver lining to the pandemic, despite the significant challenges" was the key finding of a recent GCMA report. It was the modern elder who was a steadfast beacon of guiding light during the storm. Of the survey respondents, we saw 29% increase their social media use to stay connected, and 21% use new technology for the first time. We see modern elders moving with the tide, not against it.

Confidence to be their true. unapologetic self. There is a selfassuredness that comes with age. We hear modern elders say "when you're older you don't care what you say - I'm coming from a place of honesty, which is very empowering." We see this confidence in the uptake of new technology. Recently we found 67% of survey respondents felt confident and willing to use telehealth in the future, saying the experience was similar or better than face-to-face consultation. This is not to say that modern elders do not experience challenges, but perhaps the decline in some areas (e.g. physical) is balanced by the acquisition of new strengths in other areas (e.g. greater confidence). So, we are co-creating with modern elders to build upon

this confidence and design digital health experiences that exceed their expectations.

Purpose in their role and responsibility. Modern elders are grandparents, neighbours, and friends. Too often society is the one to take these roles away when we work with a frailty mindset that limits the freedoms of the very people it's meant to protect. We see the Aged Care Quality Standards now explicitly speak of risk in Standard 1. It says that "each consumer is supported to take risks to enable them to live the best life they can." This item helps ensure we don't relinquish elders of their roles and responsibilities, to find that we've relinquished them of their very reason to get up in the morning.

What does the modern elder want?

The same as everyone else. To live how I choose to live. To be useful. To love and be loved.

We see this clearly in the GCMA's report on ageing in the right place, which is similar to Maslow's hierarchy of needs. We can map these two approaches, showing clearly that the modern elder's expectations are the same as everyone else's. Moreover, these items provide a guiding light for us to discuss how we might design products and services so we may live with purpose and style.

To have my physiological needs met. The basics of food and shelter. Somewhere I can sleep, put my belongings, and have a roof over my head.

To have my safety needs met. To feel physically and emotionally safe in my house and surroundings. To have close and reliable access to facilities (transport, health, shopping, medical, community, social, housing, and hospital services).

To have love and belonging. To be located near to family and the community, without feeling like a burden.

To have a sense of esteem. To have selfdetermination to do what I want, when I want. To have freedom in my daily life.

To reach self-actualisation. To live in a space, a home, that is a Haven - my everything. Where I can truly be myself. Where I am happy and content. Where I enjoy life to the best of my abilities, no matter what my abilities.

The GCMA coined the 'House Home Haven' framework from the findings of the Ageing in the Right Place research. We found that what the modern elder wants is to live in a place that is a 'Haven'. Not just somewhere to put my belongings (a house), not just somewhere where I entertain friends and family (a home) but somewhere that is my everything – where I feel the most comfortable, the most safe, and the most free to be myself. This is a Haven.











HOUSE

The practical and physical residence for shelter, belongings, meals and sleep. The house provides safety and comfort and for some, is also a financial asset.

HOME

Bringing freedom, choice, independence, emotional safety, familiarity and individuality. A place for friends, family and kinship across life-stages.

HAVEN

The highest order of meaning.
A sanctuary entwined with self and complete belonging.
Familiarity transcends material value. People develop a seemingly irreplaceable 'sense of place'.

When we think of products, services, and built environments that are 'designed for' the modern elder, they fall short. They fall short of expectation because they do not align with the modern elder – they are designed for, not with. How can we imbue the wisdom and knowledge without having the wisdom of knowledge? How can we design a home that is a Haven? How can we create products and services that complement the skills and experiences of modern elders? The question is also the answer – how can we design with modern elders?

How can we design great things, together?

We fall short of modern elders' expectations. And not just of modern elders, but we see this repeatedly in user experiences across all ages. When we create something that meets our own expectations, we create without really understanding who we're creating for. Engineers see the world differently to artists, who see the world differently to architects, who see the world differently to a child.

Our life experiences are the pieces of a kaleidoscope that shape the way we see the world.

But equally, we don't have to start from scratch. For centuries we have been collecting and understanding human behaviour. We have libraries of insights and information about how people read, interpret, remember, and process information. We can use all this information - the evidence base - to inform our first steps. We can choose to then follow a couple of different paths - one might be a business approach (using humancentred design, for example)

and another may be a more fluid approach (true co-design). Both will give you interesting answers. No guarantees they'll be the same answer.

It's here that the speciality of the team at the Global Centre for Modern Ageing can truly shine. The GCMA uses a living laboratories approach to problem solve. This is a multi-stakeholder, multi-method approach that acknowledges people as valuable contributors throughout the entire developmental process. It is grounded in real-life settings, using the natural behaviours and responses of people as the hallmark of successful design.

Co-Design

User acknowledged as valuable contributors in the development process (not as 'subjects').





Multi-method Approach

No single approach - use, combine & customise different methods fit for purpose.

Real-Life Setting

Activities occur in settings as close to 'real-life' as possible.





User Engagement

End-users engaged throughout the development process.

Malmberg, K. & Vaittinen, I. (Eds.) 2017. Living Lab

Methodology Handbook. DOI: 10.5281/zenodo.1146321.

The GCMA sits at the table together with developers, designers, architects, innovators, and modern elders. We are bridging the crevasse between what is assumed about modern elders, and the lived experience of modern elders.

Never has it been so important to hear and take notice of the voice of the modern elder. They are entrepreneurial and confident. Resilient and purposeful. It is their voice, their insight, their experience that makes products and services delight and inspire. We just need to listen.

relevant stakeholders.

Multi-Stakeholder Participation Inclusion and involvement of all other

Sign up to become a co-designer

Become a co-designer and work alongside businesses to design, build and commercialise products and services that enable people to live well and age well.

Projects range from half day workshop activities to longer term studies that may span several months at our LifeLab™ at Tonsley, as well as in real life community settings.

This is your chance to tell businesses and organisations what matters to you, and work alongside them on product and service development ideas, to better meet your needs and preferences in the future.

To see some of the projects our co-designers have worked on in the past, check out our case studies.

Sign up today at: gcma.net.au/become-a-codesigner

GCMA Reports referenced throughout this newsletter are all available on our website.

Ageing in the Right Place: An Australian perspective. 2019

Finding a Silver Lining: Insights from an expansive study into Australia's response to COVID-19. April, 2020.

Telehealth: Here to stay? June, 2020.

The Future of Telehealth - Refining the Blend: Key insights from an expansive study into Australia's response to COVID-19. August, 2020.

Inspiring new models of care: Digital health in the home. Where are we now? Where to from here? May, 2021.

Stay connected!



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