

Gordon ([00:00](#)):

Firstly, I want to do the the garner welcome. And this is the first time I've ever done it actually. I acknowledge that today we are gathered on the traditional country of the Ghana people at the Adelaide Plains. We recognize and respect the cultural heritage. Excuse me, I'm getting over a cold beliefs and relationships with the land. We acknowledged that these are of continuing importance to the garner people living today, and that we respect their elders past and present. So we get the word elders again, and it is that a lot of indigenous cultures actually have this honoring of the eldest don't they? And I'm not sure that in our culture, that's quite the case at the moment. So perhaps this is an opportunity to explore that for toilets, for anybody who might need them, they're downstairs. And it's a bit of a zigzag corridor.

Gordon ([00:48](#)):

They're reasonably now well kept, but they're downstairs. If you need to get the we've got a Twitter handle. Well, I put together for this and I thought, given we're talking about new lives, it might be an opportunity to for people to actually Twitter in, has anybody got smartphones here and the ability to Twitter, any hands, a few. Okay. for those who don't, I'd like to make a contribution because I know that that kind of frustration you have because we're going to have a Q and a session after all the speakers are presented and often people have their ideas and they want to talk about them during, or just at the end of when the speaker's been on. That can be a little frustrating. I'm going to put this pad out here with a pen again, don't feel shy. If you don't have a Twitter account, you can just come out, tear a piece of paper off and drop it back to us.

Gordon ([01:40](#)):

And I wanted to engage you a little today after the session, after the speakers about your experiences of getting older and anybody here, who's developed a new life and might want to share it. And you also might want to have, you might have some questions you want to ask as well. So feel free to either on the Twitter account or the paper, or there'd be an opportunity when people finish speaking to actually stand up and ask you a question. One more the issues that came up for me in the discussions with the panel last month was that new lives for older people sounds like it's got a lot of promise. Whereas in fact, an awful lot of older people are going to face real challenges and they won't have enough income. They can't pay their electricity bills. They may not have a stable place to live. So we're going to tackle that issue as well here. It's not all rosy futures and iPads. So yes. And the first speaker we're going to have is Helen, Dr. Helen Barrie, Helen. His research has focused on Australia's changing population and the implications of this for society and communities, much of this work involves an examination of population diversity and the interaction between the built environment and aging populations. So Helen, I'd like to invite you to present.

Dr Helen Barrie ([03:03](#)):

Thank you. I guess being the sort of demographer in the room, I tend to take a big picture about population aging. So I'm starting to, by painting that big picture, and then my fellow colleagues here are going to drill down a little bit on that. But the question I wanted to ask first is, well, how old is old? What are we, what is old to us in this day and age? We all grow older from the moment we born, we are growing older. So when do we become old? At what point is it that magic 65 that was invented as the retirement age over a century ago? Is it something different this day and age? And I think what we have to do is acknowledge that longevity has been an amazing achievement for humankind. We have come

such a long way in such a short time in our ability to grow older, nearly every country in the world is now facing an aging population of one kind or another.

Dr Helen Barrie ([04:12](#)):

For the first time in human history, we are approaching a time where there are going to be more older people on the planet than there are younger people on the planet. More people aged 50. Then there are people under 15 for the first time in human history. So this is a remarkable time to be alive and to be growing older, but it needs, it needs some thinking. It needs some innovation. We need to rethink how we think about aging. And there's been a lot of thought about that over the last 20 to 30 years. And we've seen some big global movements. So we've seen things like successful aging, productive, aging, active aging, all these themes and terms that have been rolled out. But I have a little bit of trouble with some of those because not everybody's going to be successful. Not everybody's going to be productive.

Dr Helen Barrie ([05:04](#)):

Not everybody can be active as they grow older. So those terms tend to create silos of people who are in that category and people that aren't, and can't be in that category without a lot of support. So when we're facing a situation where a lot of people are going to be growing older, framed around previous experiences of what it means to be old. And I think it's time we turn the tables on that, repurpose the language, repurpose the thinking and repurpose, how we provide environments and communities and societies that enable people to grow old in the best way possible that they can, how they want to grow old, regardless of what that looks like. Now, I know I said that when do we grow old? But we do know some things we know that most older people in Australia are net contributors to society. They give more than they take up to about the age of 80.

Dr Helen Barrie ([06:04](#)):

Now that's not all older people, obviously some are net contributors, way longer than 80. But we know that that's about the average. So people up to the age of 80 tend to give more to society than they take it's. After that age, that things like health decline, we tend to rely more on public transport or some sort of transport services. We like to have services in the home. We might have poor a mobility, increased chronic conditions and poor health. So that's when we start to need a little bit more. But up until that age, we're active, we're participating, we're contributing. It might be babysitting. It might be tiering. It might be just living independently and not requiring any help from anybody looking after your own garden, looking after your own house. It was like that. We also know that most people, these days want to stay at home.

Dr Helen Barrie ([06:59](#)):

It's a very, very clear message that we've had over the last 10 years. That that is where people want to grow older, if not in their own home, because their own home might be suitable, but at least in their own community or in their own neighborhood. So these things we know are important. And we know that we need to stop thinking about changing things now, not just for the current population of older people who also deserve the chance to age the way they want to, but also because we have that dreadful cohort coming up, the baby boom, as I think most of us are probably sort of not all of us.

Dr Helen Barrie ([07:41](#)):

Alright, I'll confess on that. The first wave of the baby boomers is just turning 70 now. So if we think about that net contribution, age being 80, we've got about a decade to get it right before this big wave

of older people comes through. We need to start thinking now for the next 10 to 20 years, about what we want society to look like for that older group. The advantage being that if we start doing that now, we also help the people that come before the baby boomers that in the big hype about baby boomers are often getting lost in the debate. So we need to act. Now, now there are some myths about the baby boomers just as there are about growing older. There's this idea that there is this cohort coming through that are wealthy and healthy and own their own homes are going to be out there traveling and learning Italian and running their own businesses and all these wonderful things.

Dr Helen Barrie ([08:42](#)):

And it's just not true. There is a huge diversity in the older population, then not all healthier. In fact, we've done some research at the university that shows on the whole they're less than the previous generation. The only pluses they had is they smoke less and they're better educated, but they actually have poor health. They have a more chronic conditions. They're more likely to be overweight socially. They're more likely to live alone. They're more likely to have a mortgage or be renting. They're less likely to have a private health insurance. This is not the fabulous, wealthy, healthy, smart group going through. We need to think about that diversity. We need to be able to provide opportunities for all older people. The other thing is, I think we think we're invincible, that aging for us is going to be some wonderful panacea of choices. Some of us are going to get dementia. Some of us are going to be frail. Some of us are not going to have good mobility. Some of us are going to be living alone and struggling financially. We need to think about that. Diversity when we're building in services, when we thinking about what community might look like and how community can each help each other, it's not just all book fairs and holidays. It's a shame. I know.

Dr Helen Barrie ([10:05](#)):

So I want to think for me, global movements, unlike successful aging or productive aging, but global movements like age-friendly cities and a trend to communities have a lot to offer because they're bottom up. The principle is that it's bottom up. It's the voices of the local community, deciding what their community or neighborhood is going to look like as they grow older. I think that combined with advances in new technologies, advances in medical and other science and in health science and other sciences are going to enable us to create Australia as a good place to grow old for everybody. So I think I just wanted that to be the start of the conversation today.

Gordon ([10:58](#)):

Thank you, Helen. And just to be some housekeeping, if you could turn off your mobile phones, usually somebody forgets to, unless you just turn the sound off, don't turn them off unless you're Twittering, that'd be lovely. The Twitter feed, if you want, it is a FOI Adelaide festival of ideas underscore new lives. Our next speaker is professor Karen Reynolds. Karen is director of the medical defense defense medical device research Institute and the medical device partnering program. She's also deputy Dean of the school of computing, science, engineering, and mathematics at Flinders university. Thank you, Karen.

Prof Karen Reynolds ([11:41](#)):

Thanks Gordon. And I always knew Helen would be a hard act to follow, but anyway I think perhaps just picking up on a little of, of Helen was talking about in as much as there is very much a continuum and diversity of aging. So, you know, we we're aging from the minute we're born, basically. But, but alongside that, there's also, we need as technologists to think about a continuum and diversity of technology to, to address people's needs across that full spectrum. And you know, technology is not

something that either starts to be used as we get older or we stop using as we get older. And I think what we need to do is to make sure that the technology is designed appropriately for any particular need ability, et cetera, et cetera. And I guess as a technologist over the years, I've realized that we don't always do that very well.

Prof Karen Reynolds ([12:40](#)):

Technology tends to be built and then shoved in the hands of the people that we think should be using it. And we need to turn that around and make sure that we're working much, much more closely with the people who are going to be actually using that technology involving them in the design involving them in the development process and actually therefore letting them buy into the whole process. I've been asked to say a little bit about the sorts of technologies that are, that are there and perhaps that are coming along. So, you know, there's technology in almost everything we do and, and that's true at whatever age we are, but this technology and in transport, this technology in mobility technology, glasses, hearing aids, actually, there's another thing I would say is that the word technology invokes a number of different responses.

Prof Karen Reynolds ([13:27](#)):

Some people think of technology and they start thinking of kind of space, age things and get very nervous or very excited. To me, technology, you know, a clock is technology, but people probably don't think of a clock as being technology because it's accepted. And so sometimes the word technology is stuff that isn't quite yet accepted into community. But you know, technology is all around us. We have technology again, as we get older people think of the big red button that goes around the neck, you know, that's technology, which perhaps isn't necessarily always appropriately designed. We have technology in terms of things in the kitchen for eating and drinking personal care. Again, as we get older, some of the technologies that's fissured into a bathroom. And if we think about that currently in your bathroom, as you get older, you may have some grab rails.

Prof Karen Reynolds ([14:17](#)):

You may have a shower stool perhaps into the future. I mean, there are things now that you can get, for example, your smart taps that turn themselves on and off, and they've got the temperature that's already adjusted in the water, you know, looking into the future, perhaps that bathroom may have a camera built into the mirror and no, no, no, no, not a C C no, no, no, no worries. Looking at the camera, the camera, all the cameras do is it's actually looking at you and saying, can we tell by, by the image what your heart rate is, what your oxygen level is, are you beginning to look unwell? Is there something that we can alert as to how healthy you look, have you lost weight? So it's looking at the image. It's not necessarily sending that image off to somebody else, but, and again, you know, these are the sort of responses that technology and folks, and this is where we need as technologists to understand what's acceptable.

Prof Karen Reynolds ([15:18](#)):

What's not acceptable. How do we actually develop that kind of technology? Again, thinking about the smart home and a lot of these technologies are already there or are already available, but aren't necessarily being used. So we think about things like medication reminders smart pill, dispensers, fall detection, there's more and more developments in the fall detections, which is clearly a, you know, a really important area there's technology that can tell whether you've got out of bed, whether you've got out of your chair, which is, you know, in itself is perhaps not that exciting. But if then you connect that

to kind of patterns of activity, it says, well, normally you get out of bed at kind of eight o'clock in the morning and actually you haven't got out of bed and now it's 10 o'clock. Is that something we should start to get concerned about?

Prof Karen Reynolds ([16:07](#)):

Have you turned the cattle on this morning? If you haven't turned the cattle on again, perhaps that's an issue cause you always have a cup of tea in the morning. So that kind of activity monitoring can start to tell a little bit about whether someone's you know, well healthy or perhaps there's some issues that, that perhaps need following tele medicine, again, you know, video, remote consultations with your doctors to save you, having to go in to the GPS clinic. So you can, you can do a video consultation have heart rate, blood pressure, glucose, all those different things monitored. And so I guess the point is there's a lot of technology that that's already it's already feasible in many instances it's already available. But there's some issues with it. So firstly access. So actually knowing that it's there knowing how to access it, it being appropriate, which I think is a really big issue, you know, has it been designed appropriately?

Prof Karen Reynolds ([17:08](#)):

Has it been designed with the end users in mind? Has it been designed with the consumer? The other thing I guess, is the affordability, which is an issue, which I think needs some, some thought but also the integration. And when I talk about integration, I guess it's integration from a technological sense. So rather than having lots and lots of different things in your house that actually don't work together and don't talk to each other, it needs to be integrated from that point of view, but probably more importantly, it needs to be integrated into the social system and it needs to be integrated into the health system if it's a kind of health, healthcare type type technology. So, you know, a lot of things there, I think that as technologists we haven't necessarily in the past thought about particularly well. And it's something that I'm very passionate about trying to change moving forward.

Gordon ([18:01](#)):

Thank you, Karen. Dr. Victoria, excuse me, Dr. Victoria Cornell. He's a post-doctoral research fellow at the school of social science at the university of Adelaide. Victoria has a strong belief in social justice and understanding of how older people are often overlooked in terms of their aged care and housing needs. A current research is focused on issuing issues of aging, aged care, provision, and housing for vulnerable groups, Victoria, thank you.

Dr Victoria Cornell ([18:31](#)):

Thanks Gordon. And good morning everyone. I'd just like to tease out a couple of the issues that both Helen and Karen have started with. So as Helen said, there's, there's internationally, there's this perception that the baby boomers are gonna all retire, being healthy, wealthy, and well generally. And also that there is acknowledgement and also policy directives to help people age in their own homes and in their own communities. And I guess I'm, I'm kind of interested in that within that context. What, what does smart home technologies offer and what could be the potential issues in terms of empowering older people to stay at home and, and maintain that functionality in this wellbeing. Helen briefly mentioned that the older people are obviously often kind of essentially put in this bucket of being older people, but there's a huge diversity within that group.

Dr Victoria Cornell ([19:25](#)):

Just, I mean, in terms of age from one thing, you know, 65 to 105, for example, and then of course, in terms of income, in terms of their health, in terms of their education, in terms of everything, that's going to have some effect on how successfully that they, they will age in their, in their own homes or in the community. Looking specifically at two things I guess, are income and wealth and housing interests of mine. So I mean, some of the income research that we know that's out there, several recent studies have highlighted that there's very high rates of, of income poverty in older Australians. For example, the organization of economic cooperation and development data has recently shown that a third of Australians over the age of 65 are living in poverty. And that's, we're only the second second highest within the OECD after South Korea.

Dr Victoria Cornell ([20:12](#)):

So that's, when you think that we think of ourselves as the lucky country, that's quite a scary statistic. And there's an awful lot of Australians that rely on the, on the on the age, pension is approximately 1.5 million older Australians are relying on the age pension as their main source of income. And a lot of older Australians will take very dark measures to, to, I guess, to manage their income. So they might turn off hot water in the summer. They might blend their food so that they don't have to worry about dental fees and having to go to the dentist. And they'll often have to between whether they're paying their rent or mortgage as to whether they're going to wait or whether they're paying the utility. So there's a choice every fortnight as to how they live in their lives. And then when we move on to housing there's, as, as Helen said, there's this kind of belief that everybody owns retires, owning their own home.

Dr Victoria Cornell ([21:05](#)):

And it's just not the case. In Australia home ownership is decreasing. And of course we've with that decrease in home ownership, there's an accompaniment in people renting in the private rental sector. And unfortunately the private rental sector isn't necessarily always that conducive to happy living either. And, and both in terms of, of cost, private rental properties can be expensive. They can be inappropriate for people's needs. They can often be infringed locations because that's where the cheaper rent is going to be. And it's a lot of research has shown that a stable secure home is, is fundamental to health and wellbeing. So, okay, if you own your own home, you've got that stability and that security, but if you're renting in Australia, generally rents lease lengths are pretty short as well. So you could be living on a month to month rental lease. You could be living on a six monthly rental lease.

Dr Victoria Cornell ([22:00](#)):

There's just always that pressure of how safe and security you actually get to feel in your own home. And obviously in that respect as well, given that insecurity of tenure and potentially that poverty, what are the implications for smart technology to help you live in your own home? For example, Karen briefly talked about the cost of such technologies. Okay. Some of the day-to-day things like your capital and your clock, well, hopefully most, most people will be able to afford those, but a lot of the others are going to be expensive to install expensive, to maintain and expensive, to, to have that monitoring. If somebody, if it's one of those services that require some kind of monitoring, that monitoring is all going to come at a fee, it's not gonna, nothing's gonna be done for free. And I think that's something that as we, as we plan and devise and develop smart technologies, is that something that we need to bear in mind, we need to bear in mind that equity of, of everybody being able to access it and everybody being able to use it.

Dr Victoria Cornell ([23:03](#)):

And, and those that are living in, in rental properties are potentially not going to be able to benefit from those things because the landlord might not want to have the whatever technology is put in or the modification put in the landlords may not be keen to have their property mucked around with. And certainly those older people that are living in rooming houses or boarding houses, are you going to feel confident to have a piece of smart technology put in a property where there could be 20 other people coming through the kitchen or 20 any known, and whether you're going to be able to be the one that benefits from that piece of technology. And of course, there's, there's the issues of, of older people living in remote and rural communities where potentially wifi or internet isn't isn't as available. So it's great that you can have this amazing thing that's monitoring you, but if, if the line drops out every, you know, for a couple of hours every day, where then you, you lose that monitoring capability.

Dr Victoria Cornell ([23:57](#)):

And I suppose the final thing, which isn't necessarily. So, so focused on, on those that are less capable in terms of finances and in terms of their secure housing is, is, is thinking of the importance of social and ethical questions as well. I mean, obviously we laughed about the, having a camera in your bathroom, but there are issues of, of, of, of in terms of privacy and, and what that broader social benefit can be. So it's these, the cost of autonomy that could be afforded by a smart podium is that offset by increasing someone's health or increasing or improving their social isolation, for example, and will everybody be able to access it? I guess that's my, my main thing is, is that a lot of these things are fantastic in, in, in premise or in, in, in context or in idea concepts. That's the word I'm looking for. But whether in practice they can actually be went through, everyone can gain from them. Thank you.

Gordon ([24:58](#)):

Thank you, Victoria enough, a final speaker is David Penta to David Panter. I'm a chief executive in care services in the UK and south Australia for more than 30 years, David has a range. So I'll just put him up on the screen. David has led a range of reforms, including the development of the new RA H currently S chief executive of not-for-profit ECH formally known, I think is early citizens' homes. The state's biggest provider of housing and support services for older people. David is passionate about enabling people to live well until death in their own home. And I understand that ECH has developed a number of programs to enable this to happen. So we look forward to hearing from you think you do thanks

Dr David Panter ([25:44](#)):

Very much and good morning, everybody. I just want to pick up on a number of things. I mean, the focus for this session is about new lives for older people. And one of the things which we were clear we wanted to do as a panel was just to redress the balance, because you do hear a lot about new lives for older people as all those baby boomers who are in the fortunate position of perhaps being a bit wealthier than their predecessors, a bit more educated, had access to a range of resources and are doing great things in terms of, we've got the notion of sort of older entrepreneurs, people setting up their own businesses, finding new lives in retirement, et cetera, et cetera. That's great. And we're going to see more of that. And all of that adds to the diversity that we see amongst our older population, but unfortunately for every one person like that, there are a number behind them who don't have those resources. Haven't been that fortunate. And just because they were born between certain years and now form part of that baby boomer community, doesn't actually mean that their lives as they get older, they're going to be different, but they're not necessarily going to be better. The reality is we have a

growing divide between the haves and the have-nots, and that is being played out amongst older people.

Dr David Panter ([27:05](#)):

In terms of Helen's opening comments about what does older actually mean? I have the great joy of actually working with many older people every day now ECH for those of you who don't know what we're about we were a sort of classic aged care provider organization. But we made a big decision three years ago, which was to sell on nursing homes because we believe so strongly that nursing homes are not part of the future. And we wanted to dedicate ourselves to be able to enable people to live independently in their own home for as long as they wish to. And for those who wish to, to end up having a good and respectful death in their own home. And I'll say more about that in a moment. And our housing are classed as retirement villages, and we've got 1700 houses in a hundred different locations, but they're not the retirement village that most people would immediately bring to mind.

Dr David Panter ([28:09](#)):

They're not gated communities that don't have resort staff facilities. They're very much a cluster. And if you know us you'll know that, you know, on average, it's anywhere between half a dozen and two dozen units in close off the main street, very much part of the local community. And I have the enormous pleasure of, of meeting many of our residents on a daily basis. I was going back to this issue about who is old. I had dinner the other evening with a group of our residents who have a small community hall, and they organized for themselves once a month, a communal meal in that community hall. And on my right-hand side, I had Phyllis, Phyllis is 104, and still living at home independently with a little bit of help with cleaning and a bit of shopping but not much else. Phyllis talked about other people living in her village as being the oldies.

Dr David Panter ([29:06](#)):

On my left hand side, I had Dolly Dolly's 95 and Dolly is very proud that 95 she's still driving. Thankfully, she appreciates that she does it during the daytime hours, not at night anymore. She stopped doing that about a year ago and Dolly and Phyllis, very active. They're not particularly wealthy individuals. Our housing is targeted at what we described as being affordable. And I know there's always issues about affordable to whom, but about 25% of our houses are actually rented and they're rented at 70% of the market rate. So you can actually live in one of our rented houses as an older person for less than \$5,000 a year. So it actually, you know, we, we have, we don't cater for the high end, the wealthy we're very much focused on the everyday Australians. And we touch the lives of about 15,000, south Australians on a daily basis, about 2000 of those live in those houses.

Dr David Panter ([30:05](#)):

But 4,000 people we provide service to in their houses, their own houses rented or private that they've lived in for many years. And about twice as many of that, we service every day through our wellness centers, people coming in for social connection for allied health, physio, OT, podiatry, or just to be part of the gym class or an exercise class to help them retain their wellness. So yeah, the sorts of things which we're doing to ensure that those people have the lives that they want as they get older does go back to that basic point of recognizing where we currently are and what people's aspirations are. One of the things that drives us at ECH is from every piece of research we have done ourselves and every piece of research we can find around the developed world about how people want to end their days.

Dr David Panter ([30:55](#)):

As I said earlier, it is about being at home. And when the time comes having that good and respectful death at home, it may come as a surprise that Australia from the work that we've done has about the worst rate in the world, in the developed world of people over 70, actually getting to die at home. It is only about 10% of people now across the world, the developed world, whether it's north America, Europe, Scandinavia, ourselves, New Zealand, around about 50% of people over 70, get to die in hospital. Again, for many years of working in hospital systems, I think that's too high. I think we do a whole range of things towards the end of somebody's life that are unnecessary and that we don't need necessarily to, to have that sort of very sort of technologically invasive death for somebody in a hospital. But at least it's a consistent figure across the developed world.

Dr David Panter ([31:58](#)):

What's not consistent is how many of those others get to that home versus a nursing home. And here it's about 10% versus 40% across in New Zealand. It's about 20% at home and 30% in nursing homes, but you go to some parts of the world like Scandinavia, it's 45% at home and only 5% in nursing homes. That's not because those people are dying from other things. It's because there are a range of options and services and solutions involving technology, as well as just good old fashioned neighborliness and support and social connection that enable those people to continue living in their home and have that good and respectful at home. We know ECH from the work that we've done, that one of the biggest factors in enabling people to carry on living at home and having that life that they want as they get older is about social connection, big fear about social isolation, but actually very easy ways to overcome some of that.

Dr David Panter ([33:00](#)):

Again, going back to some old fashioned ideas about neighborliness, we know that people who live in our villages for example, and this is work done by Deb Faulkner who's in the audience today and, and her team at Adelaide uni. We know that people who living in our, our, our villages, if they do get to that point of thinking about a nursing home do so around about five years on average, later than a match group in the general community. And one of the biggest components in that difference is the sense of neighborliness and wellness. That's derived by having people around you, who, you know, are just looking out for you. So we're looking at how to offer those sorts of opportunities to people who don't live in our villages, but live in traditional home. How do we gather and reconnect with that sense of neighborliness? That is one of the things which has evaporated within our modern world, where everybody's become time poor.

Dr David Panter ([33:57](#)):

And whilst there's been some great schemes developed elsewhere, which we've looked at, there's a thing that's talked a lot about in, from a small town in Victoria for example, called the casserole club where people, you know, families in our street are encouraged by the local council to cook an extra plate and share it with an older person living in the street, get that connectedness to enable people to reconnect with each other. Great idea, really loved big problem is in today's world for those families who want to participate in that program, they've all got to be police checked, and they've got to go on basic hygiene courses for producing a meal, because we couldn't provide, you don't have food, poison people. That's a huge barrier. That's not about neighborliness. And also it's actually taking away a recognition, which I think happens in our world currently because of this notion, I call it age charism that

everybody over a certain age, whether it's 65, 75 or 80 suddenly, you know, you become infantilized and you don't have a can't take any responsibility.

Dr David Panter ([34:59](#)):

A lot of the things we're developing are actually saying it's up to you, we'll help you, you know, for, so for example, one of the issues with beginning to discuss and getting some traction with around the housing issue, the oldest group, the main group moving into private rental accommodation at the moment of women over 60, because of where they're finding themselves in their lives, relationship, failures, et cetera, et cetera, and what they're left with and what they can afford. We've equally got many people living in their traditional family homes with on their own with two or three bedrooms. I'm worried about the income and whether they can carry on living in their home and about social. So we're reinventing lodging, huge paranoia, my board who want me to police check everybody. And, and now we're just creating a platform for people to meet and connect.

Dr David Panter ([35:48](#)):

And if they want to offer to somebody, their bedroom then fine. And it's interesting that the biggest single group, again, in Australia who are registering with Airbnb are people over 65. So let's actually create some choices for people, enable people to take responsibility and, and create a framework where the by they can actually have that life as they get older, recognizing that it's going to be very varied, very different. That baby boomer group is more diverse than ever in terms of what the aspirations are. And I just want to finish with one little example of technology. And again, it goes back to that issue about infantilizing older people and how even some really simple technology can make a huge difference. So one of the things we've noted that can happen for people as they get older happens to a lot of us, not just as we get older is we increasingly do things like burn the toast.

Dr David Panter ([36:48](#)):

And when we burn the toast, it sets off the smoke alarm and the smoke alarm for many older people is linked into a bigger system and suddenly their son, their daughter gets yet another phone call that mum or dad has triggered the smoke alarm. There must be an issue. Can you need to go around and sort it out in our experience that becomes another black mark about mum or dad and why they can't cope at home. We've discovered and managed to support a company to import a glass sided toaster. And it's remarkable because it actually means you can see the toast brown, because what sets off that smoke alarm, particularly if you're somebody beginning to suffer, memory loss is just checking on the toast and not appreciating that every time you push it back down, you're resetting the clock that leads to the burnt toast glass cided toaster. You can see at brown eliminates in our experience, a hundred percent of smoke alarms going off takes all those black marks away from why mum or dad or your loved one isn't safe at home anymore. Thank you. Thank you, Dave.

Speaker 6 ([38:01](#)):

[Inaudible]

Gordon ([38:02](#)):

On the floor for questions or have some examples of new lives that some of the older people here have been living. So anybody. Yes. Can you just speak up a bit,

Speaker 7 ([38:16](#)):

But the idea of social enrichment and social contact for all of this, it's a whole lot more than that. I'm not one of them, sorry. She's just been admitted couple of weeks ago to an Ikea residence because she's got high PA's with dementia and all the social enrichment in the world is not there 24 hours a day. So that's just like, yeah, she was wonderful. She had [inaudible] as my oldest son over a couple of weeks. Everybody's [inaudible]

Dr David Panter ([38:58](#)):

I think this is a, there's a fundamental problem policy problem in the way in which aged care, the aged care system is structured, which is part of that as well, because the essentially we already carry out services for people with high care needs in their own home. And we can usually manage to do that within the funds available from government for the most complex care in our home. However, the dollar value that the government subsidizes for that is still substantially less than what the government subsidizes for nursing home care. We're currently doing a proof of concept piece of work to demonstrate if we could access that extra bit, that the nursing home gets from the government as part of that subsidy, we can absolutely provide as good and as safe, a quality of care in somebody's home for somebody with high care needs. And that is the sort of thing that happens in other countries, even people with dementia, there are a range of things, some of the technology that was that Karen referred to, again, we're using that, not using cameras because we believe that's too invasive of privacy, but we use this little sensor system called Canary, which just detects motion and, and, and heat.

Dr David Panter ([40:17](#)):

So we know that if somebody is getting up in the morning early in the morning, if they're out of bed for more than 10 minutes, something may have gone wrong because we know their pattern. They normally get up, they go to the toilet, they're back in bed within 10 minutes. A lot of people with dementia have very routinized behavior. And if you understand that behavior, it becomes very easy to remove to remotely monitor. So I think absolutely what you've described is correct that currently there, there aren't those range of services. There aren't those sorts of options there. And therefore people do reach a tipping point. And I'm not saying that that will be eliminated for everybody, but at the moment, we are creating three nursing home places for every home care package that gets created. And yet we have a government rhetoric which talks about wanting to support people in their homes. If you reversed that it would bring remarkable changes very quickly to the way in which services could be provided. And the number of people who could carry on living in their own homes much longer, just,

Dr Helen Barrie ([41:19](#)):

Just to add to David's point about that re the routine of behavior with dementia. That's what gets turned upside down when your mother or someone's mother has to go to a nursing home, suddenly they're in an environment they've lost their sense of autonomy. We all know that in our own homes, we can find a light switch in the middle of the night to be able to go to the loo. You don't think about it, you turn it on, you turn it off and you come back in to bed in the dark and you generally don't fall over anything. When you go to a hotel room, you've got no idea where the light switches, you know, you wandering around in the dark trying to fill along the walls. It's the same. When you move from your home into a nursing home, you enter an unfamiliar environment with unfamiliar people and unfamiliar routines. Being able to stay in your home own time, maintains that autonomy. It might mean you need more help, but in fact, you need less help than when you move into the nursing home, because you've maintained your own autonomy,

Dr Victoria Cornell ([42:16](#)):

I guess one final point for me as well as of course, if you are, if you don't have that security of tenure, if you don't have that stable home and you're constantly on the move every six months, you're having to remember where the light switches, every six months, you're having to remember where the toilet is at two o'clock in the morning. It just makes it harder and harder to, to kind of stay at home because you just feel more and more disenfranchised with every property that you go to. And you just kind of feel dislocated everywhere you go as well.

Gordon ([42:43](#)):

Yes, I actually got you. The I'm astounded by how many people might age group. The baby boom is late fifties, early sixties still have substantial mortgages. I know quite a lot of people who have substantial mortgages and are running up to retirement. And I don't know how they cope with that. I think, I think the point is that an increasing number of people will not be owning their own homes. I think that's the thing, an increasing number as they face retirement or end of work retrenchment, whatever it is that lack of security where we have 12 month leases how are people going to manage that? How they going to draw down perhaps on any super they do so they can actually pay their rent? How are they going to deal with the insecurity? The, the fact that they might have to move out of their community where they're actually, I think in the example in Europe, am I corrected here is that there are much longer term tenancies and home ownership is not taken as a given. So people might rent for a decade or more perhaps in a lease. And that gives them the sort of security. And perhaps that's another paradigm change we need to look at. Yeah.

Dr David Panter ([43:48](#)):

I mean, I think the impact of this is going to be significant and I can use the UK as an example. The UK home ownership is now the lowest. It has been since 1983, which is when the Thatcher government pushed through the right to buy council housing, public housing. So house ownership is the lowest since 1983, like Australia, the assumption that you own your house and were mortgage-free at 65 is a fundamental tenant of the way the retirement and pension system is structured. What's happened in the UK and, and it's worse there because of the austerity measures post the global financial crisis, which haven't helped obviously, but essentially it is undermined the nursing home business. So again, they saw a big shift from the not-for-profits into private nursing home as the big growth industry and ma, and a large number of those private nursing home companies have now gone to the wall because they can no longer get the income based that they used to for people going into nursing homes, where you sold your home, that became the bond that helped fund your nursing home care.

Dr David Panter ([45:04](#)):

Two weeks ago, the Nuffield Institute and independent research body released a report on the flow on impact that that's now having for home care options, which are also funded to a degree in the same mechanism. And those home care options are also falling apart. And that is driven by that housing based model for supporting people as they get older. And so Australia needs to learn the lessons from that. And absolutely, you know, we can, we just done some work and the latest figures we have on superannuation for women in south Australia, between 60 and 64, the median not the mean the median superannuation figure is currently \$28,000. Ain't going to go very far. Any other comment, I guess,

Dr Victoria Cornell ([45:50](#)):

I mean, just a couple of things to add. I think he's, you're right Gordon, that, that Australia and the UK is the same, very much has a home ownership culture. So the thought of renting for your entire life is kind of anathema to us, you know, whereas in, in central Europe, there's, it's, it's the done thing to own your own home is, is quite unusual. I think there is some real policy and systemic problems in Australia as well, certainly with housing and aging in that they're generally dealt with by different levels of government. Aging is generally federal housing is generally state government driven and local government driven. A lot of it is, you know, it's its election cycles. Governments will come in with this whizzbang idea for the next thing that's going to solve the pit, the superannuation crisis. And, and then of course they get voted out and the next government comes in.

Dr Victoria Cornell ([46:40](#)):

So I think that's always something that we're going to struggle with. And I think also, unfortunately, a lot of the silos, as you mentioned, that we deal with are often fighting for the same money or fighting for the same kind of audience, if you like, they're fighting for the same votes for the same money, whatever it is. So they don't, they haven't traditionally worked together because they, you know, they're both fighting for a pot of money or, or Ava or whatever. So they, they don't come together. And I think that's a real, a real sticking point as well. I'm a real optimist.

Dr Helen Barrie ([47:15](#)):

I just wanted to end that conversation on a bit of a happy note. I think need drives innovation. And I think as the generations go by and the worldview shifts from home ownership to rental, we'll come up with other systems. We'll look at lodging, we'll look at share housing, we'll look at community housing. We'll look at all those sorts of options in a really different way. And I'm sure the way a 30 year old today is going to grow older is going to look really, really different than what we're even sitting here imagining for our futures. So I really believe that they will get creative and we'll see different solutions. Got

Gordon ([48:01](#)):

The lady just behind the purple. So if I might summarize it, this is about intentional communities. Sorry. Is this about intentional communities or Jen? Yes. Okay. So my organization looks after a lot of the work at the old in Grieco village and Christie walk, and they're both some nodding heads here. People know about those intentional communities. They are a minority, they do have a great mix of people and they do keep an eye on each other. And in fact, in terms of I've been 30 years in Australia management industry, it has been wonderful to see how people have moved into units and they've kept an eye on each other or help somebody go shopping at a 91 year old who could stay in her own home because there was a supportive community in that strata title group. And let's try to tell us, get a lot of bad press, but they can be wonderfully supportive community. So I'll pass that question over.

Dr David Panter ([48:53](#)):

Yep. Certainly we are looking at those. We've got some land that we're about to develop where we're looking at those sort of intentional communities for mixed use. And we're also doing a lot with the community housing providers who potentially are going to be taking over the public housing estates for redevelopment and looking at how those can be more integrated, age friendly, et cetera, et cetera. But in the meantime, we're also just doing lots of other intergenerational stuff in and whether that's, you know, we've got a village at Nan they've just joined with the local school and they're doing some revegetation work around the village. I mean, and gardening for us is a big issue. I mean, I happen to be a passionate gardener myself, but you know, the cute sense of community created through gardens.

And we, again now employ the country's first horticultural therapist who is skilled at using gardening for therapeutic purposes. And that's leading to us opening up community gardens because they actually bring in the neighborhood young and old, not just people using our services in order to get that sense of engagement.

Dr Helen Barrie ([50:05](#)):

Just, just, I used to do some work a few years ago with a council that was introducing a system in a council area that had lots of quarter acre blocks. So you've got older people living in quarter acre blocks who can no longer manage that garden, but you have young families moving in who loved gardening to be able to share those gardens sometimes physically with a gate between the two properties at the back. So you have a younger person who's doubled their, their land value L land use if you like, but they're also providing the older person with a well-tended cared for garden, being able to share, produce, and then share other things that comes out of that, those simple ideas that can relate to not just intentional communities, but to every neighborhood.

Gordon ([50:55](#)):

There's the technology around that enables people to connect like this so that people could potentially, you know, who might live half a suburb away would know that some old person there would like to have some help in the garden and they want to actually connect with them.

Prof Karen Reynolds ([51:08](#)):

I believe there are sort of online type communities that can enable this kind of connection, I guess it's, you know, it's the usual thing though, is actually knowing that those kinds of those facilities are available.

Gordon ([51:20](#)):

There's an old Greek called Epicure used to talk about that, that the way Epicurus, I think he used to talk about the the, the the happiness was about, or contentment was about sharing meals, sharing a home with other people, but having enough space of your own, that may be paraphrasing him, but that was the recipe for a good life.

Dr Victoria Cornell ([51:43](#)):

It's interesting, because years ago I worked in England and worked for two local councils, which had they both had lots of empty properties, large, big Victorian houses that, you know, we didn't have the big families to fail. And one of the, you know, we were trying to bring these empty properties back into use and think of any innovative ways that we could do that. What you mentioned was exactly one of the things that we looked at, but it all got too hard because of the bureaucracy and the red tape that was required to, to help that. And I think things are moving on a bit in that. And certainly there is some, you know, Europe, Finland, and the Netherlands are starting to do these kind of more intentional communities. So I think that the turning, you know, the, the thoughts will turn, but I think it's just going to take time together.

Prof Karen Reynolds ([52:29](#)):

Sorry, sorry. I think, and again, in Europe, there's some great examples actually, of, of students sharing with older people, which I think is a great idea is that as a university person cause there's so much to

gain from each other in those particular industries, we've got five minutes more. So David, I'm just gonna move

Speaker 7 ([52:47](#)):

On. Yeah, just one, fantastic. To hear the excitement and energy around all of these alternatives. And I've actually worked in aged care facilities for a number of years and the last increase of size, the institutionalization of aged care. And now I've got to change your life. I'm having a slightly different position on all of that community now. And I think it is about community not supporting age, supporting communities. And I think the big impediment pretty well is about the regulations. When I first started designing an educated and the kitchens where people could cook their own food. And then the legislation

Speaker 6 ([53:57](#)):

[Inaudible]

Speaker 7 ([53:57](#)):

Described the new model and it's fantastically, how do you get, because obviously a lot of the funding structure is still going on. [inaudible] Try and get more people to take responsibility, whatever HBR we're not expecting the government or anybody to do everything we're ready,

Dr David Panter ([54:35](#)):

We're ready. When's the government. I think that that is about actually people taking action quite frankly, and taking control back into their own hands. I'm also optimistic despite so my comments, but I have to say the, the, the, where I'm looking for inspiration at the moment is two very different sorts of systems and believe it or not. I think one of the exciting places around lies for older people at the moment is in New York. And that's partly because there is no welfare history and people have had to make do, and there's a very low threshold to red tape and bureaucracy. So people have been able to do things and some of the community-based initiatives, some have come from face groups, particularly within the Jewish community, but there's a very active program there around older lesbian and gay people. Taking control housing is a critical issue there because of again, just access to housing, et cetera, et cetera.

Dr David Panter ([55:41](#)):

So there's a lot of initiatives on the ground in that environment, which I believe we can certainly learn from, and for organizations like myself, ourselves, it's, it's, it's how we translate that into, you know, these words of proof of concept. So, you know, so this, this issue about providing 24 7 care in people's homes, we're doing that. We're using some of our reserves to fund the cost of that, but we're doing it in partnership or with the knowledge of the federal government key people and the bureaucrats so that we can then let them have the evidence we can demonstrate this can work if you do these certain things. And that is to influence the policy. But then the day, I think the more people who actually just take control of their lives and say, this is what I want to do and get on and do it. That's going to add.

Gordon ([56:31](#)):

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And I know we have another question, however, I'm told, if we're not ahead of about 1215, they will actually March us out. So, so I just wanted to ask you to thank Helen, Karen, Victoria, and David for a very insightful look at our new Alliance.

Speaker 6 ([56:52](#)):

[Inaudible]

Gordon ([56:52](#)):

Just some housekeeping before you go, I will.