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OUR VISION

A world where older people are respected, healthy and included.

OUR PURPOSE

As the national leader in ageing research, we produce evidence, tools and resources to improve health and aged care systems, influence government policies and inspire best practice in the health and aged care sector.

OUR APPROACH

We do this through:

- Excellence and innovation in research
- Evidence-based education and training programs
- National and international reach
- Designing and testing technological solutions
- Collaboration, co-design and co-production with government, industry, older people and carers
- Combatting ageism
- Building a great place to work

OUR VALUES

Our values underpin the way we work and conduct our research. We value:

- Research excellence and a spirit of enquiry
- Elimination of ageism
- Integrity
- Diversity
- Collaboration

FROM THE PRESIDENT

Never has the spotlight on older people in Australia shone more intensely than during this past year. The interim findings of the Royal Commission into Aged Care Quality and Safety have brought into stark relief many of the shortcomings of the current aged care system.

The pandemic has demonstrated how dramatically these problems pervade, intersecting with the wider health and aged care system. We are now all too aware of the consequences, with the poor integration of these sectors exacerbating underlying structural problems.

Over this past year, the National Ageing Research Institute (NARI) has worked with the Royal Commission to improve knowledge of many of the existing aspects of care in Australia. NARI will have an important role to play in helping to inform future planning and reformation of the system.

NARI's work aims to build a better world for older people where systems and structures recognize and respond effectively and sympathetically to the needs of both this population and their wider network. NARI is conscious that a 'whole of life' approach to health and care can support this aim where one population group is not privileged nor ignored to the detriment of another.

Looking towards the future, NARI has been honing a strategic plan which will lead it into the 3rd decade of this century. With emphases on impact and transformation, NARI is applying a focused lens to the application of its research - turning that research into practice. Post the pandemic NARI would like to see a world which is better configured to recognize and respond to the needs of older people and values their place in society.

The formation of a new NARI research division in Aged Care is timely and led by Dr Joan Ostaszkiewicz. Dr Ostaszkiewicz and her team will focus on issues of continence, frailty and the aged care system thereby complementing the clinical and social research led by Associate Professors Bianca Brijnath and Frances Batchelor and our translational platform, Melbourne Ageing Research Collaboration (MARC), led by Debra O'Connor. Under Professor Briony Dow the institute has strengthened its national foothold and broadened its research agenda.



I would like to thank Professor Dow and the Executive team for their tireless work, leadership, adaptability and ongoing innovation, leading the Institute and the staff during their adjustment to significant disruption made necessary by COVID-19.

I would also like to acknowledge the work of my Board members whose thoughtful and conscientious attention to the development and vision for NARI have provided united leadership and support during this turbulent time. The need has never been so great, and we are all indebted for the efforts.

A handwritten signature in black ink, appearing to read 'M. Murray'.

Associate Professor Michael Murray

BOARD OF DIRECTORS

President

Associate Professor Michael Murray AM

Vice President

Mr Derek McMillan

Treasurer

Mr Richard Gallina

Executive Director

Professor Briony Dow

Members

Ms Maree McCabe

Mr John Waters

Professor Danny Liew

Hon Marsha Thomson (was appointed to the Board on 30 September 2019)



Board Meeting Attendances	Total Meetings 5
Associate Professor Michael Murray AM	5 out of 5
Mr Derek McMillan	5 out of 5
Mr Richard Gallina	5 out of 5
Professor Briony Dow	4 out of 5
Ms Maree McCabe	4 out of 5
Mr John Waters	5 out of 5
Professor Danny Liew	5 out of 5
Hon Marsha Thomson (from 30 September 2019)	3 out of 4

Finance, Audit and Risk Management	Total Meetings 6
Associate Professor Michael Murray AM	5 out of 6
Mr Richard Gallina	6 out of 6
Mr Derek McMillan	6 out of 6
Professor Briony Dow	5 out of 6
Mr John Waters	5 out of 6

Image: NARI Executive team.

FROM THE DIRECTOR

The second half of 2019/20 has been an extremely challenging time. As an institute that focuses on ageing and older people, we have been dismayed at the impact that COVID-19 has had on the lives of older people, particularly those living in aged care and their carers, paid and unpaid.

But despite the many challenges that 2020 has brought, NARI has continued to grow our reach and impact. Our new Strategy 2020-2024, focuses specifically on impact and in 2019/20 NARI has had an impact in several ways.

We have contributed to the Aged Care Quality and Safety Royal Commission, through submissions, hearings and commissioned research. NARI staff have provided expert advice to the Victorian Royal Commission into Mental Health and the MRFF Ageing and Aged Care Mission Strategy. We have also given expert advice to the Victorian Government Primary Prevention of Elder Abuse Framework Reference Group and the Victorian Government Elder Abuse and Safeguarding Advisory Group. NARI also led the development of the Culturally and Linguistically Diverse Dementia Research Action Plan in partnership with NNIDR, launched in June.

Given the increased focus on aged care, we have established a new Aged Care Research Division, which is headed up by Dr Joan Ostaskiewicz, who brings

an important nursing perspective to our multi-disciplinary team as well as considerable expertise in continence and aged care. We have expanded our national and international partnerships through new research collaborations, including an international COVID-19 survey focused on psychological and social wellbeing. The Melbourne Ageing Research Collaboration (MARC) has now expanded to 20 members and continues to go from strength to strength.

Like most others, we commenced working from home in late March and had to pause or pivot our research and education activities to the virtual world. This has been challenging but staff have risen to the challenge and, led by our excellent Executive team, have found alternative ways to keep their research activities going.

Our education program is now fully on-line, with an expanded audience and speaker pool. NARI has prioritised staff and volunteer wellbeing during this phase and we have co-designed COVID-19 tip sheets with and for older people, an exercise at home video as

well as refocusing our current research projects to ensure maximum short-term benefit to participants.

I would like to thank the NARI staff, our volunteers and all our research partners, the NARI Board members and my Executive team for their ongoing support and commitment, especially during the very challenging COVID-19 pandemic. As we look ahead to 2021 and beyond, NARI is committed to contributing to much needed reforms of the systems that support older people to ensure they are resilient in the face of future social upheavals.



Professor Briony Dow



IMPACT - NARI'S NEW STRATEGY IDENTIFIES 6 IMPACT OBJECTIVES

CONDUCTING TRANSLATIONAL RESEARCH WITH AND FOR OLDER PEOPLE

NARI has over 50 translational research projects underway across its clinical, social, aged care and MARC divisions. Examples of our translational impact include:

- **In residential care:** the Pain Management Guide (PMG) Toolkit for Aged Care; The BEFRIENDAS RCT- providing emotional and social support to older people with symptoms of depression or anxiety living in aged care; and a Model of Continence care in residential aged care.
- **For CALD communities:** the Averno app - translation product for older people from CALD backgrounds and films and animations to improve dementia literacy in CALD communities
- **For health and aged care workforce:** the Elder abuse in the context of dementia films and the PITCH Project -an evidence-based dementia specialist training program for home care workers;
- **For all older people:** ENJOY MAP for HEALTH seniors exercise parks.

ENABLING AND INSPIRING BEST PRACTICE IN THE HEALTH AND AGED CARE WORKFORCE

- NARI and the NHMRC National Institute of Dementia Research launched the Culturally and Linguistically Diverse (CALD) Dementia Research Action Plan to increase participation of CALD Australians in dementia research.
- NARI continued to deliver a rich program of professional development opportunities including:
 - › The 'Seminars in Ageing' program, in conjunction with Melbourne Health and the Academic Unit for Psychiatry of Old Age University of Melbourne.

- › Professional development workshops (including in partnership with Dementia Training Australia) on assessing cognition and dementia and cultural diversity.
- › The NARI Annual Summit, which brought together over 120 researchers, policy makers and health professionals to focus on the question: What makes good aged care?
- NARI researchers shared their work at 53 conference and invited presentations.
- NARI researchers gave guest lectures to undergraduate and post graduate students at RMIT, University of Melbourne and University of Tasmania, providing the latest evidence on topics such as elder abuse and falls prevention.
- NARI published research in 82 peer-reviewed journals including the Medical Journal of Australia, the Journal of Family Violence, and BMC Geriatrics. Researchers authored three book chapters.

INFLUENCING GOVERNMENT POLICY WITH LATEST EVIDENCE

- NARI collaborated with Senior's Rights Victoria to analyse 2385 cases of elder abuse and produce the report *Seven Years of Elder Abuse Data in Victoria*.
- NARI undertook three significant research projects for the Royal Commission into Aged Care Quality and Safety, and findings will inform the Commission's final recommendations to Government. The research examined integrated models for care, health and housing, aged care residents' perspectives of care, and home and respite care clients' perspectives of care.
- NARI presented evidence at hearings of the Royal Commission into Aged Care Quality and Safety on falls, continence care and barriers to aged care research.

- NARI's submission to the Victorian Mental Health Royal Commission highlighted mental health issues faced by older people and suggested how to address these issues.
- NARI is developing an evidence-base for the DHHS about what older Victorians want for their health care and wellbeing. This will inform robust policies on how older people access care and services across their life trajectory.
- NARI's review of 28 public health services across Victoria is now supporting the development of a statewide framework and guiding principles to improve experiences and outcomes for older people in the health care system.

BUILDING AUSTRALIA'S CAPACITY IN AGEING RESEARCH

- The Melbourne Ageing Research Collaboration (MARC) has grown to 20 members.
- MARC awarded four PhD scholarships to research social isolation, dementia, healthy ageing and ageing in older migrants, and two seed funding grants to research end-of-life care and dementia, and falls prevention.
- NARI researchers supervised 49 higher degree and undergraduate research students.
- MARC delivered a mental health masterclass, technology forum and the 2019 Ageing research Symposium to MARC members and ageing researchers throughout Australia.
- NARI and Deakin signed a Memorandum of Understanding to work together to deliver solutions for older people through new approaches to research and education.
- In 2019-2020 NARI staff have consolidated and expanded their international collaborations. NARI is actively involved in two International Longevity Centre - Global Alliance (ILC-GA) projects and is a foundation partner in ILC - Australia.



We also collaborate with researchers in the UK, USA, Canada, Israel, Brazil, Germany, India, Singapore, Norway, Thailand, Sweden, Finland, Malaysia and Abu Dhabi.

PROMOTING ACCURATE INFORMATION ABOUT AGEING AND OLDER PEOPLE

- *The Australian, The Age, SBS News, Medical Express, Australian Ageing Agenda* and *The Senior* all published NARI's work on topics including ageing well, workforce mental health in COVID19, NARI's Covid19 resources and issues relating to older CALD Australians.
- NARI opinion editorials featured in the BMJ Opinion blog, Research Australia Leadership INSIGHTS on Health and Medical Research and Innovation, and The Conversation.
- NARI Directors and researchers made presentations on a range of ageing related topics to lay audiences and organisations, including four Rotary clubs.
- In response to the COVID19 pandemic, NARI developed resources for older people and their carers including health and wellbeing tip sheets, and home exercise videos.

CLINICAL GERONTOLOGY



The Clinical Gerontology Division has had an extremely productive year. Our work is undertaken across community, hospital, and residential aged care settings and centres on the themes of health and aged care practice, healthy ageing, physical activity, falls prevention and technology. We continue to work to generate new evidence, translate evidence into practice, and to influence both policy and practice. In total the division has been working on over 15 projects with our multidisciplinary team of 16 staff.

Our research

We have made significant contributions to the Royal Commission into Aged Care Quality and Safety, including undertaking two ground-breaking national surveys on quality of care and concerns and complaints for people living in residential care and home and respite care. In addition our work included a written submission and appearance on the topic of falls prevention, highlighting the gaps in evidence and practice.

Inside the system: aged care residents' and home and respite care clients' perspectives

Two large nationally representative surveys were conducted to explore aged care residents' and clients' views on their experience of care, quality of life, their concerns and whether complaints are satisfactorily resolved. Results from the 391 people living in residential aged care and a total of 1,223 people receiving a Home Care

Package or respite indicated that only around one-quarter feel they always have their care needs met. People identified concerns across many areas of aged care. Aged care residents were most commonly concerned about staffing, including lack of staff, call bells not being answered, high rates of staff turnover and inadequate training and home care package clients were most commonly concerned about finance and administration, including lack of value for money, not enough fee transparency, and service co-ordination and rostering. While concerns are often discussed informally, many concerns never become official complaints, and less than 1% are raised with the regulatory body overseeing aged care. The results of this study will be used by the Royal Commission to inform its recommendations, which will be brought down in February 2021.

Acute Models of Hospital Care for Older People in Victoria

A major component of Clinical Gerontology's work is our comprehensive program of work developed with and for the Department of Health and Human Services. This year work included the development of an online directory of falls clinics, an analysis of what older people want from their healthcare and a review of models of acute care of older people.

Older people are significant users of health care services in Victoria so it is important to understand how hospitals identify and respond to older people.

After face-to-face and online consultations with 28 public health services across Victoria and a review of government and health service policies, we found that organisational level commitment, integrated processes, patient centred practice and physical environments specific to the acute care of older people vary considerably between health services. While areas of good practice and innovation



are evident within many individual health services, the findings indicate that there are a significant number of opportunities for improvement. These findings will support the development of a state-wide framework and guiding principles that will improve the experience and outcomes for older people in the health care system.

The S-Well trial - Seniors Staying Well at Home

In this trial, we evaluated the feasibility and acceptability of HalleyAssist™, a Smart Home monitoring system designed to collect data on an individual's movement around the home and provide alerts if abnormalities are detected. Fourteen people receiving Commonwealth Home Support Programme services from Bapcare and their families were surveyed before installation of the technology and six weeks later. We found that HalleyAssist™ was feasible and acceptable to clients and their families. The sensor-based technology was viewed as unobtrusive and beneficial in supporting independence and providing peace of mind. S-Well was a collaboration between Bapcare Victoria, NARI, SP TechSolutions, and Swinburne University of Technology. Funding was received from the Commonwealth Home Support Programme (CHSP) Innovation Fund.

Vitamin D and falls after stroke

There are many Australians who survive stroke and they have one of the highest rates of falls. Yet, there is little evidence on what is effective in reducing falls in this group. We explored the trajectory of Vitamin D and the association of Vitamin D with falls and strength, balance and walking



in fifteen people by following them for the first 12 months after stroke. A proportion have low levels of Vitamin D and many have low vitamin D for the 12 months after stroke. Few participants were taking vitamin D supplements at the time of stroke and few were given it in the following 12 months. St Vincent's Hospital Melbourne and Royal Melbourne Hospital. researchers worked with NARI on this study.

The Pain Management Guide (PMG) Toolkit for Aged Care

NARI partnered with the Australian Pain Society (APS) to develop a toolkit to support better pain management in aged care. Funded by Dementia and Aged Care Services (DACS), Federal Department of Health, this toolkit sits alongside the book *'Pain in Residential Aged Care Facilities: Management strategies, 2nd Edition'*.

In developing the toolkit, interviews and focus groups were conducted with over 30 participants from both metro and regional areas in Victoria, as well as interstate. Participants included residents, their families, content experts, and professional aged care and allied health staff.

A draft version of the toolkit will soon be offered to a select number of residential aged care facilities for testing. Once developed and tested, an electronic version of the toolkit will be provided free of charge to the aged care sector.

LANGUAGE TRANSLATION TECHNOLOGY FOR OLDER ADULTS FROM CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) BACKGROUNDS

Approximately 16% of individuals aged 65 and over are from a culturally and linguistically diverse background, and speak poor or no English. For these individuals, care may not be equitable, as it cannot always be provided by people who speak the same language.

As a result, there is growing demand for interpreting services in hospital, residential aged care, and community aged care settings in Australia, but the use of interpreters is expensive and access difficulties mean that they are generally only considered for one-off assessments or when more complex information is being communicated. While there is technology that supports voice to voice translation, such as Google Translate, none have been specifically designed with the needs of older people, including those with dementia, in mind.

With funding from the Federal Dementia and Aged Care Services Fund (DACS), NARI, in collaboration with Curve Tomorrow and Mercy Health, has developed Avertio™, an app-based translation product designed with and for older people from CALD backgrounds.



Avertio™ was trialled for three months by 24 older CALD individuals, and 25 homecare staff. Participants took part in pre- and post-trial questionnaires/ interviews, as well as follow up conversations and an in-app survey, with homecare staff also invited to take part in a focus group.

Of all Avertio's™ functions, users overwhelmingly preferred to use the direct translation, 'let's talk' function of the app, rather than the more structured 'pre-set' components of the app. Most participants reported being satisfied with the app, and that they enjoyed using the app during homecare visits, however, some reported they still were able to 'get by' without translation technology.

Homecare staff indicated a strong desire to have the app on their work phones, so that they could take it to all homecare visits or when providing cover for other care staff.



SOCIAL GERONTOLOGY



The Social Gerontology team has made remarkable strides in research and impact, extending its reach and influence in core areas of dementia, elder abuse, and diversity. Alongside which, our projects have pivoted to capture the far-ranging effects of the pandemic.

Highlights of the year include:

Seven-year trend analysis of elder abuse data

With funding from the State Trustees Australia Foundation, in collaboration with Senior's Rights Victoria (SRV), NARI researchers analysed seven years (July 2012 to June 2019) of SRV Helpline data to better understand elder abuse in Victoria. A total of 2385 advice calls that concerned at least one issue classified by SRV advocates as abuse were analysed.

Results showed that 72% of advice call clients were women, mostly in their 70's, and 60% of clients had one or more disabilities. Psychological abuse (63%) and financial abuse (62%) were the most commonly reported types of abuse followed by physical abuse (16%) and social abuse (11%), with many clients experiencing more than one type of abuse. A relatively small number of people reported neglect and sexual abuse. In 91% of cases the abuse was perpetrated by a family member of the clients, most commonly sons (39%) or daughters (28%).

Over the seven-year period there was a significant increase (of 17.35%) in the proportion of perpetrators experiencing mental illness and in those with a gambling or substance abuse problem (increase of 7.05%).

Primary prevention of family violence among older people living in Victoria

Funded by Respect Victoria, this ongoing project uses an action research methodology - engaging with older people, carers, other family members, service providers and stakeholders - to co-design and pilot an intergenerational primary prevention intervention. The project builds on evidence that violence experienced by older people most often occurs within families and is commonly intergenerational in nature. The outcome will be better knowledge about what drives intergenerational family violence among older people and local strategies for prevention.



ADAPT: Animating for Dementia Prevention

There is strong evidence that up to 30% of dementia can be prevented by addressing health and lifestyle factors that include increasing physical activity, and maintaining a healthy diet and social connectedness. Unfortunately, this message is not reaching Australia's culturally and linguistically diverse (CALD) communities. Within many CALD communities, there is a limited awareness of dementia and dementia prevention. The need for health promotion strategies that address this gap and improve awareness of dementia prevention among CALD populations is clear.

The ADAPT project, funded by the Commonwealth Department of Health, uses a co-design approach to script, produce, disseminate and evaluate an animated video about dementia prevention. The video will be available in nine languages that reflect Australia's emerging and established CALD groups: Arabic, Cantonese, Mandarin, Hindi, Tamil, Greek, Vietnamese, Spanish, and Italian. The animated films will be freely available online.

Moving Pictures Take 2

Following the successful production and launch of the Moving Pictures films, comics, and other multimedia in Arabic, Cantonese, Mandarin, Hindi and Tamil, this project was extended for two years by the Commonwealth Department of Health's Dementia and Aged Care Services Research and Innovation grant. NARI and Curtin University researchers have been funded to produce films, comics, and other multimedia in Greek, Italian, Spanish and Vietnamese. To date, the Greek and Italian multimedia are in production.

Models of Integrated Care, Health and Housing

NARI researchers were commissioned by the Royal Commission into Aged Care Quality and Safety to undertake research on integrated models for care, health and housing. Following an extensive evidence synthesis, environmental scan, and national consultation with various service providers, the researchers found that there is need for different approaches to integrating care, which should be designed around the needs and capacities of their target clients.

Moreover, care for the individual needs to be supported by care for the community. This works best when service planning and governance involves bottom-up and community-focused processes, such as through formalised partnerships between organisations based on shared goals.

Integrated models for care, health and housing that are embedded in the community were also found to be the most effective at empowering clients and carers to take a lead in meeting their own needs and preferences.

The findings also suggest that Government could play a role in improving access to supported housing options for low-income older people.





BALANCING THE OLDER PERSON'S RIGHTS AND CARERS NEEDS: ELDER ABUSE IN THE CONTEXT OF DEMENTIA

People with dementia are uniquely vulnerable to elder abuse, particularly from family members and carers. However, when confronted with instances of elder abuse, service providers often struggle to balance the carer's needs and the older person's rights.

Without clear and consistent messaging and training, significant discrepancies can arise in provider responses to elder abuse in the context of dementia.

Addressing this gap, this project with funding from the State Trustees Australia Foundation, aimed to co-produce with providers and older people, three short films exemplifying best-practice responses to cases of elder abuse in the context of dementia.

Building on previous research undertaken on elder abuse, the films demonstrate how to respond where the carer abuses the person with dementia; where the person with dementia abuses their carer; and where there is unintended neglect related to advancing dementia.

After the films were produced, a virtual launch was undertaken in March 2020 (due to the COVID-19 pandemic) and the films received endorsement from The Hon. Luke Donnellan, Minister for Disability, Ageing and Carers.

Until 30 June 2020, analytics showed that the films had over 2,250 views in the three months from April - June.

Further to this, we had a reach of 35,369 people on Twitter, 3,830 on LinkedIn and 1,959 on Facebook.



REACH



2,250

Views



35,369

Reached on Twitter



3,830

Reached on LinkedIn



1,959

Reached on Facebook

AGED CARE



The Aged Care Research Division was established in 2019 to give a stronger strategic focus to NARI's aged care research. The division is headed by Dr Joan Ostaskiewicz, an international expert in continence care for older adults.

BEFRIENDAS Study

This five year project, funded by NHMRC and Beyond Blue, has entered its third year. So far approximately 90 participants and 93 volunteers have been recruited into the randomised controlled trial. Participants are people with symptoms of depression or anxiety, living in residential aged care. Volunteers undergo training and are provided with ongoing support. In late 2019, recruitment was extended from Melbourne to Adelaide when South Australia's Helping Hand Pty Ltd joined the study.

In 2020, Perpetual Impact provided new funding to extend the project to participants from culturally and linguistically diverse (CALD) backgrounds.

A best practice model of continence care in residential aged care

Incontinence is a significant health care problem that disproportionately affects people living in residential aged care homes: up to 77% of aged care residents experience more than three episodes of urinary incontinence daily and up to 34.1% have up to four episodes of faecal incontinence per week. The aim of this study is to co-design and pilot a best practice model to inform the delivery of continence care in Australian residential aged care homes. The project is funded by The Continence Foundation of Australia.

Translating Dignity Principles into Practice in Aged Care Homes

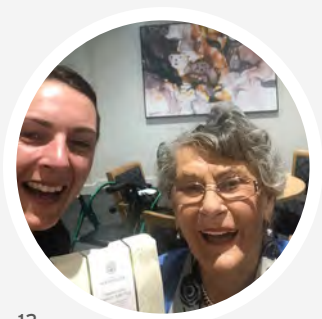
The aim of the *Translating Dignity Principles into Practice* in Aged Care Homes study is to co-design, evaluate and disseminate an evidence-based and person-centred intervention to strengthen the quality of communication and continence care for aged care residents with dementia in Australian aged care homes.

To date focus group interviews have taken place with experienced aged care staff and residents' families which has revealed that practice-informed strategies can potentially minimise the risk of distress or harm when providing continence care to residents with dementia. The project is funded by a Translating Research into Practice (TRIP) Fellowship from the 'Next Generation Clinical Researchers Program', the Medical Research Future Fund (MRFF).

Promoting Independence Through quality dementia Care at Home - PITCH

As the quality of home care that people with dementia receive directly influences their quality of life and ability to remain independent, a well-trained and highly skilled dementia specialist home support workforce is crucial.

The NHMRC Boosting dementia research-funded PITCH Project - 'Promoting Independence Through quality dementia Care at Home' commenced a randomised controlled trial with partner home care providers Australian Unity, Royal Freemasons, Villa Maria Catholic Homes, Helping Hand Aged Care, Whiddon and Benetas to evaluate the program.



SPOTLIGHT ON DR JOAN OSTASKIEWICZ

Dr Joan Ostaskiewicz is an established leader in the nursing care of frail older people with continence care needs. Her research program spans three major areas: improving the quality of fundamental care; building the capacity of aged care and continence care workforce to deliver evidence-based care; and the development and evaluation of evidence-based translation resource about continence care.

Her most recent research resulted in a new paradigm for the management of incontinence among care-dependent older adults in residential aged care homes, termed the '*Dignity in Continence Care Framework*'.

In 2018 Joan was awarded a Translating Research into Practice Fellowship from the Medical Future Fund Next Generation Clinical Researchers Program to trial an intervention based on the framework. She is currently developing a suite of instruments to identify and measure violations to the dignity of care-dependent older people.

Joan is a longstanding and active member of the International Continence Society (ICS), the Continence Foundation of Australia, the College of Nursing, the International Learning Collaborative, and is a founding member of the Continence Nurses Society Australia.

Her expertise has been sought by the International Consultation on Incontinence, and the Royal Commission into Quality and Safety in Aged Care. She was recently invited to develop an ICS White Paper on Ethical Considerations in Caring for Older Adults with Urinary Incontinence.

In 2020, the ICS nominated her among the top 50 researchers and clinicians whose research has shaped the treatment of incontinence and pelvic floor disorders over the last 50+ years.



ROYAL COMMISSIONS



NARI made submissions to two Royal Commissions: Aged Care Quality and Safety and Royal Commission into Victoria's Mental Health System. The submissions were:

1. Quality care, standards and policy

Current federal aged care policy assumes that market forces are the primary mechanism for driving quality improvements in aged care, where providers will self-innovate models of care to attract and retain consumers.

In their Interim Report, the Royal Commission noted some flaws of this assumption, and suggested a more active role for government in promoting innovative models of care. NARI endorsed this suggestion and provided an outline of what such models might consist of, including examples of innovations to care and home design drawn from recent research literature.

We also conducted a literature review on defining and measuring quality in residential aged care. This review focused on assessments of quality from the perspectives of residents, including through quality of life instruments, consumer satisfaction surveys and qualitative research studies. The findings were that residents want to be socially engaged, have good relationships with staff members, have choice and control over their living space and routines, and have opportunities to speak out about what is important to them. Policy aimed at improving aged care models and quality standards should incorporate these elements of quality care as priorities.

2. Culturally and Linguistically Diverse Australians

One in three older Australians was born overseas, predominantly in non-English speaking countries. To achieve equity in service provision, people from CALD backgrounds must be included in the planning and provision of aged care services. A strong evidence-base is also required to respond to the needs of older CALD Australians and to

address challenges that they face in the Australian aged care system.

NARI's key points:

- Addressing language barriers is crucial.
- Delivery of sustainable, culturally appropriate models of care is essential.
- More campaigns to increased awareness of dementia and care options in CALD communities;
- The importance of leveraging the multicultural aged care workforce;
- The generation of robust national data on which policy decisions can be made is vital.

3. Redefining quality

The Melbourne Ageing Research Collaboration drew on findings from a major symposium in its submission which concentrated on quality in ageing and aged care. Over 100 leading researchers, clinicians, healthcare providers, older people and carers contributed to the findings.

NARI's key points:

- Challenging and confronting ageism is crucial in all facets of policy and practice.
- The need to distinguish quality, risk and safety which should not interchangeable nor measured in the same way.



- Putting human rights and agency at the heart of safe aged care.
- Encouraging new and creative approaches to enable quality care.
- Rethinking design and technology to support older people to remain independent.
- Using data to measure and address inequality, diversity, and barriers to accessing good quality care.
- Including residents in designing care solutions.

The submission to the Royal Commission into Victoria's Mental Health System was:

Older people are often overlooked in the mental health system. High rates of

depression and anxiety are associated with increased physical illness, disability and self-neglect, suicidal ideation and mortality. However, the stigma attached to mental illness can act as a barrier to older people accessing help and must be reduced to improve the mental health and wellbeing of all older Australians. The media should be challenged in its role of reinforcing pervasive ageism and mental health that prevents timely, appropriate diagnosis and treatment.

NARI's key points:

- Investment in mental health that reflects the disease burden for older people, and their carers, and is at least commensurate with the current investment in physical health.

- Reform in mental health services to provide culturally appropriate, holistic, integrated, age friendly and accessible services.
- Providing nursing home residents with access to psychological services.
- The involvement for older people, and their carers, in the design and delivery of services for older people.
- More public awareness campaigns to increase understanding of and reduce stigma surrounding mental health in older people: poor mental health is not a normal part of ageing; it is a prevailing attitude of ageism.
- Measures in mental health policy to strengthen carers' wellbeing and to provide them with satisfactory emotional, financial and instrumental support.

Researchers give evidence to the Royal Commission into Aged Care Quality and Safety

NARI Director Professor Briony Dow provided evidence in March 2020 to the Commission about the barriers to aged care research in Australia and the benefits of establishing the Centre for Growth and Translational Research, as recommended in the Matter of Care Report.

Associate Professor Frances Batchelor gave a witness statement to the Commission in July 2019 on falls including: risk factors for falls for older people, consequences of falls for an older person, comparison of risk of incidence of falls in the community, hospital and aged care, falls prevention and falls-related injury prevention.

Dr Joan Ostaszewicz told the Commissioners in July 2019 that incontinence and its management in Australian residential aged care homes is a significant issue that warrants further attention, and factors that mitigate against dignity in continence care include: underdiagnoses and under-treatment.

COVID-19

Early in the COVID-19 pandemic NARI researchers discussed how they could support the physical and mental health of older people. Not only were older people at greater risk of serious illness from COVID-19 but physical distancing restrictions made them vulnerable to isolation, fear and anxiety, and inability to maintain usual activities. They were also at increased risk of elder abuse.

Elder abuse during COVID-19

It has been widely acknowledged there has been increased risk of family violence during the COVID-19 crisis but less acknowledgement of what this means for older people who may be experiencing elder abuse. Many of the factors specific to the COVID-19 pandemic, including directions to physically isolate, have led to increased drivers and risk factors for perpetration of abuse within families. These include increased ageism in societies, scamming of older people, and social isolation and dependence on family members together with reduced access to health and care services.

NARI put out a position statement reminding the community that The Charter of Aged Care Rights still stands during this time. It also directed older people to the Older Person's Advocacy Network (OPAN), Senior's Rights Victoria, and the Compass website.

"Life in a pandemic should make neither elder abuse tolerable nor ageism acceptable. Under these extraordinary circumstances, we should be striving to humanise not dehumanize each other."

- Associate Professor Bianca Brijnath

Raising awareness

NARI published in international journals to raise awareness of the immediate and potential ongoing effects of COVID-19 on older people. Our health and wellbeing tip sheets featured in The Age along with quotes from some of our volunteers. The Safe Exercise at Home website featured in media including Channel 7 news, and our call for older people to 'Mask Up Look Down' to avoid falls when wearing a mask received coverage.

Videos: How to stay active at home

It is recommend older people do 30 minutes of physical activity every day for strength, flexibility, fitness and balance. However, those isolating at home may not be as physically active outdoors.

NARI allied health professionals developed a series of videos demonstrating simple exercises to help people stay active at home. These are available on our website.



Social study: Impact of COVID-19 on health and wellbeing across time

NARI was approached by the University College London to become its Australian partner to replicate and extend its longitudinal social study on the impact of COVID-19. There are limited studies of its kind measuring wellbeing effects of COVID-19 across time - both during the pandemic and in the recovery phases. We hope to ascertain how older people are experiencing isolation and physical distancing, its effects on things such as mental health, physical health, social functioning and use of services, and how these change as Australia recovers from the pandemic. We are also interested in what factors might make some people more at risk of poor wellbeing, mental or physical health, or what activities could buffer against negative health effects.

Website: Safe Exercise at Home (www.safeexerciseathome.org.au)

There were concerns COVID-19 restrictions could exacerbate falls and poor physical function in older people. A collaboration of leading Australian physiotherapist clinicians and researchers, including NARI's Associate Professor Frances Batchelor, developed a website to share exercises, resources and ideas for safe ways for older people to increase activity levels while at home.

The Safe Exercise at Home website, endorsed by the Australian Physiotherapists Association, has quickly become a valuable resource for health professionals and older people throughout the COVID-19 pandemic. Its launch attracted national media coverage.

Health and wellbeing tip sheets

NARI developed COVID-19 survival tip-sheets to help older people access the best information on aspects of living during the pandemic. Our volunteers were consulted to ensure content was helpful. Tip-sheets addressed healthy eating, staying active, mental wellbeing, keeping engaged, health conditions, and shopping and meals. Links were provided to a range of government and other resources and support.

Webinar: Resetting the research agenda

NARI held a webinar for supporters, volunteers and donors to explain how it was adapting its research programs to meet COVID-19 restrictions. We profiled new COVID-19 health and wellbeing resources, and discussed elder abuse research. NARI also sought audience feedback on COVID-19 issues including, managing isolation, key concerns, resilience, and future research directions.



POLICY AND ADVOCACY



NARI continued its advocacy for the need for research into ageing to develop best practice and policy based on a sound evidence-base.



Engagement with ministers

Throughout the year, NARI's Directors met with Federal and State politicians and the Victorian Governor General to highlight our work, promote the need for research, and to discuss the impact of COVID-19 on older Australians.

The Hon Luke Donnellan, Minister for Child Protection, Disability, Ageing and Carers visited NARI in August 2019.

He was introduced to our work, key achievements, and vision and mission, and met our Board members, staff and key stakeholders including some of our volunteers. Throughout the year, Minister Donnellan supported NARI events, delivering the opening address at our Annual Summit – What makes good aged care? He also provided an address for the online launch of our elder abuse films - Balancing the older person's rights and carers needs: Elder abuse in the context of dementia.

NARI briefed the Hon. Gabrielle Williams MLA, Minister for the Prevention of Family Violence, Women, and Aboriginal Affairs about NARI's research into elder abuse, and future directions to address urgent issues, particularly in relation to the ongoing impacts of COVID-19 on older Victorians.

Senator the Hon Richard Colbeck, Federal Minister for Aged Care and Senior Australians, met with NARI's Director and Deputy Director to discuss NARI's research and the impact of COVID-19 on older people.

NARI's Director and President also met with the Victorian Governor, the Honourable Linda Dessau AC to report on NARI's response to COVID-19.

CALD Dementia Research Action Plan

The Culturally and Linguistically Diverse (CALD) Dementia Research Action Plan, co-developed by the NHMRC National Institute of Dementia Research (NNIDR) and NARI, was launched on 1 June 2020.

The Action Plan has been translated into a range of languages: Arabic, Chinese (simplified), Chinese (traditional), Greek, Italian and Vietnamese.

Working with consumers

In 2019, NARI research participants came together for the annual Thank You Day forum to discuss: What Makes Good Aged Care? Consumers highlighted the importance of a good care environment and care staff, their level of engagement and social connectedness, as well as feeling respected and actively involved in care discussions and planning.

NARI is a foundation partner in ILC - Australia and is currently working with a range of Australian and international partners on research on the positive aspects of family caregiving and on the development of a framework for understanding aged care cross nationally.

NARI continues to work with partners at University College London in the PITCH and NIDUS studies, sharing research on promoting independence with people living with dementia, through training of home care workers and family carers respectively.

Leveraging India's growing digital presence, researchers and clinicians from NARI, Curtin University, India's

NARI is collaborating with research partners in Norway, Canada, UK, USA, Sweden and Finland on several projects addressing continence care. These include interventions for stroke survivors with urinary incontinence, improving the quality of continence care for frail older adults, translating incontinence evidence into practice in acute care, and managing incontinence for people with a life-limiting illness and for people with dementia.

NARI is part of a joint European grant application on physical activity in older people submitted by a consortium led by the University of Munster. NARI is also working with the University of Bournemouth and the University of NSW to develop a new framework for understanding fall-related psychological concerns.



EDUCATION



Over the last year NARI continued to deliver quality professional development to aged care professionals moving to an online format in April 2020 to better accommodate this aim.



Professional development workshops

NARI hosted two on-site professional development workshops at its location in Parkville, attended by 61 aged care and health professionals across the community, residential aged care and hospital settings. The two workshops were 'Thinking about Thinking: Assessment of cognition in older people' and 'How culture influences dementia: Implications for care'. These workshops are now regular workshops in the suite of NARI workshops, with the facilitators ensuring up to date evidence and research.

NARI continued its successful partnership with Dementia Training Australia, delivering workshops on Dementia in Diverse Groups, and specifically on dementia in people from Culturally and Linguistically Diverse backgrounds and Indigenous Australians. NARI delivered workshops in the South-Eastern metropolitan region and the North-Western metropolitan region of Melbourne.

NARI Seminar Series

The "Seminars in Ageing" series, coordinated by NARI in conjunction with Melbourne Health and AUPOA (Academic Unit for Psychiatry of Old Age) University of Melbourne attracted an average of 39 attendees each week. In May 2020, the series moved online to accommodate working-from-home directives and open the seminar series to a wider geographical audience. NARI Director, Professor Briony Dow, accompanied by the NARI Executive team, started the 2020 seminar series with an overview of the Institute's research. Stephanie Garrett from Clinical Gerontology presented the first online webinar on residents' perceptions of medication giving in aged care homes. The series also hosted several international speakers including Professor Claudia Cooper who spoke about inequalities in dementia care.

NARI Annual Summit – What makes good aged care?

On 11 October 2019 NARI held its Annual Summit, hosted by Australian Unity, with over 120 researchers, policy makers and health professionals in attendance. The 2019 Summit focused on the question “What makes good aged care?” and brought together a range of speakers, researchers, advocates, architects and people with lived experience of the aged care system.

It was opened by the Victorian Minister for Ageing, Disability and Carers, the Honourable Luke Donnellan, who was followed by keynote speaker Professor John Pollaers. Prof Pollaers presented the way forward for workforce reform as outlined in his *Aged Care Workforce Taskforce Report, A Matter of Care*.

Two main messages emerged from the summit. Firstly, aged care should be not just person-centred with excellent clinical care, it should also enable older people to be integrated with and able to participate in community life so we can hear their voices, learn from their experiences and enrich the broader community. Secondly, that there is a need for further implementation of good, new ideas and models of practice that have already been developed and tested.

Aged sector presentations

NARI continued to have a strong presence at the 2019 Australian Association of Gerontology annual conference, with 19 researchers attending the conference in Sydney. NARI researchers presented a range of projects, highlighting the depth and diversity of NARI's research portfolio. This included presentations on end-of-life care, seniors exercise parks, translation technology for CALD patients, improving mood through

physical activity, assessing depression in residential aged care, pleasant activities to enhance wellbeing (PAW), and shared medical models of care in hospitals.

Mentoring and supervising students

Throughout the year, NARI mentored and supervised 49 students across a range of disciplines.



PUBLICATIONS



NARI researchers continued to have findings of their work published in internationally and nationally renowned journals, books, reports, submissions and opinion editorials. In all, NARI's work featured in 82 peer-reviewed articles, five opinion editorials, three book chapters, six reports, and four submissions to Royal Commissions.

82 PEER REVIEWED JOURNAL ARTICLES

Highlights include:

- Panayiotou, A., Gardner, A., Williams, S., Zucchi, E., Mascitti-Meuter, M., Goh, A. M. Y., You, E., Chong, T., Loguidice, D., Lin, X., Haralambous, B., & Batchelor, F. (2019). Language translation apps in health care settings: expert opinion. *Journal of Medical Internet Research mHealth and uHealth*, 7(4)
The use of language translation apps is becoming more widespread in health and aged care settings, yet there are concerns about how appropriate and safe they are. This study evaluated available apps and found some are suitable for everyday conversations.
- Dow B, Gahan L, Gaffy E, Joosten M, Vrantisidis F, Jarred M (published on line 18 July 2019) Barriers to disclosing elder abuse and taking action in Australia. *The Journal of Family Violence*.
This qualitative study reports on interviews with older people who have experienced abuse whose voices

are rarely heard, and documents why it is so difficult for them to disclose abuse and take action.

- Ostaszkiewicz J, Dickson-Swift V, Hutchinson A, Wagg AS. (2020). A concept analysis of dignity-protective continence care for care dependent older people in long-term care settings. *BMC Geriatrics*. 20, 266 (2020).
This paper presents a conceptual understanding of dignity to use as a guiding principle in an ethic of care for older people who need assistance with toileting, incontinence or bladder or bowel care in long-term care settings.
- Williams, S., Hwang, K., Watt, J., Batchelor, F., Gerber, K., Hayes, B., & Brijnath, B. (2020). How are older people's care preferences documented towards the end of life? *Collegian*, 27(3), 313-318.

This paper highlights the lack of care preference documentation, especially about non-medical choices like preferred place of death, which makes the support of older people's preference challenging as death becomes imminent.

5 OPINION EDITORIALS

Highlights include:

- Low, L. F., Barcenilla- Wong, A. L., & Brijnath, B. (2019). Including ethnic and cultural diversity in dementia research. *The Medical Journal of Australia*, 211(8), 345-346.
This article argues for greater inclusion of CALD populations in dementia research and outlines strategies for how to achieve this. It has been the focus of considerable policy attention.
- Goh A M Y, Antoniadis J, Milte R, Dow B, Levinger P, Staying apart, together: Optimising well-being in older people in the time of COVID-19; *BMJ opinion blog* May 2020.
This article argues that while society supports the isolation of older people as a measure against infection from COVID-19, it is crucial we also support their mental and physical wellbeing during these challenging times.

6 REPORTS

3 BOOK CHAPTERS

4 SUBMISSIONS

MELBOURNE AGEING RESEARCH COLLABORATION (MARC)



Melbourne
Ageing Research
Collaboration

MARC was formed in 2014. Led by NARI, MARC is a collaboration of 20 health, academic, aged care, government and advocacy organisations

MARC is also one of the 4 main divisions of NARI. MARC aims to build capacity in the sector to embed evidence in practice and policy to improve health outcomes for older people. MARC also aims to build capacity in practitioners and policy makers to change and improve the health and aged care system interface. MARC is supported through the generous funding of the JO and JR Wicking Trust and through partner, philanthropy and Victorian Department of Health and Human Services investment.

In 2019-2020 MARC reached an optimum level of membership - twenty (20) partner organisations reflecting the continuum of research, care, policy and advocacy. MARC partners encompass considerable depth of experience and skills. Partners in 2019-2020 include Austin Health, Australian Unity, Benetas, Carers Victoria, COTA Victoria, Deakin University, Dementia Australia, Department of Health & Human Services, Federation University, Lyndoch Living, Mercy Health, Monash University, NARI, North Western Melbourne Primary Health Network, Northern Health, RMIT University, Royal Melbourne Hospital, St Vincent's Hospital (Melbourne), University of Melbourne, and Western Health.

Among the many and varied activities of the year, MARC made a submission to the Royal Commission into Aged Care Safety and Quality, based on a series on the meaning of quality care in ageing and aged care made at the MARC Annual Symposium held in July 2019. The MARC partners with the support of the MARC team at NARI have continued to undertake research, publish, share information and present at local and national meetings and conferences about the work of MARC.

SOME NOTABLE HIGHLIGHTS



Research projects reflecting themes of Dementia, End of Life Care, Mental Health and Wellbeing, Falls prevention, technology and workforce.



20 Partners



Peer Reviewed Publications



4 Seed Funding Grants Awarded



4 PhD Scholarships Awarded



Newsletters



1,622 Network Subscribers



Workshops, Symposia, webinars, round tables, conference presentations

Evaluation

An interim evaluation of MARC has been undertaken by Emeritus Professor David Dunt (University of Melbourne). Some of the comments from stakeholders highlighting the importance and value of MARC include:

- *“(A) Valuable network of like-minded organisations who have a passion for ageing research and working together”*
- *“MARC’s point of difference is the focus on primary/acute care and emphasis on translation”*
- *“The sheer range of stakeholders who would not otherwise collaborate”*

The stakeholders also suggested ways to improve MARC in the future. These included the need to continually review research projects and capacity building activities, improve the measurement of impact and translational aspects of projects, and to consider how to improve reach into partner organisations beyond the steering group delegates.

This year, the Collaboration, which builds on networks, uses co-design, interactive workshops and continual engagement, has had to quickly develop new methods of working together as a result of the COVID-19 global pandemic. Challenges to recruitment and participation due to the health crisis and unpredictable trajectory of the virus has meant that some projects have been put on hold while new projects have been developed to address emerging COVID-19 related issues or practical projects.

In Conclusion

The importance of finding translational local solutions through MARC research is more and more apparent and we hope by working with the Western Alliance that we will be able to replicate and support the approach in other parts of Victoria and even beyond. A local approach to older people's health and aged care issues, especially during this time is sorely needed to address the many structural and systemic flaws in the existing health and aged care interface.



CASE STUDY

The MARC Community Advisory Group, (CAG), consists of 8 members with diverse experience, backgrounds and insights who have enriched research project development and provided a valuable voice for older people.

Rhonda Day, Chair of CAG presented the following reflections at the 2020 Annual Planning Day in February.

"CAG members participate in project teams alongside researchers. In 2019 these have included projects examining the use of technology in aged care, grief and mental health, loneliness, the prevention of falls through mobility, issues affecting people living with dementia and end of life care. "....

Does our CAG add value?

In the words of a MARC Project team leader:

'I personally think that the CAG members are incredibly valuable to our projects and I have always perceived them to be very kind, knowledgeable and engaged members of the project teams. I find that

in many cases they ground the researchers, as we can get carried away in details, methodologies and outcomes. When that happens, they always bring us back to the bigger picture and the overall purpose of the research. They often ask very simple but clever and important questions. They are highly reliable, supportive and interested in our projects and we are grateful to have them on board.'....

What do CAG members gain from their participation in MARC research?

The following are comments from other CAG members on their involvement-

Participation in the recognition of dying project has brought new insights into current hospital practice and plans for improvements in this field.

My experience as a CAG member has been interesting and rewarding, furthering my knowledge about existing and planned research into ageing and the aged care sector. I have appreciated the opportunity to contribute to discussions on improvements in this important part of aged care services....



I have really enjoyed being a part of this respected and dynamic organisation and definitely feel that I have more to contribute over the coming year....

A highlight for me was the opportunity to speak at the 'Responding to older people in the acute care setting' Forum at DHHS. I presented from a consumer perspective, reflecting on the personal experience I had with my mother-in-law in the Emergency Department. It was wonderful to hear and be a part of such a diverse and impressive cohort of clinicians and researchers....

Another highlight has been my involvement in the Dementia Project DEFENDS. This has been enlightening and has given me an opportunity to gauge and better understand the complexities of the collaboration required with partner organisations to ensure the best outcome..."

PEOPLE



Awards

Derek Prinsley Award - for outstanding commitment and contribution to NARI

Sue Williams, research clinician was recipient of the 2019 Derek Prinsley award. Sue has contributed to more than 25 research projects in her 15 years at NARI, especially those in balance and gait dysfunction and falls prevention. She has been instrumental in delivering professional development to those working with older people, readily mentors and supports junior researchers, has functioned as OH&S coordinator, and played an integral role in the growth and productivity of MARC.

Robert Helme Research Award - for achievement of excellence in research at NARI

Dr Jo Antoniades, research fellow and manager of the Moving Pictures project, was awarded the annual Professor Robert Helme Research Award. She was honoured for outstanding research in migrant mental health, which examines how culture, help-seeking, health literacy and technology can combine to improve health access and equity. Her work exemplifies a critical aspect of research translation - dissemination. Jo's research outputs include over 20 peer-review papers, 15 films and five comics in five different languages.

VicHealth Award

Research Fellow Dr Kate O'Halloran received a VicHealth Award for outstanding reporting of women's sport, for her work to increase visibility and equity for women in sport.

Jean Hailes Travelling Fellowship

NARI Director of Clinical Gerontology, Associate Professor Frances Batchelor, was awarded the Jean Hailes Travelling Fellowship, through which she will explore falls prevention for community dwelling women receiving home care.



Professorships

Congratulations are extended to NARI Director of Clinical Gerontology Frances Batchelor, who was offered an Associate Professorship at University of Melbourne.

Congratulations are also extended to NARI Director Briony Dow, who was offered two Honorary Professorships - at Deakin University and the University of Melbourne.

ICS Hall of Fame

NARI Director of the Aged Care, Dr Joan Ostaszewicz, is one of six researchers and clinicians first admitted to the International Continence Society's Hall of Fame. The award recognises those who have shaped the treatment of incontinence and pelvic floor disorders over the past 50+ years.

New Board Member

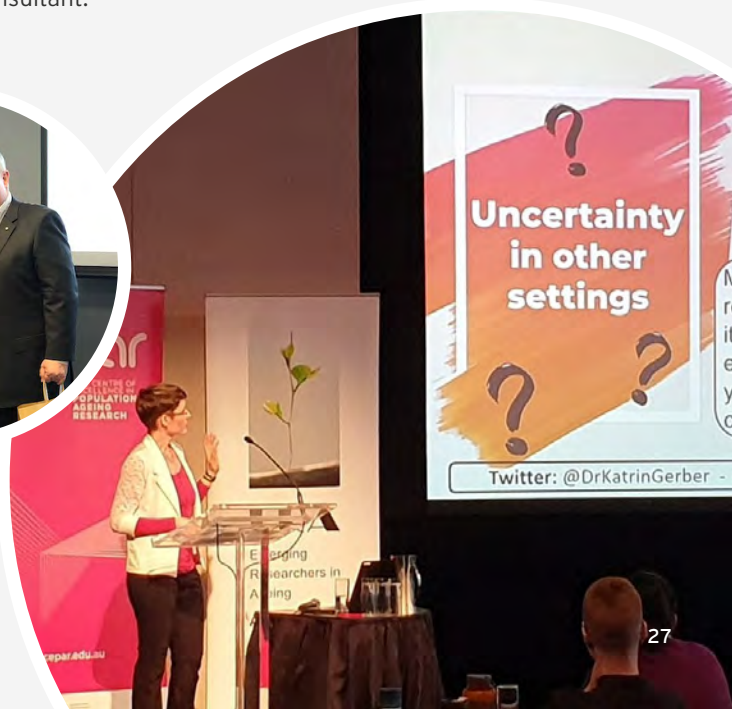
Hon Marsha Thomson was appointed to the NARI Board in September 2019. A former member of the Victorian State Parliament, Ms Marshall has served as Minister for Small Business and Consumer Affairs, and Minister for Information, Communications and Technology. Before retiring from parliament in 2018 Ms Marshall was Special Advisor to Premier Daniel Andrews in the areas of Trade and Innovation. She has also worked as an economic forecaster, project manager for the State Transport authority, and is currently a strategic consultant.

NARI Life Membership

Former NARI president Michael Gorton AM was presented with NARI life membership.

Best Emerging Researcher

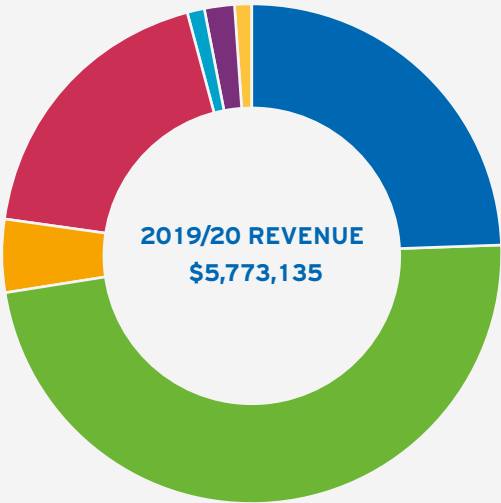
Research Fellow Dr Katrin Gerber won Best Emerging Researchers in Ageing 2019 Oral Presentation award for her presentation titled: 'Where we die matters. The role of uncertainty in end-of-life decision making'.



FINANCES

Statement of Comprehensive Income for the year ended 30 June 2020

	2020	2019
REVENUE		
State government grants and contracts	\$1,440,441	\$1,118,426
Federal government grants and contracts	\$2,800,371	\$2,295,744
Other contract research	\$265,674	\$253,558
Philanthropic grants and contracts	\$1,069,120	\$898,604
Education and training	\$37,470	\$52,750
Interest and Miscellaneous	\$96,490	\$100,952
Donations	\$63,569	\$94,553
Total Revenue	\$5,773,135	\$4,814,587
EXPENDITURE		
Employee Benefits	\$3,929,257	\$3,116,537
Project costs	\$1,047,670	\$872,658
Research support	\$503,741	\$261,955
Other expenses	\$380,597	\$395,003
Total Expenditure	\$5,861,265	\$4,646,153
Surplus (deficit) for the year	\$(88,130)	\$168,434

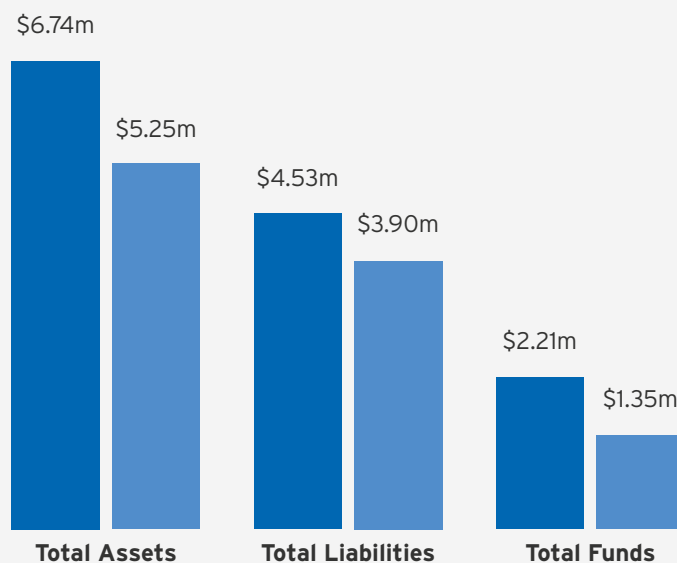


REVENUE BREAKDOWN

- State government grants and contracts
- Federal government grants and contracts
- Other contract research
- Philanthropic grants and contracts
- Education and training
- Interest and miscellaneous
- Donations

Balance Sheet as at 30 June 2020

	2020	2019
ASSETS		
Current assets	\$5,718,089	\$4,969,276
Non-current assets	\$1,029,008	\$286,053
Total Assets	\$6,747,097	\$5,255,329
LIABILITIES		
Total current liabilities	\$4,381,105	\$3,765,749
Total non-current liabilities	\$152,566	\$136,392
Total Liabilities	\$4,533,671	\$3,902,141
Net assets	\$2,213,426	\$1,353,188
Reserves	\$156,984	\$132,354
Retained earnings	\$2,056,442	\$1,220,834
Total Funds	\$2,213,426	\$1,353,188



THE AUSTRALIAN AGEING RESEARCH FOUNDATION



The Australian Ageing Research Foundation has held several events over the past year. Each has attracted new supporters, and featured music and presentations about NARI's research.

Soiree

Guests were given a rare treat at NARI's inaugural soiree of music and conversation - the chance to listen to Jose Carbo, Australia's premier baritone.

The function, held at Kooyong Lawn Tennis Club, included beautiful performances also from Italian artists Michelle Buscemi and Mattia, champagne and canapes.

Director Professor Dow updated guests about NARI's current research and its contribution to improving our aged care system of the future, as well as trying to shift the stereotypes of older people.

"NARI is trying to do something about this. We have given evidence to the Royal Commission and made a range of suggestions based on our research as well as suggestions about research that needs to be done," Professor Dow said.

"Ageing is a natural part of life, we can't help it and we can't change it. Evidence tells us that we are more likely to be happy as we get older, more likely to know how to deal with change and the ups and downs of life - so let's embrace getting older and enjoy life," she urged guests.

Guests reported performers were pure magic, and the company, food and champagne made for a perfect evening.

International Women's Day celebration at Coombe Cottage

Our annual International Women's Day celebration luncheon was at Coombe Cottage, home of celebrated opera singer Dame Nellie Melba. The theme this year was the care of older people with dementia and their carers.

Professor Claudia Cooper from University College London spoke about older people's mental health, and the mental health of carers of people with dementia. A large audience also heard how NARI works across the globe, including working with Professor Cooper on 'sister' projects to provide training and guidance for those caring for people living with dementia.

Artists from Melbourne Opera and the Richard Divali Emerging Artists Program provided the entertainment.

Thank you for your support

Alzheimer US fellowship
Aged Care Royal Commission into Quality and Safety
Aged Care Workforce Remote Accord
Alzheimer's Association
Alzheimer's Association Research Grant
Arcare Family Foundation
Baptcare/ CHSP Innovation grant
Continence Foundation Australia
Department of Health and Human Services (Victoria)
Ernst & Young
IPSOS
JR and JO Wicking Trust
Kyabram District Health Service
Perpetual Impact grant
Public Health and Chronic Disease Program, Department of Health and Human Services (Victoria)
Respect Victoria
RM Gibson Research Fund
RMIT via Eastern Community Legal Centre
State Trustees Australia Foundation
and our many individual donors, supporters and volunteers.



HOW YOU CAN HELP

Australia will have six million people over the age of 65 by the year 2050 and they will comprise 25 per cent of the population.

Growing older is a positive experience for many people but it also brings worries about health and living with chronic disease. With your compassion and generosity, NARI can continue its research to improve the health and wellbeing of older people. There are many ways you can get involved and make a difference.

For further information about how you can support NARI, please call 03 8387 2305 or email us at info@nari.edu.au



MAKE A DONATION



Your donation, no matter how large or small, will help us fund important research into ageing or buy vital equipment. Donate online at:

www.nari.net.au

BE A VOLUNTEER



NARI's research program relies on the support and interest of older people participating as volunteers. We are always recruiting people for our projects.

Alternatively, you can volunteer your skills to help in the office. If you are interested in becoming a NARI volunteer please go to:

www.nari.net.au

LEAVE A BEQUEST



Leaving a bequest to NARI is a special way of leaving a gift for generations to come. It also allows us to plan for the long-term future with more certainty. Find out more at: www.nari.net.au

INVITE US TO SPEAK



Invite us to speak to your group and learn more about the vital work of NARI and how it brings research to life.

INVITE US TO TRAIN



Invite us to train your staff. Our researchers deliver workshops, seminars and forums on a broad range of areas from dementia through to falls, from consumer care through to caring for carers.

FOLLOW US OR LIKE US



If you are on social media, why not like us on Facebook or follow us on Twitter:

Facebook: National Ageing Research Institute

Twitter: @NAgeingRI

NARI is a national leader in ageing research, producing work of international significance to apply to real lives, particularly in falls and balance, pain, dementia, physical activity, healthy ageing, psychosocial and mental health, and health systems evaluation.



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