



**AUSTRALASIAN CENTRE ON AGEING**

**LINKING THE AGEING RESEARCH AND POLICY AGENDA:  
*towards a strategy for Queensland***

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A collaboration between the Australasian Centre on Ageing, The University of Queensland and Policy Research, Policy Division, Department of the Premier and Cabinet, Queensland Government

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## GLOSSARY OF ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCRU	Aged and Community Care Reform Unit
ACOSS	Australian Council of Social Service
ACQ	Aged Care Queensland
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
ARC	Australian Research Council
BGOP	Better Government for Older People
CARRSQ	Centre for Accident Research and Road Safety Queensland
CHSRF	Canadian Health Services Research Foundation
CMPS	Centre for Management and Policy Studies
DSS	Department of Social Security
EBPM	Evidence-Based Policy Making
ESRC	Economic and Social Research Council
GDN	Global Development Network
IWG	Interdepartmental Working Group on Ageing
MACOP	Ministerial Advisory Council for Older Persons
MUARC	Monash University Accident Research Centre
NCAR	National Collaboration on Ageing Research
NGOs	Non-Government Organisations
NHMRC	National Health and Medical Research Council
NHS	National Health Service, UK
NSF	National Service Framework
OECD	Organisation for Economic Cooperation and Development
R & D	Research and Development
RCT	Randomised Control Trial
SIRP	Seniors' Independence Research Program
UQ	University of Queensland

## Executive Summary

Evidence-based policy making (EBPM) is rapidly being embraced worldwide and promoted as a means of ensuring that policies are worthwhile and being executed in the best possible way. As ageing is now firmly on the policy agenda in Australia, the importance of drawing on an evidence base to inform policy development is increasingly recognised. A range of strategies has been used elsewhere to overcome the barriers to EBPM, but because EBPM is relatively new, especially in the field of ageing, very few of these have been formally evaluated.

The purpose of this project was to explore the ageing research-policy interface and to formulate guidelines to facilitate EBPM on ageing in Queensland. This report documents the outcomes of collaboration between the Australasian Centre on Ageing at the University of Queensland and Policy Research, Policy Division, Department of the Premier and Cabinet, Queensland. An exploratory study was undertaken involving examination of significant government documents and the Australian Ageing Research Directory, consultation with a sample of key policy officers in government, and a review of the literature to set the Queensland situation within a broader national and international context. While this study focuses on ageing, it also raises issues about EBPM that have relevance beyond the ageing context.

This study was undertaken during a period of rapid development in ageing strategic planning and policy development in Queensland and nationally. Leadership on ageing issues across the Queensland Government is provided by the Seniors' Interests Unit within the Department of Families and this has been enhanced recently by the appointment of a Minister for Seniors. The impact of ageing demographics on public policy and service delivery generally is a major focus of attention, and planning for Queensland's ageing population is evident in a number of new initiatives being undertaken by the government, including the development of a long-term planning agenda that responds to the issue of the ageing population in Queensland.

## Key Findings

- A range of types of evidence is used to inform strategic and policy development on ageing across different government departments, but greater clarity is needed about how evidence is selected to inform such development.
- Only a small number of policy-related ageing research projects were funded by the Queensland Government up to 2000, but several of these appeared to have influenced legislation, strategy and other policy directives.
- Research evidence appears to be used less often than other forms of evidence in policy and strategic development and needs to be significantly increased.
- With the exception of the Seniors Interests Unit, consultation with older people was not a particularly significant source of evidence in policy development.
- Policy officers within government are enthusiastic about embracing EBPM, but they identified a number of critical challenges to achieving EBPM:

- A complex bureaucratic and political environment, which may impact on the take-up of evidence based research.
- Research can involve a lengthy process and the research and planning cycles need to be synchronised.
- Researchers' limited knowledge and understanding of the policy making context means that research findings often have little impact on policy.
- The problem of information overload, translation of information and difficulties in accessing and sharing information. This raises the need to ensure that overload is minimised.
- Overcoming barriers to cross-government approaches to EBPM.
- The absence of an overarching framework for EBPM and the need to strengthen the long-term strategic planning approach.

## Implications

A number of implications for EBPM in ageing were identified by this study, although these possibly have wider applicability across the public policy arena:

- Training and education of researchers, policy officers, policy makers and the public to facilitate a continued culture shift and behaviour change. Desired outcomes include a better appreciation by researchers of policy makers' needs and that research evidence is valued and used by policy makers.
- Central brokering and coordination of existing knowledge and information sources to raise awareness of what is available and prevent duplication.
- Knowledge management systems need to have the capacity to respond effectively to requests for specific information and evidence.
- Participation by all stakeholders in relevant research prioritising exercises, such as the development of research priorities by the Queensland Health and Medical Research Council, needs to be encouraged.
- Fostering partnerships in research and policy development between universities, clinical bodies, industry, government and non-government agencies.
- Strengthening the contribution of older people to inform the policy development process.
- Dissemination of research findings to improve timing, relevance, translation and utilisation.

## Recommendations for action

This study provided important insights into what needs to be improved in EBPM on ageing in Queensland. Many structures and initiatives are already in place and can be strengthened without resource implications. A number of actions to move forward can be identified:

1. Enhance opportunities for education and training in evidence based policy making through the organisation of a program of seminars, workshops and continuing education and offering regular secondment opportunities between government and research agencies such as universities.
2. Promote and support the continuing role of the Seniors Interests Unit in the Department of Families as a broker of evidence and information in relation to ageing and older persons' interests.
3. Foster collaboration in research and policy development between lead agencies concerned with ageing in Queensland, including: Seniors' Interests Unit (Department of Families); Human Services Chief Executive Officers' Committee, Working Party on the Ageing of the Population; the Australasian Centre on Ageing, University of Queensland (UQ); Centre for Productive Ageing (Sunshine Coast University); and the National Ageing Statistics Unit of the Australian Bureau of Statistics (ABS).
4. Create an Innovation Fund to foster cross-agency bids for initiatives which support evidence based policy making on ageing.
5. Develop strategies to enhance effective participation by older people and all stakeholders in relevant research prioritisation and consultation exercises, with advice provided by the Seniors Interests' Unit in the Department of Families and the Community Engagement Division in the Department of the Premier and Cabinet.
6. In collaboration with the Australasian Centre on Ageing, facilitate effective information access and dissemination processes in relation to ageing issues, including: creation of a 'knowledge pool', creation of a statewide research directory, dissemination through the World Wide Web, occasional papers, newsletters and public forums.
7. Create a Queensland Virtual Strategic Information Centre on Ageing (VSICA) that links to the Commonwealth Building Ageing Research Capacity Website due to be launched early in 2003.

## Background

As the implications of Australia's ageing population are realised, older people and their concerns are gaining increasing prominence on the policy agenda. While Australia is, demographically speaking, a somewhat young country, with only 12% of its population aged 65+ at the end of the 20<sup>th</sup> century, this is expected to rise to 18% by 2021 and 26% by 2051 (ABS, 2000). Among all older people, it is the 85 and over aged group that is increasing at the fastest rate – by over 10,000 a year until 2026, and around 30,000 a year from 2026 to 2041. This will bring Australia very much in line with countries such as the UK, USA, New Zealand, Canada and Sweden.

While Australia has developed strategies for residential aged care since the mid-80s, a more comprehensive approach to ageing issues has only recently commenced. A very positive outcome of focused activity for the International Year of Older Persons in 1999 (Andrews & Clarke, 1999) has been the formulation of a *Commonwealth, States and Territories Strategy on Healthy Ageing* (Healthy Ageing Taskforce, 2000) which set out priority areas to promote healthy ageing policies.

The *Commonwealth State and Territory Healthy Ageing Strategy* developed by the Healthy Ageing Task Force (comprising all states, territories and Commonwealth) is the overarching strategy for all jurisdictions. Each jurisdiction has their own strategic plan, which in Queensland is *Our Shared Future: Queensland's Framework for Ageing*. Queensland, through Seniors Interests Unit's representation on the Healthy Ageing Task Force, contributes to the national agenda.

At the national level, a Ministerial Reference Group was also established to develop a long term, whole-of-government approach to ageing, the outcome of which is a *National Strategy for an Ageing Australia* (Department of Health and Ageing, 2002). A series of discussion papers prepared the way for this strategy, covering: independence and self-provision; world-class care; healthy ageing and attitude; lifestyle and community support. The national strategy is intended to provide a policy framework for governments, business, communities and individuals to meet the needs of Australians as they age.

The long-term financial implications of demographic change in Australia have also been addressed for the first time by an *Intergenerational Report*, prepared to provide supplementary information to the 2002-03 Budget (Commonwealth of Australia, 2002).

## Queensland Context

### *Seniors Interests Unit, Department of Families*

The Seniors Interests Unit within the Queensland Department of Families plays a key role in policy development on ageing and older people's issues in Queensland. The Unit has a lead agency role across government. It shares information and expertise with the other government departments, mitigating the need for specialist ageing policy expertise within each department. The Unit develops and influences policies and programs on issues relating to the ageing of the population and works closely

with a range of stakeholders including older people, community organisations, private businesses, researchers, service providers and other government departments. Older people are involved in many ways including a Ministerial Advisory Council for Older Persons. The Unit is actively pursuing a more evidenced-based approach to policy development.

The Manager of this Unit provides an important leadership role in policy development and this has been further strengthened in Queensland by the appointment of a Minister for Seniors in 2002. This new portfolio was in recognition of the significant role of seniors in the community and part of a series of recent initiatives by the State Government. Most importantly, the Department will lead the long range planning agenda to address the policy issues of the ageing population focusing on all generations, not just older people.

Planning for Queensland's ageing population is evident in a number of policy documents prepared by the Seniors' Interests Unit. *Everyone's Future: Queensland's Forward Plan on Ageing* was released as a 5-year plan in 1994. This was built upon in 1999 by *Our Shared Future: Queensland's Framework for Ageing 2000-2004* (Department of Families Youth and Community Care Queensland, 1999). The latter document is concerned with enhancing the profile and support of older people in society by considering housing, employment, health, transport, technology and participation. More recently, a number of new priority areas for seniors have been highlighted in *Queensland Families: Future Directions* (Queensland Government, 2002), and a new framework currently in development, *A Society for all Ages – Our Shared Future: 2020*, will reflect a whole of government approach.

In addition to its strategic initiatives, the Seniors Interests Unit also seeks to influence attitudes and behaviour through the development of community education material. Two recent examples are the publication of a retirement planning guide and a booklet on the myths and realities of ageing which was the result of extensive research by the Unit, a review of the current literature and speaking to older people themselves through focus groups.

Other recent activity on ageing has occurred across departments through the Human Services Chief Executive Officers' Committee with a project managed by the Seniors' Interests Unit and sponsored by Disability Services Queensland. This has produced a report on the impact of the ageing demographic on government service delivery and documented the current activities of each department in responding to the ageing of the population.

#### *Other developments*

The ageing of the population is also recognised in the recently formulated Queensland Health 20 year strategy *Smart State: Health 2020 a vision for the future*. This is discussed more fully in the next section.

The recent establishment of three centres that focus on ageing in Queensland is also likely to strengthen the research/policy interface:

- The Australasian Centre on Ageing, University of Queensland. The Centre has worked closely with the Seniors Interests Unit in Queensland's Department of Families. This partnership has already resulted in a number of joint policy relevant projects.
- The Australian Bureau of Statistics National Ageing Statistics Unit. A new national office has been located in Brisbane.
- The Centre for Productive Ageing, University of the Sunshine Coast. This is in partnership with the National Seniors Association and supported by the Federal Government.

In summary, this study was undertaken during a period of rapid development in ageing strategic planning and policy development in Queensland and nationally.

### Challenges at the Policy-Research Interface

Ageing is located within the broader EBPM environment and faces a number of challenges at the policy-research interface, many of which are also likely to be experienced across the public policy arena.

Despite the development of strategies, frameworks and policies to address demographic ageing at the national and state level in Australia, it is nevertheless unclear how much research evidence is considered as part of the policy making process and whether sets of research priorities are actually derived from a systematic appraisal of the existing evidence. There has been no prioritisation or coordination of the ageing research and funding effort in Australia until recently. The *Review of Healthy Ageing Research* (Kendig et al, 2000), a study initiated by the Healthy Ageing Task Force comprising Commonwealth, State and Territory Governments, recommends taking a more strategic approach through the establishment of an institute or network. A research prioritisation exercise for biomedical research into ageing, undertaken in 2001, has involved a nationwide scoping study funded by the National Health and Medical Research Council (NHMRC). A more strategic approach is also being pursued by the Building Ageing Research Capacity initiative, established in 2002 by the Commonwealth Department of Health and Ageing.

While there is increasing attention given to the uptake of research findings into practice, for example in health and social care, less attention has been paid to the level and use of evidence to inform macro-decisions by government and other policy makers. The social science literature suggests different models by which research findings are used by policy makers. These range from a knowledge-driven model (direct transfer of knowledge to policy) to models involving a more gradual process of diffusion. While some of the barriers to research utilisation in ageing policy in Australia have been suggested by Kendig et al. (2000), a greater understanding of the factors influencing effective EBPM is needed and of the levels of evidence that are used to inform this process.

Agenda setting for ageing policy is at a crucial stage of development in Australia and if the policy process is to be informed by research, it is important to identify models for effective working at the research-policy interface. While ageing is an emerging focus for many government departments in Queensland the contribution of research to

the development of ageing policy requires greater attention. Exploratory work is particularly needed on the factors contributing to effective utilisation of evidence in policy, including the respective roles of older people, researchers and policy makers.

## **Purpose and Aims of the Project**

The purpose of this project was to explore the policy-research interface using ageing as a case study and to formulate good practice guidelines for linking research and policy making in Queensland. The project objectives were:

- To identify the extent to which ageing policies and priorities in Queensland are informed by research evidence.
- To determine the contribution of various levels of evidence to policy development in ageing.
- To identify policy officers' perceptions of the use of research evidence in policy making.
- To identify strategies for adopting a 'whole of government' approach to using evidence for ageing policy.

## **Methodology**

The methodology for this exploratory study comprised a literature review, documentary analysis, telephone consultations and selected interviews with a sample of key informants in government departments.

### *Literature review*

- General literature on ageing and evidence-based policy-making, including a documentary analysis of both the published and non-peer reviewed literature.
- Key policy documents/strategies on ageing in Queensland, specifically examining the use of evidence in the formulation process.
- National policy and strategy documents, identifying any use of or links with evidence.
- Reports arising from the research prioritisation exercises occurring nationally in Australia, eg Review of Healthy Ageing Research (Kendig et al., 2000); NHMRC Scoping exercise.
- The Australian Ageing Research Directory (Commonwealth Department of Health and Ageing, 2000), identifying policy-related research and any specific projects undertaken in Queensland.

### *Consultation with policy officers*

- Members of the Interdepartmental Working Group on Ageing in Queensland were interviewed using a structured questionnaire via email or telephone.
- Focus group interviews were conducted with a sample of Queensland government departments - Housing, Health and Transport - using a semi-structured questionnaire.
- Interviews with the Manager of the Seniors Interests Unit, Department of Families.

- Telephone briefings and consultations with key Commonwealth policy officers were conducted to provide a national perspective on the State issues.

The processes involved in bringing issues onto the ageing research agenda were examined with a focus on the interplay between policy makers, researchers and older people. This included an exploration of the processes by which universities and government link to inform policy development. The barriers and issues in using the evidence were explored, including the effect of dissemination of research evidence on uptake, for example, journal publications, reports, or specific briefings.

### *International case studies*

Using personal communication, web-based information, government policy documents and other available literature, contrasting approaches to using research in ageing policy were identified internationally. Research and funding initiatives on ageing from countries with rapidly ageing populations were examined for linkages with policy agendas. Brief case studies on such initiatives from the UK, Canada and Taiwan are presented. It should be noted that the case studies pertain to national, not state or provincial jurisdictions.

## **What is Evidence Based Policy Making?**

A number of points about the policy process and the nature of evidence should be made to help understand the context for this study.

Among its various definitions (see Queensland Government, 2000,1.1), policy can be defined as “an expression of the political will of a government” (Bridgman & Davis 2000, 9) and policy making as “the process by which governments translate their political vision into programmes and actions to deliver 'outcomes' - desired changes in the real world” (Cabinet Office, 2001). It is important to note that the policy process is a complex one involving multiple influences and stages.

The process of policy development has been usefully modelled by Bridgman and Davis (2000) to include the following stages: issue identification; policy analysis; policy instruments; consultation; coordination; decision; implementation and evaluation. However, Bridgman and David acknowledge the limitations of their model – policy making is not a wholly logical pursuit and even the most rigorous policy processes can produce policy failures. In some ways, policy making can best be described as more of an art or craft, than a science (Dye, 1998).

The idea that evidence should drive, or perhaps more realistically influence, policy has permeated most areas of public policy and is difficult to argue with (Black, 2001). A number of factors has contributed to the recent rise to prominence of evidence-based policy. Davies, Nutley and Smith (2000, 2) include amongst them: ‘the growth of an increasingly well-educated and well informed public; the explosion in the availability of data of all types, fuelled by developments in information technology (IT); the growth in size and capabilities of the research community; an increasing emphasis on productivity and international competitiveness; and an increasing emphasis on scrutiny and accountability in government’. Evidence-based policy is

promoted as a means of ensuring that policies are worthwhile and being executed in the best possible way.

Research evidence can help inform various stages of the policy making process: problem definition and agenda setting; formal decision-making; implementation; and monitoring and evaluation. However, the relationship between research and policy is not a linear one. Pibuffe (2000) presents a utopian model:

*“In an ideal world of rigorous evidence-based policy making, policy analysts would depend primarily on research evidence to identify emerging trends and scope out the parameters of social needs. Research would also provide the data to make an accurate diagnosis of root causes. If evidence to support one course of action over another were insufficient (a probable scenario), a squeaky-clean evaluation would be built into a chosen option and evidence of its effectiveness and efficiency would be systematically used to confirm, modify or terminate the program”.*

The reality, however, is complex. The unrealistic expectations about what can be achieved in the public policy arena might be attributed in part to the rise of evidence-based medicine. However, Klein (2000) argues that it is simplistic and problematic to model evidence-based policy on evidence-based medicine. The main problem being that it is not possible to divorce policy making from politics. Black (2001) suggests that researchers require a more sophisticated understanding of the policy process. Other models of policymaking can offer a more interactive model, which considers all forms of information, values, and the institutional structure involved.

The concept of ‘evidence’ itself is problematic. The production of evidence is influenced in profound ways by producer perspectives. Davies, Nutley and Smith, (2000,2) highlight this arguing that: “The varied sources of evidence which government draws on will, therefore, inevitably have been shaped to some degree by the different institutional interests, values and discourses of those who produced and commissioned them.” Further, in the social sciences, in many cases the evidence is conflicting, ambiguous or entirely absent.

A typology of evidence is used by the UK National Service Framework to distinguish between evidence from research and other professional literature and evidence from expert opinion (Box 1).

### **Box 1. Typology of evidence from research and other professional literature**

- A1 Systematic reviews which include at least one Randomised Control Trial (RCT) (eg Systematic Reviews from Cochrane or Centre for Reviews and Dissemination)
- A2 Other systematic and high quality reviews which synthesise references
- B1 Individual RCTs
- B2 Individual non-randomised, experimental/intervention studies
- B3 Individual well- designed non-experimental studies, controlled statistically if appropriate; includes studies using case control, longitudinal, cohort, matched pairs, or cross-sectional random sample methodologies, and well-designed qualitative studies; well-designed analytical studies including secondary analysis
- C1 Descriptive and other research or evaluation not in B (eg convenience samples)
- C2 Case studies and examples of good practice
- D Summary review articles and discussions of relevant literature and conference proceedings not otherwise classified.

#### **Evidence from expert opinion**

- P Professional opinion based on clinical evidence, or reports of committees
- U User opinion from Older People's Reference Group or similar
- C Carer opinion from Carer' Focus Group or similar

Source: National Service Framework for Older People (2001)

The use of the best available evidence is stressed as a core competence in UK policy making (Cabinet Office, 1999). The Cabinet Office's Strategic Policy Making Team highlights a number of common sources of information which legitimately inform policy, including: expert knowledge; existing domestic or international research; existing statistics; stakeholder consultation; evaluation of previous policies; new research, if appropriate; and secondary sources, including the Internet. Evidence can also include analysis of the outcome of consultations, costings of policy options and the results of economic and statistical modelling (Cabinet Office, 1999, paras 7.1 and 7.22).

A subsequent UK Cabinet Office document *Better Policy Making* (2001, 14) identifies an evidence-based approach to policy as one which:

- "Reviews existing research;
- Commissions new research;
- Consults relevant experts and/or used internal and external consultants; and
- Considers a range of properly costed and appraised options."

### **Key Issues in Evidence Based Policy Making**

In the world of research evidence and policy there is a great deal of research that is unrelated to policy or that is context specific and therefore irrelevant, and also a lot of policy for which there is no readily available source of research evidence. As well,

public policy is often formulated without the use of any evidence base even when that evidence is available or there is the potential to generate it.

Barriers to the use of evidence have been identified in the literature and include:

- A lack of timely information and poorly presented information and research findings (Feldman, Nadash & Gursen, 2001; Sorian & Baugh, 2002; United Nations Division for Social Policy and Development, 1999).
- Policy makers do not value research evidence (Black, 2001).
- Researchers and data collectors are frequently poorly trained in gerontological issues and concepts and may be naïve about the policy making process (United Nations Division for Social Policy and Development, 1999).
- Dysfunctional research funding processes (Davies et al., 2000).
- The way research is conducted especially in university settings (Black, 2001; Vella et al., 2000).
- Political imperatives (Kazanjian & Boruch, 2001; Klein, 2000; United Nations Division for Social Policy and Development, 1999).
- The volume of material available to policy makers and the need to improve the dissemination process (Plouffe, 2000).

Various strategies have been developed to facilitate the uptake of evidence in the policy process, and a range of these is presented in Appendix 1. These strategies (or facilitators) are conceptually placed within the context of the policy making environment. The competing influences and facilitators of research evidence into policy are depicted in diagram form as Appendix 2.

## Use of Evidence in Queensland Policy Making on Ageing

This evaluation of the use of evidence in Queensland policy making on ageing was based on data collected from four sources:

- An examination of significant published policy initiatives on ageing.
- A scan of the Australian Ageing Research Directory (2000).
- Consultation with a sample of policy officers in key service delivery government agencies.
- Interviews with members of the Interdepartmental Working Group on Ageing.

### Examination of Policy Documents

A selection of significant Queensland Government documents on ageing was examined to establish the processes involved in their formulation, specifically in relation to the use of evidence. A brief outline of the focus of each document follows.

*Active Ageing Strategy 1999-2003:* This strategy was prepared by the Department of Tourism, Sport and Racing. It focuses on the importance of participation in physical activity for healthy ageing.

*Our Shared Future: Queensland's Framework for Ageing 2000-2007:* This policy development followed a review of *'Everyone's Future: Queensland's Forward Plan*

on Ageing” which was released as a 5-year plan in 1994. The rationale for *Our Shared Future* was to provide a five-year framework to guide “policy and planning, legislation, service delivery, and community education – to address the needs of older Queenslanders”. This document provides a useful summary of initiatives on ageing, across all portfolios.

*Smart State: Health 2020 a vision for the future*: This report was commissioned by the Queensland Government in 2001 as a 20-year strategic vision and implementation plan for Queensland Health. Key themes and challenges for the future health and health care of Queenslanders are identified, including: the ageing of the population; retirement of the baby boomer generation; the growing prevalence of chronic diseases; increasing life expectancy; increase in numbers of people aged 85 and over; and the changing nature of health care delivery. A number of background papers were prepared to inform this document, including the *State of Health of Queensland* (2001). The *Smart State: Health 2020 Directions Paper* was approved by the Cabinet in August 2002 and is shortly due for public release. (status of this document needs updating?)

*The Aged Care Strategy 2002-2007*: Released in August 2002 as a draft for consultation, this is Queensland Health’s Strategy on the health and aged care needs of older people and their carers. The Strategy addresses health services, residential aged care services, community care, dementia care and acute hospital services. A background paper, *Strategic Directions for Older People’s Health Services*, informs the Strategy.

Within the constraints of this project, it was not possible to follow the developmental trail of each document or to interview everyone who was involved at various stages of policy formulation. This analysis is based on information contained within the four documents as well as any supporting papers.

Acknowledging the need for policy to draw on a range of information sources, the assessment of evidence used was guided by key elements from the UK Cabinet Office (1999) typology of evidence, including: use of expert knowledge; stakeholder consultation; use of primary and secondary research and statistical sources; and evaluation of previous policies. In addition, the analysis considered outcome measures and evaluation plans.

### *Use of expert knowledge*

In both the *Active Ageing Strategy 1999-2003* and *the Health 2020* documents it is stated that a reference group was used to inform the developmental process. For example, the *Active Ageing Strategy*, which focused on the importance of staying healthy through participation in physical activity, was informed by a reference group that included representative seniors’ organisations; recreation and fitness interests; local, State and Federal government agencies; and relevant tertiary institutions. Members of the reference group participated in an open forum and were invited to comment on each draft of the document. *Health 2020* was informed by a Reference Group of members from the government, university, community and care sector, which met several times to review drafts of the paper.

*Smart State: Health 2020* draws on “extensive research of contemporary health futures studies and consultation with stakeholders from a wide cross-section of health and community interest groups”.

Although no mention of the use of a reference group was made in *Our Shared Future*, relevant State Government departments and agencies and other key stakeholders contributed to the planning framework.

### *Stakeholder consultation*

The developmental process for each of the strategies involved extensive consultation with older people, key stakeholders, and tertiary institutions. For example, *Our Shared Future* states that a total of 854 people participated in the consultation process via comment sheets or meetings. A consultation paper for *Our Shared Future* was developed with input from key stakeholders to inform statewide community consultation. Consultations were held from February to May 1999 involving 23 public meetings that included Aboriginal and Torres Strait Islander people, older people from diverse cultural and linguistic backgrounds, and people concerned about the issue of employment and mature aged workers.

*Smart State: Health 2020* is informed by a background paper on the *Health of Older Queenslanders*, along with three workshops involving a wide representation of stakeholders, including older people’s organisations, held in Brisbane, Townsville and Emerald. The final version was circulated for community consultation and a strategic vision arising from the Discussion Paper has recently been submitted for approval by the Premier.

Community consultation was used to inform the Active Ageing Strategy. The Draft *Aged Care Strategy 2002-2007* was informed by an extensive background paper that sought input from a range of individuals and groups in Queensland Health. The draft strategy was released for general consultation in August 2002.

### *Use of primary and secondary research and statistical sources*

None of the documents claimed to draw on the primary research evidence, although all four documents cited varying numbers of research studies. The evidence base cited in the Background Paper to *The Aged Care Strategy 2002-2007* and *The State of Health of Queensland* (2001) was comprehensive in both cases. Extensive reference was made to ABS data and government reports within Australia. There was some reference to OECD reports and various ‘futures’ publications. *The State of Health of Queensland* (2001) also listed as sources numerous information circulars and web sites.

Specific interventions were outlined in the *Active Ageing Strategy*, but their evidence base was not cited. It was stated at the outset that it was not intended to be “an academic document and rigorous referencing has not been used”. Nevertheless, it is difficult to establish the evidence sources used.

### *Evaluation of previous policies*

All of the documents examined appeared to be well informed by previous policies, where they existed. The fairly recent level of policy activity on ageing at both the national and state level has resulted in the preparation of several strategies almost simultaneously.

### *Outcome measures and evaluation plans*

The *Active Ageing Strategy* outlines in detail how the effectiveness of the policy would be evaluated. For each activity in the document there were available benchmarks, and performance measures have been determined and targets set. For brevity, these were not included in the document.

*Our Shared Future* outlined specific action strategies along with the particular government department or agency responsible for ensuring the policy was effected in the areas of community attitudes, social participation, safety and security, technology, consumer assistance, lifelong learning, sport, recreation and cultural pursuits, travel and tourism, community planning and development, transport, housing, health promotion, health care, support services, substitute decision making, employment and retirement planning. Specific evaluation measures were not revealed, but it was stated that an annual progress report on the achievements of *Our Shared Future* would be prepared. *Progress Report 2001* has reported on the achievements of the policy.

The *Aged Care Strategy* states key outcomes for each of its five strategic directions, although it does not set out any evaluation plans.

*Smart State: Health 2020* promotes a continuous improvement model and the conversion of research results into implementation priorities. Implementation strategies are to be developed for the *Health 2020* Directions Statement, and progress will be monitored using health targets and performance indicators.

### *Summary*

Of the State Government documents reviewed, research studies appear to be least drawn upon as sources of evidence. It is important to point out, however, that the *National Strategy for an Ageing Australia* released in 2001, cites a comprehensive range of evidence to support its strategy and this now offers a context for policy development. ABS data and government documents were commonly used sources of evidence in all of the State documents. The *Aged Care Strategy* background paper is particularly well balanced in its use of different types of evidence. The development of these policy documents also involved consultation and expert opinion, including consultation with older people.

The general methodological approach used in the formulation of the policy documents examined (with the exception of *The Aged Care Strategy*) was to consult, use the feedback to produce the policy document, implement the policy, and then use research to evaluate whether the policy was effective, that is policy-driven research as opposed to research (or evidence) based policy.

## Policy-Related Research and Specific Projects Undertaken in Queensland

The Australian Ageing Research Directory (2000) was consulted to identify policy-related research and specific projects undertaken in Queensland. The directory has been published every three years since 1984, and the sixth edition published in 2000 contained 731 entries.

For the purpose of the current report, projects entered in the directory were deemed relevant if their stated purpose was to inform government policy makers on matters related to ageing, or to analyse or reform ageing policy. There were 61 other Queensland ageing research projects, but they were not specifically policy-oriented.<sup>1</sup>

The search revealed 19 relevant projects. Seven of these projects identified the Queensland Government as either a partner in the research or as a contributor to funding, that is, approximately 10 percent of all ageing related projects in the state. Seven identified the Commonwealth Government in that role. The other five projects received various sources of non-government funding. Given the role of government in most of these projects, one would expect that government would use the outcomes of the projects in policy making. To check whether this did indeed happen, confirmation was sought via email with the key researchers on each project.

The ageing related policy projects in Queensland fell into five main categories:

- Employment and Technology - Policy Implications
- Aged Care
  - End-of-Life Decision-Making/Palliative Care
  - Falls Prevention
  - Aged Care Facility - Policy Analysis
  - Residential Aged Care
  - Community Aged Care
  - Rural Aged Care
- Well-Being of Women
- Legal Knowledge - Policy Analysis
- Transport

Each of the projects within these categories is listed in Appendix 4. From the information available, these projects have informed State government policy in the following ways:

- Used as a reference to inform “*Our Shared Future Queensland’s Framework for Ageing 2002-2004*”, 1999.
- Used by the Queensland Government in the final development of the Powers of Attorney Act (1998) – 2 projects.
- Adopted by the Queensland Government as the prescribed (the enduring power of attorney forms) and recommended (the advance health directive) forms in the legislation.

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<sup>1</sup> The specific entry numbers of these projects in the Directory were: 67, 68, 71, 73, 74, 76, 78-81, 85, 90, 197, 244, 269-275, 311-313, 317, 395, 396, 397-402, 460, 499, 523, 525, 526, 527, 528, 529, 530-532, 534-537, 545, 602, 603, 634-636, 685, 719, 720-724.

- Used by Public Health Services, Queensland Health to develop the Statewide Strategy For Falls Prevention in Older People.
- Used by Queensland Transport as part of their Driver Safety Education Strategy. The commission researched and developed a package of education materials to assist older drivers and those with medical conditions to better manage their day-to-day driving.
- Use not specified by key researcher (5 projects).

### *Summary*

The analysis of the directory suggests that up until 2000, Queensland Government funded only a small number of policy-related ageing research projects. The situation is similar in other States. However, of those funded by Queensland Government, several appeared to have directly influenced legislation, strategy and other policy directives.

### **Consultation with Policy Officers**

To capture the perceptions of policy officers, three separate focus group interviews were held using a semi-structured questionnaire with policy officers in three key government departments:

- Queensland Health – four officers from the Aged Care Reform Unit.
- The Department of Housing - three officers representing the Department's Policy and Research Division and the Public Housing and Housing System Initiatives Division.
- Queensland Transport – five officers from the Land Transport and Safety Division and (including Driver Vehicle and Management Branch, Road Use and Management Branch, Strategy Branch) and one from the Public Transport Division.

The questionnaire was also administered to the Manager of the Seniors' Interests Unit in the Department of Families.

In addition, telephone or email interviews were conducted with members of the Interdepartmental Working Group on Ageing to determine their current and potential role in the ageing policy making process. What follows is a synthesis of the information gleaned during these processes.

### *Interdepartmental Working Group on Ageing*

The Interdepartmental Working Group on Ageing (IWG)<sup>2</sup>, which has recently been disbanded, was as its name implies a very diverse group of people from a range of government departments, who had an interest in issues related to ageing. It was originally established as an information-sharing forum for *Everyone's Future*, prior to *Our Shared Future: Queensland's Framework for Ageing 2000-2004*. A key role following the publication of *Our Shared Future* was to update strategies pertaining to

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<sup>2</sup> This group was disbanded in the latter half of 2002 due to the extensive ageing-related activity in a number of projects underway with their respective cross-government processes.

a particular area within the Framework, to act as a vehicle to keep in touch with other organisations and people involved in ageing issues, to exchange information and ideas and to keep up-to-date on new initiatives on ageing.

However, from the information received from members, over time, it became unclear what the ongoing function of the IWG was, and it seemed that several members lacked a strong commitment to the group perhaps because of this reason.

Apart from *Our Shared Future* and its progress reports, members did not undertake projects as part of the IWG, rather they undertook projects (such as the *Active Ageing Strategy*) relevant to the IWG within their own departments then brought them to the group for information, discussion and feedback.

Interviewees thought that the group might have the potential to play a role in overcoming barriers to evidence-based policy making (eg coordinating “the conduct of research identified as needed which, before the findings are known, member agencies’ Ministers have agreed to respond to”). However, they saw the lack of a clear role as one of the challenges for the IWG. One barrier to achieving greater influence in policy development was believed to be the problem of turnover of group members, requiring a continual re-education process. Other networks are perceived to have been more successful in improving the policy-evidence interface, such as through the MACOP and the partnership between the Seniors’ Interests Unit and the Australasian Centre on Ageing at the University of Queensland.

### *Findings from Focus Group Interviews*

#### *Ageing policy focus*

**Queensland Health:** Those interviewed were from the Aged and Community Care Reform Unit (ACCRU), a small group within the Department, that has a specific role to provide policy advice to Queensland Health in relation to aged care and health issues relating to older people. In order to fulfil this role, policy officers keep well informed about all State and National ageing initiatives and information.

**Department of Housing:** The Department had a significant ageing policy focus for a number of years, culminating in the mid-1990s in the development of the Older Persons’ Housing Strategy. This strategy formed the basis of a number of major initiatives and policy reforms, such as Home Assist Secure. This work continues to inform policy development around disability and aged strategies such as home modification, loans and grants.

The Department now structures its policy thinking around needs, not chronological age, reflecting the shift in attention to key policy issues such as eligibility and entitlements driven by a declining funding base. Older people therefore come to the Department’s attention via a disability, a limited capacity to pay for housing, or another special need. The Department’s *Five Year Strategic Plan for People with a Disability 2001-2006* nevertheless has relevance to the needs of older people with disabilities. Furthermore, the new *Strategy for Housing 2002-2007*, acknowledges the implications of an ageing population and the importance of meeting the needs of

older, frail and non-working people, particularly those unable to afford private housing.

In terms of the wider ageing context, while the officers interviewed were familiar with *Our Shared Future*, to which they contributed, less familiarity was demonstrated with other State and national policy statements or initiatives on ageing.

**Queensland Transport:** This Department has three main roles: leadership, including policy and planning; managing access and use of transport system; and ensuring delivery of coordinated and integrated transport-related services and infrastructure.

It was commented that Queensland Transport, specifically in *Transport 2007*, had recently acknowledged the importance of ageing issues. Val French from Older People Speak Out (OPSO) had an active role on the advisory panel for this initiative. As a member of the State Road Safety Committee, chaired by the Minister of Transport, she also provided an ‘ageing’ perspective. This group was key in progressing the 10 year Road Safety Strategy and bi-annual Action Plans.

Regarding understanding of the wider ageing policy context, at least one person interviewed from Transport was aware of the Madrid statement by Dr Yitzhak Brick, President of the International Federation on Ageing (Brick, 2002). The Madrid statement outlines recommendations for action to address the key issues related to ageing that have been identified by older people in worldwide consultation. One interviewee stated that Queensland Transport needed to use this as a frame of reference against which to measure their progress on ageing issues.

One other policy or initiative related to ageing was acknowledged - *Safe Mobility for All, for Life* – which was strongly promoted by several of those interviewed. The hope was expressed that this would become a Cabinet priority and that Queensland Transport would be given the role of lead agent within government for access and mobility in an ageing society.<sup>3</sup>

### *Policy development process*

**Department of Families:** The State agenda on ageing is formulated by the Seniors Interests Unit in collaboration with other Queensland Government Departments. This Unit also contributes to the national agenda on ageing through participating in the Community Services Ministers’ Advisory Council Subcommittee, the Healthy Ageing Taskforce. Issues may be identified and policy initiated by the Unit, or actions are taken in response to internal customers/executives. A wide range of evidence is drawn upon to inform the process and consultation within government, the sector, the community or all three is an important part of the process. The Unit seeks to carry out research to inform projects where resources permit.

The Seniors Interests Unit has sought to further evidence-based policy development by linking formally with the universities in a number of ways, including participation

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<sup>3</sup> The government of Alberta, Canada have a similar project, “Living in the Community: Encouraging Adequate Public Transportation Links” and have prepared a policy document outlining policies aimed at encouraging the full consideration of public transport needs (especially the needs of the ageing and disabled) **before** programs are implemented. More information is available online at: <http://www.trans.gov.ab.ca/Content/doype55/production/pol1182.htm>.

in two current Australian Research Council (ARC) linkage grants and one under consideration in partnership with the Australasian Centre on Ageing. Further, the Unit led a process that brought together more than six government departments to work together on developing an evidence-based approach to responding to social isolation of older people.

**Queensland Health:** Within ACCRU, the policy officers interviewed believed that most policy development is driven by operational necessity. The Commonwealth is a major policy initiator and the State is responsive to that. Queensland Health prepared a background paper, *Strategic Directions for Older People's Health Services 2001-2006*, to support its policy development work in relation to aged care and older people's health. The paper explores demographic trends and State, national and international trends in service use and provision. The paper provides support for Queensland Health's *Aged Care Strategy 2002-2007*. Another background paper on ageing has also been used in the development of *Smart State: Health 2020*.

**Department of Housing:** Respondents acknowledged that the Department has a large investment in policy and research (through its Policy and Research Division, through the Policy and Program branches of its other Divisions, and through external collaborations), but this investment has not focused significantly on ageing issues. The Department invests financially, along with other state housing authorities, in the Australian Housing and Urban Research Institute (AHURI). Over the years, it has also made significant additional commitments in terms of staffing support. The role of Queensland Department of Housing was believed by those interviewed to be key to shaping the direction of AHURI nationally. Nevertheless, 'ageing and housing' has only recently become a priority area for AHURI.

The group identified only one ageing-related project where research directly informed policy, although the view was also expressed that Housing is "further down the track" in relation to the range of research, evaluation and strategic policy work undertaken by the Policy and Research Division than other departments.

The policy development process was said to involve monitoring the viability of information received, and obtaining qualitative data from industry and other evidence from government agencies. Consultants have been engaged on some projects. Some challenges were still acknowledged to exist in translating research into policy.

**Queensland Transport:** Ageing issues are addressed by a number of policy groups in Queensland Transport. The work of the Policy and Research Section within the Land Transport and Safety Division was especially noted, although this area is responsible for Driver and Vehicle management only, not Public Transport policy or regional planning issues. The Road Safety and Advanced Technology Unit was also noted to address ageing issues. However, the interest does not extend to primary research owing to the time and resources required. It was suggested that Monash University Accident Research Centre provided Queensland Transport with major direction in policy development. External agencies were also believed to influence policy development by approaching Queensland Transport for funding to undertake particular projects from which policy recommendations arose.

University networks were considered to be very important in generating relevant research activity for Queensland Transport. The role of Queensland University of Technology's Centre for Accident Research and Road Safety (CARRSQ) was noted to be of particular significance. In addition, it was noted that the Department also participates in research initiated by Austroads, the Association of Australian and New Zealand road transport and traffic authorities.

The view was expressed that a mechanism was needed to facilitate cooperative projects within the department, and to alert officers to related policy initiatives within other departments so that Queensland Transport could become more proactive in research and development initiatives related to ageing.

### *Whole of government approaches to ageing policy development*

Given the implications of ageing for so many government departments and the potential for cross-government working on EBPM, those interviewed did not perceive significant progress on ageing issues in this respect. However, a number of projects were identified where various departments contributed, often coordinated by the Department of Families through the Seniors Interests Unit. Most notable were demonstration projects and research studies on: social isolation, asset management, and rental villages for older people.

The most significant impediment to whole of government approaches identified by respondents from all three departments interviewed was unwillingness by decision makers to cooperatively fund initiatives.

*“Every department is funded for its own projects and in terms of across-agency collaboration we hang onto our dollars and that is the single most significant impediment to joint planning with an open client, open outcome focus.”*

Some identified the issues related to the ageing population as providing an excellent opportunity to bring departments together:

*“If we can find a problem that affects enough of us, then we can work together and bring our own dollars to the table, and the ageing population might be the vehicle.”*

Access and mobility was noted as one issue in particular that might serve as a starting point and the importance of *Safe Mobility for All, for Life* was again emphasized in this context.

### *Information sources*

Consultation with older people in policy development processes was noted to occur, but at varying levels across the three Departments. Individuals such as Val French (Older People Speak Out) or Yvonne Zardani (Australian Pensioners' and Superannuants' League Qld Inc.) were mentioned as having particular influence. Other specific examples of consultation with older people identified were through:

- Ministerial Advisory Committee for Older People (Department of Families).
- Focus groups with older people (Department of Families).
- A consumer reference group, consulted at least three times a year (Queensland Health).
- Peak organisations for older people such as Aged Care Queensland (ACQ) and the Australian Pensioners' and Superannuants' League (Department of Housing). Informer groups, such as the State Pedestrian Committee (Queensland Transport).

The main sources of information identified were the Web, newsletters, briefs and reports, and journals. Also mentioned as important sources of information were universities (including the Australasian Centre on Ageing at UQ), the Australian Bureau of Statistics special unit and other government departments in Queensland, other States and when appropriate, the Commonwealth.

Leadership in translation and dissemination of information was attributed to a few primary organisations, for example:

- The Australian Institute of Health and Welfare (AIHW) but also ACQ, Catholic Health Care, the Productivity Commission and the Australian Council of Social Service (ACOSS) were identified as key organisations for Queensland Health.
- AHURI was noted to be of importance to the Department of Housing, and to a lesser extent AIHW and the Australian Institute of Family Studies.
- MUARC was identified as key for Queensland Transport, along with ABS social trend analyses and various conferences.
- Planning Information and Forecasting Unit of Department of Local Government.

It was mentioned that effective mechanisms for joining up expertise within and across departments appeared to be lacking. As a result, it was perceived that some research initiatives had been the sole enterprises of enthusiastic individuals and input from others was prevented because of lack of knowledge about the projects. One suggested mechanism to solve this problem was having a gatekeeper or data warehouse, but this idea was not supported by everyone as some felt they were already swamped with too much information. It was felt that information needed to be delivered more quickly and in a readily accessible form.

Another suggestion was to have a dedicated information manager, within each department, who acts as a clearing house and liaises with counterparts in other departments to track projects and identify recipients for that information and who facilitates interaction between people who might work together. This process might help solve the frustration that some people had with the perceived lack of interdepartmental collaboration on issues that would benefit from such collaboration.

### *Should researchers make policy recommendations?*

All interviewees thought that researchers should be cautious about making policy recommendations in reports to government and that they should not do so if the recommendations ignored context, timing, relevance, economic considerations, and were not made with due consideration for and knowledge of government structure. They thought however, that recommendations developed from the research process could provide a useful framework for raising questions or guiding thinking on an

issue. The usefulness of recommendations from a single study as opposed to a synthesis of several studies was also questioned.

The preferred strategy for developing research-related recommendations was to have consultation between researchers and policy makers in the design phase, then, at the end of the project, have researchers present their conclusions and engage with practitioners to develop recommendations based on the evidence and political reality.

*“Working in collaboration with academics and other interested parties is the most important approach so that academics can be exposed to the workings of government and vice versa, otherwise language differences can cause misunderstandings.”*

During this collaborative phase, it was felt that someone of authority within government needed to be involved so that the project had a champion within government. A mechanism for facilitating this process was considered imperative. It was also deemed important that researchers developed their understanding of the policy making process.

### *Barriers to evidence-based policy making*

Interviewees identified a number of barriers to the use of evidence in policy making, including:

- Time - the research process takes so long and there is no guarantee that the research will generate a return. Findings are often delivered too late to use effectively by government.
- A complex bureaucratic and political environment, which may impact on the take-up of evidence based research.
- Insufficient dedicated resources for research and infrastructure to support access to and sharing of research evidence
- Perceived difficulty involved in getting access to journals. Although departments may have access to libraries, many officers were not aware of the existing facilities.
- Lack of a mechanism or incentive for people across various areas to share their information.
- Need for a mechanism that informs policy officers about available evidence sources and encourages them to use it (eg the library function within the Premier’s Department whereby employees can request the monitoring of information on specific topics).
- The problem of information overload and translation of information.
- Lack of cross-government approaches to issues.
- Fragmented funding models across government departments.

### *Overcoming the barriers*

Interviewees suggested several ideas for facilitating the change to more evidence-based policy making, including:

- Commitment at the highest levels of government to use evidence in policy making.
- A cultural change so that research is seen as real work and given more value.
- A requirement that strategic approaches demonstrate their evidence base.
- A mechanism for alerting departmental members to project progress reports, and an inbuilt agreement that the information will be made available to others as a condition for sign off on projects.
- Dedicated information synthesisers/environmental scanners (or other system capacity) with responsibility for understanding, prioritising, disseminating and identifying the implications of information and evidence.
- An effective dissemination process, other than the issue of email bulletins or complete documents.
- More opportunities for researchers and government to work together should be pursued, for example through information exchange about emerging issues and development of research linkage grants.
- A mechanism for translating research into policy within a complex decision-making environment, influenced by timing, opportunities and other influences.
- More central review systems (like the medically-oriented Cochrane library), and a greater capacity to anticipate and identify emerging policy issues.
- Research capacity building strategies including building and supporting national networks.
- Research requirements for policy development need to be more clearly articulated and carefully planned within a timeframe.

### *Research priorities for the next five years*

Each group was asked what the main issues for ageing research would be over the next five years. The following lists reflect the numerous issues identified:

#### **Department of Families:**

- Changing needs of the population as it ages.
- How services will need to respond to changing demands and expectations.
- Caring role of and for older people in the community.
- Housing options and approaches for older people including promoting multi-generational communities.
- Social isolation of older people.
- Transport options or access and mobility.
- The implications of mature age employment for individuals in funding their retirement years and the economy of the future as the number of older people increases.
- Resource allocation priorities and service access issues across the generations.
- Changing attitudes and behaviour to older people.

#### **Queensland Health:**

- Funding aged care services.
- Effectiveness of specific interventions in reducing health service use.
- Tracking of patterns of health service use over time and by individuals.
- Client classification system. Record linkage to establish patterns of health service use.

### **Department of Housing:**

- Disability issues around people's capacity to live independently in suitable housing.
- Implications of casual work, late home ownership and declining ownership.
- Changing income patterns and impact on public housing and health.

### **Queensland Transport:**

- Engaging older people in the development of intelligent transport systems and other issues.
- Regular travel pattern surveys.
- An analysis of the ageing population in all its dimensions (aspirations, quality of life, etc).
- Cost-effective service access alternatives.
- Age-friendly transport principles.
- Research that shows the extent to which there is a direct link between mobility and quality of life and well being (opportunity for collaboration between Health and Transport).
- Knowledge about what other government agencies are doing on ageing so that policy making might be synchronised.

### *Summary*

The consultation with policy officers was limited in scope to only four Departments and a convenience sample. It nevertheless provided important insights about the use of evidence to inform policy on ageing. While examples of EBPM could be found across all those Departments studied, the use of evidence was uneven. It formed a greater focus in Queensland Health and the Department of Families than in Queensland Transport and the Department of Housing.

Many barriers to using evidence were raised, but strategies to facilitate the research-policy interface were also identified. While examples of progress were found in this study, there was also a perception that greater use of evidence in the policy development processes would require more leadership and direction from senior management. As the ageing of the population is an emerging issue for most if not all departments, it is suggested that these departments will need to establish or further strengthen their specialist ageing policy capacity relevant to their portfolio, to complement the lead agency role played by the Seniors Interests Unit. Overall, there was overwhelming enthusiasm amongst interviewees for a move toward more evidence-based policy making.

## **International Developments**

In this section, an overview of several international initiatives concerned with bridging the research policy interface and promoting EBPM are provided. It should be noted that owing to the recency of these initiatives, little evaluation of their success is yet available. Several recent examples from the ageing field in the UK are described first, followed by a Canadian and a Taiwanese example. The section concludes with

two further and more generic examples that have potentially useful applications to ageing policy. Where possible, general lessons from these examples are derived to help inform good practice in EBPM.

## Examples from the UK

### *Better Government for Older People<sup>4</sup>*

This two-year action research programme introduced in 1998 was a strategic approach to address the challenges of an ageing population. Sponsored and steered by a partnership committee led by the Cabinet Office, the partnership involved central and local government, the academic community and voluntary organisations. The program aimed to improve public services for older people by better meeting their needs, listening to their views and encouraging and recognising their contribution.

The 28 pilots across the UK have involved setting local objectives and priorities for action with older people. An important feature of this initiative was the link between the action and research elements of the programme. The combined experience and ideas of pilots across the UK have helped develop a national role. Good practice and learning from the programme is disseminated through the Older People's Advisory Group and the Older People Network and website.

The unique features of BGOP are identified to be a partnership based Steering Committee within all programs, a developmental core team of staff, and a collaborative approach to evaluation and learning, in particular the Older People Network and the Older People's Advisory Group.

Financial and staff resources from central government departments and agencies were available for many pilots. The Steering Committee Report (2000) pointed out that those pilots able to attract external funding were able to exercise more influence corporately and strategically, but many of the pilots complained about a lack of funding from the central program.

The program has been judged effective in influencing the national agenda by developing links with government departments and generating joint conferences and pilot activities. An evaluation of the program completed by the Local Government Centre at Warwick University (Hayden & Boaz, 2000) identified a number of achievements in relation to listening to the views of older people, better meeting the needs of older people, and tackling ageism and promoting positive images. Each pilot program has been evaluated within a national evaluation framework and the following achievements have been identified:

- A higher profile for ageing issues and the ageing agenda.
- More chance for older people to have a say and be heard.
- Services changing and innovating to meet needs better.
- More opportunities for learning, volunteering and employment.
- Different levels and parts of government coming together to work in partnership.

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<sup>4</sup> See <http://www.bettergovernmentforolderpeople.gov.uk>.

### *Key lessons*

The seven factors that need to be in place for a strategic approach to be successful were identified as:

- Explicit links with local community and corporate priorities.
- Backing of UK and devolved governments.
- Political and managerial leadership from the local authority.
- Coordination and community development skills and capacity.
- Financial resources to invest in and manage change.
- Mechanisms to engage older people.
- An inclusive decision making partnership process.

There is great potential for the lessons from this initiative to inform a wide range of modernisation programs in the UK. The recommendations arising from the evaluation include: establishing a new national partnership body to promote ageing and older people's issues in the UK; a government 'champion' for older people with the status and influence of a Cabinet Minister; a program of action to be led by the Inter-Ministerial Group on Older People; staffing capacity and resources, the engagement of older people, and effective partnerships.

### *National Service Framework for Older People*

The National Service Framework (NSF) for Older People was published in March 2001. It is the third to be produced in England by the Department of Health to 'improve services through setting national standards to drive up quality and tackle variations in care. It focuses on rooting out age discrimination, providing person-centred care, promoting and maintaining older people's health and independence, and fitting services around the needs of older people. Specifically it aims to:

- Promote understanding of the needs of older people from black and minority ethnic communities.
- Provide those who deploy health and social care resources with knowledge about the most cost-effective and equitable means of meeting those choices and best practice.
- Encourage development and evaluation of innovative practice in health and social care.

The importance of research to the development, implementation and evaluation of the NSF is recognised. Targeted research funding is therefore to be made available to older people's health and social care services from 2001/2002. The impact of new structures on users is to be a specific target of research initiatives.

The National Health Service (NHS) research and development (R & D) priorities for ageing have been identified by a Topic Working Group (available at <http://www.doh.gov.uk/research>) and the External Reference Group for this NSF has recommended research priorities that complement those identified by the Topic Working Group:

- Reducing disability and the need for long-term care.
- Maximising independent living and social functioning.
- Enhancing the well being of older people and their carers.
- Informing the choices of individual users of health and social care services.

A typology of supporting evidence for this NSF was used to distinguish between evidence from research and other professional literature and evidence from expert opinion. This is presented above in Box 1.

Implementation of the NSF is supported nationally by a mixture of targeted funds and the increases in general resources for health and social care. For example, the NHS Plan commits an extra 1.4 billion pounds for older people by 2004. In addition, by 2003/04, 900 million pounds is to be made available for intermediate care and related services to promote independence, a substantial proportion going to local government for home care services. Funding is also earmarked for community equipment services, improvement of NHS ward design for older people, increasing the Carers Grant, development of Care Direct (information services for older people), and Personal Social Services Performance Fund. The NSF also has implications for the workforce, which will be met through the increases provided in the NHS Plan.

### *Key lessons*

The NSF is an ambitious plan and while it is still early days, its development and implementation clearly has significant financial implications, in addition to implications for working practices, refocusing of services, resource distribution and access.

### *Economic and Social Research Council 'Growing Older Program'<sup>5</sup>*

The UK Government's strategy for older people highlights quality of life as a key issue and this is included as a research program under one of the seven ESRC thematic priorities. The theme 'extending quality life' was chosen as the focus to help 'shift the public debate from a largely negative to a more positive plane which concerns the quality of the years that are added to life and not just the quantity'. The program was launched in 1999 to run until 2003, with an average budget for a whole program of around £3-5 million.

The program comprises 24 projects spread across six topics: defining and measuring quality of life; inequalities in quality of life; technology and the built environment; healthy and productive ageing; family and support networks; and participation and activity in later life. A total of 96 researchers are working in the program, including some of the leading UK researchers.

The goal is to maximise the policy and practical impact of research findings by engaging directly with policy makers and practitioners. A key feature of the program is its dissemination activity. The Growing Older Newsletter appears twice a year, along with regular briefings and working papers. The policy implications are

<sup>5</sup> See website at <http://www.esrc.ac.uk/>. A newsletter on this particular program is available at: <http://www.shef.ac.uk/uni/projects/gop/Newslet2.pdf>

emphasised in the output. An Advisory Committee comprised of leading experts and policy officers from health, ageing and community care advises the program strategy.

### *Key lessons*

As the program is still underway, its effectiveness is yet to be determined. However, one important and promising feature is its active engagement with user groups. For example, older people from ethnic minority groups are kept in touch through the use of a project newsletter. Short summary reports of the survey findings are discussed with the groups. In one area, this has led to collaboration between the research groups and Help the Aged (a non-government agency), potentially yielding important benefits for older people living in Liverpool and Manchester.

The research methods employed also feature user involvement in the program projects. In one project older people have been engaged in discussions to help define the meaning of 'quality of life' and in another, older people from different ethnic groups are being interviewed about their experience of quality of life and their biographies studied to understand their experiences. Focus groups have been conducted to examine quality of life among frail older people in the community and in nursing homes.

### *The National Collaboration on Ageing Research<sup>6</sup>*

This three-year initiative was launched in November 2001 and brings together four of the UK's Research Councils (Medical Research Council, Economic and Social Research Council, Engineering and Physical Sciences Research Council, Biotechnology and Biological Sciences Research Council) to coordinate research on ageing. Staffing and related support costs for 30 months have been identified to hold interdisciplinary workshops and to develop a new interdisciplinary approach for the four research councils. There are no earmarked research funds at this early stage. The aims are:

- To build agreement among researchers and other key groups who have an interest in the outcomes of ageing research (policy makers, practitioners, older people, business and industry).
- To identify priority topics where the involvement of scientists from different disciplines would enhance research.
- To facilitate the translation of ageing research output into policy and practice.
- To develop closer links with major European research centres on ageing.

As part of the National Collaboration, a Funders' Forum for Research on Ageing and Older People has been created to bring together all the major UK stakeholders in ageing research to discuss areas of mutual interest and provide a platform for effective joint working. In addition to the main Research Councils and the Department of Health, non-government and non-profit organisations such as the Alzheimer's Society, the British Heart Foundation, the Nuffield Foundation, and the Stroke Association, are included. NCAR intends to build on research council programs such as the ESRC's Growing Older Programme.

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<sup>6</sup> See website at <http://www.shef.ac.uk/ukncar/Introductionweb.html>

A European Forum for Research on Population Ageing Research has also been established, bringing together 30 countries to coordinate research effort. Other initial activities involve:

- Discussions with policy makers.
- Identification of Research Council leads on ageing.
- Updating the Age Net database of researchers.
- Development of European contacts.

Some of the key activities planned to achieve the goals of NCAR are:

- Research stimulation – through topic leaders, email notice boards/discussion sites, workshops, interactions with existing networks.
- Coordination with existing initiatives – between researchers and organisations.
- Maximising the impact of ageing research – liaison between policy makers and other user groups, links with European centres.

NCAR also plans within the UK to promote the use of existing datasets from longitudinal studies of ageing and other data sources on older people. Strategic thinking on priority areas related to quality of life will be fostered by workshops and consultations with researchers and end users.

## **Example From Taiwan**

### *Pilot Program for the Development of Long Term Care System*

The 65 and over group in Taiwan is expected to rise from 8.6% of the population in 2000 to 20% in 2036 and the government is re-examining its long-term care system to meet the future demands of care. In Taiwan, long-term care usually operates as separate and independent systems in the government health and social welfare sector. Nursing homes or hospitals are the main providers of care outside the family, and nursing home beds are continuing to increase in number (Bartlett & Wu, 2000).

To seek evidence-based solutions to Taiwan's rapidly ageing population, the government has brought together a group of policy makers, researchers, and service providers to conduct planning, service implementation, monitoring, and evaluation activities in order to devise a blueprint for its long-term care system of the future (Figure 1). This three-year program was initiated by the Executive Yuan and commenced in November 2000. The Ministry of Interior Affairs and the Department of Health, with a substantial overall budget of NT \$450 million, jointly fund it.

This example is selected because of its attempt to seek solutions to the problem of long-term care through a focused program of research and demonstration projects that will be systematically evaluated and the findings used to directly inform policy development.

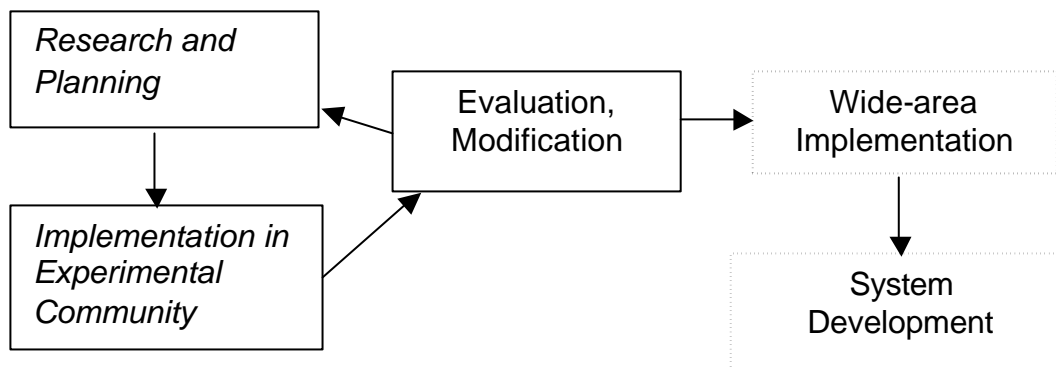
The project's objectives, underpinned by 'ageing in place', are:

- To encourage and to provide incentives for private sectors to invest in community based long-term care services and facilities.
- To ensure the rights of people with disability to choose among services.

- To enhance independence and quality of life for disabled people by providing services resources to enable them to remain independent.
- To provide support to family caregivers.
- To implement case management mechanisms to increase efficiency, quality, and continuity of services.
- To minimise or remove financial barriers to long-term care by establishing a financing system.

Two experimental communities have been selected to carry out the research and planning activities. Within these communities, long-term care needs will be assessed and new services or facilities implemented. These will be integrated and monitored. Utilisation data will be collected and the effectiveness of services evaluated. A task force comprising researchers and policy makers is charged with planning, implementing, monitoring and evaluating the demonstration projects. Within the two communities the projects will:

- Integrate funded long-term care services in the health and social welfare sectors; evaluate government regulations and reimbursement schemes.
- Propose future modifications.
- Assess long-term care needs in all cities and townships in Taiwan.
- Estimate resource requirements for the next 20 years.
- Develop the required workforce.
- Implement a management system.
- Establish a financing system.



**Figure 1. The development of a long-term care system in Taiwan**

### *Emerging lessons*

Establishing and evaluating national demonstration projects of this scale is clearly ambitious and it has been noted that a three-year initiative may not be sufficient time for the demonstration projects to mature in time for evaluation (Wu, 2002). This project also highlights the importance of undertaking thorough baseline assessment before the services to be evaluated are introduced.

## Example from Canada

### *Seniors' Independence Research Program*

This Canadian project created the Seniors' Independence Research Program (SIRP) as part of the Government's Seniors' Strategy (1988 – 1997), along with an Advisory Committee and an extramural funding program managed by their National Health Research and Development Program. The Advisory Committee (which comprised academic policy researchers, health and other government officials, communications experts, health professionals and representatives of seniors' organisations) and the funding program were responsible for enhancing linkages between research and policy on ageing.

Under the SIRP umbrella a range of projects was funded (eg the “Independence and Economic Security of Older Population” at McMaster University and “Promoting Seniors Independence in Primary Care” at the University of Western Ontario. The committee also organised various activities including a workshop on ‘putting research on ageing to work’ and a symposium on methods in health and social research on ageing. Subsequently, there has been a nation-wide transfer of research knowledge generated by fact sheets distributed widely to government, non-government and provider organisations. Research conducted under SIRP has been widely circulated and used in government planning (see Plouffe, 2000 for further details).

### *Emerging lessons*

While the results of an evaluation of the effectiveness of this national model for knowledge transfer are still to be published, it is suggested that SIRP has effectively enhanced research and policy linkages on ageing (Plouffe, 2000). The Advisory Committee was believed to be an effective mechanism to bridge research and policy on ageing and was crucial to the success of SIRP.

## Other General Research/Policy Initiatives

Examples of two quite different projects that have overcome some of the barriers to EBPM are discussed here. The two projects outlined here do not specifically deal with ageing issues, but they provide large-scale models that might be used to overcome some of the barriers to EBPM and could be adapted for use as ageing specific models.

### *Professional Policy Making for the Twenty First Century*

This UK initiative follows the publication of the White Paper on modernising government that set the direction for evidence-based policy making within government (Cabinet Office Strategic Policy Making Team, 1999). This has been followed by the publication of another Cabinet Office document - *Better Policy Making* (2001).

Some of the mechanisms to support the new direction are:

- Treasury now runs a program called the “Evidence Based Policy Fund” to help improve on evidence underpinning priority government policies that need long

term research and which otherwise might not be included in departmental research programs.

- The Centre for Management and Policy Studies (CMPS), based in the Cabinet Office, is now the focal point for the research community and supports policy making by evaluating new approaches to policy making and promoting best practice across all policy areas. The CMPS works to provide practical strategies not only for the provision of information by researchers, but also on training of civil servants on how to interpret, apply and evaluate research evidence (Edwards, 2002; McGrath, 2002).
- Action is being taken to set up a policy making 'knowledge pool' to improve the accessibility of policy evidence and to facilitate the sharing of information.
- Action is being taken to give responsibility for government strategy on research to one department, and to set up a network of those responsible for departmental research strategies.
- There is increased use of inward and outward secondments to increase access to specialist expertise.
- The appointment of a specialist 'policy researcher' role has been made to improve skills in departments.
- The promotion of cross-departmental cooperation on projects with consideration being given to allocating someone responsibility for overall coordination to ensure research is joined up and avoids duplication and gaps. The model that may be adopted for this initiative is Canada's Policy Research Initiative (see figure 14 in Cabinet Office Strategic Policy Making Team, 1999).
- In September 2002, the post of Chief Social Research Officer was created to head the Government Social Research Service with the goal of developing and implementing policies informed by sound evidence.

### *Global Development Network (GDN)*

This initiative fits well with the UN guidelines on policy process and evaluation in its current Research Agenda on Ageing. It is a complex, innovative, international 3-year \$3.12 million project, *Bridging Research and Policy* instigated by the Global Development Network (GDN) following a series of panel discussions at the Bonn and Tokyo meetings of GDN, and a follow-up workshop held at the University of Warwick in June 2001. The workshop explored three key questions:

- How can policy makers best use research, and move towards evidence-based policy making?
- How can researchers best use their findings in order to influence policy?
- How can the interaction between researchers and policy makers be improved? (RAPnet, 2002).

This project is in the very early stages having commenced in 2002, so no evaluative information is available, but information on the project is available on the project website at [www.gdnet.org](http://www.gdnet.org). Three of the essential features of the project are:

- RAPnet, a website that links research and policy knowledge around the world and is the project coordination mechanism.

- an action research approach that seeks input from the very people whose lives it is seeking to enhance, by conducting case studies and surveys in developing countries; and this research work is followed up by regional write-shops that bring together policy makers, researchers, non-government organisations (NGOs) and the media to discuss and synthesise experience from the case studies and commissioned research. There is potential for this project to be adapted on a smaller scale in Australia, with Queensland taking the lead, especially given the vast regional areas that occupy most of the state.

## Summary

The initiatives presented here reflect different approaches to promoting evidence-based policy in practice. While it is still early days to judge their effectiveness, some positive findings are emerging from the first evaluations. A number of strategic action areas can be identified, including:

- The participation of older people.
- Linking program evaluation and policy development.
- The development of mechanisms to facilitate and support cross-departmental/agency working.
- Tools to judge the quality of evidence.
- Policy makers' input to the research process/programs.
- Information and dissemination strategies.
- Education and training in research appraisal and utilisation.
- Research prioritisation programs involving collaboration.
- Funding and resource allocation for EBPM.

Importantly, these initiatives have been formulated at the national level, but they actively involve researchers, policy makers, providers and older people in various forms of partnership and local level activity is an important feature.

## Discussion

While the question of evidence-based policy has only gained prominence in recent years, numerous barriers to its achievement have already been identified. However, no shortage of strategies to facilitate EBPM can be found in the UK, USA and Canadian literature. These are documented in Appendix 1. Given the relative recency of this area, much of the literature is theoretical and working examples of initiatives to promote EBPM are few in number.

The current project builds on this developing knowledge base through its exploration of the relationship between ageing policy and evidence in Australia at the national and State (Queensland) level, also drawing on international examples. The documentary analysis, fieldwork and case studies produced new insights into the research-policy interface and also identified important areas for strategic action.

## The Type and Quality of Evidence

A range of scientific evidence appears to inform the *National Strategy for an Ageing Australia*, but in Queensland, ABS data, government documents and consultation feedback are more frequently cited as sources of evidence than research studies. It is unclear whether any particular criteria were used to select evidence, what level of evidence was used, or the extent to which any evidence informed/influenced these policy developments. Interviews confirmed that across the government departments studied there was little consistency in how evidence was used, with access to, or lack of research in priority areas creating major barriers to EBPM in ageing. These findings suggest the need for knowledge development and more learning opportunities for those engaged in both research and policy development.

Such issues are being addressed by the UK initiatives detailed above. For example, the *National Service Framework for Older People* developed a typology to enable the supporting evidence to be weighted, clarifying that the NSF is based on research evidence, expert advice, and the values underpinning care services. The typology does not order the evidence in a hierarchical fashion, but serves as a tool to assess the balance of evidence. The action research approach used in the BGOP program proves to be a very effective methodology for achieving evidence-based policy development. Quality is further addressed in the *ESRC Quality of Life Program*, which adopts a coordinated approach on priority issues, bringing together leading researchers in the field.

## Cross-Government Working

Cross-government working emerged as a key, but sometimes elusive, goal for fostering EBPM in ageing, although this finding does not suggest that EBPM can only be achieved through cross-government working. Despite government intentions and the efforts of such initiatives as the IWG on ageing, at a Departmental level in the sites of this study, the concept of ‘whole of government’ was not fully embraced or achieved in practice. Indeed, communication of policy development, even between different units within the same Department was perceived to be lacking. Evidence of the ‘silo mentality’ was still to be found. Nevertheless, many participants displayed an enthusiasm and belief in the importance of a ‘whole-of-government’ approach. Again, the UK BGOP program is a useful example of the value of this approach and how it can be achieved through leadership, partnership, devolved local responsibilities and community engagement.

## Effective Partnerships with Users

While consultation involving older people in the national and State ageing strategies is a relatively recent phenomenon, representatives of the government departments interviewed in this project did not regard it as a particularly significant activity in policy development generally.

Various techniques for increasing consultation and achieving user involvement can be found in the *ESRC Quality of Life* and the *Better Government for Older People* programs.

## Ageing Research Priority Setting

The ageing strategies, reviews and policy documents reviewed earlier each identify research questions needing to be addressed, generating an extensive and fairly disparate list. Similarly, a range of research priorities were identified by the government policy officers interviewed, yet the analysis of research on ageing conducted in Queensland revealed little research was actually commissioned or funded by Queensland Government. There appears to be scope for more joint research funding arrangements across departments. NCAR is an example of a more coordinated response to research funding involving key funding agencies, in conjunction with the government in UK. This initiative expects to allocate research funding more effectively by targeting priority areas, thus building ageing research capacity.

## Implications

A number of implications for EBPM in ageing were identified by this study, although these possibly have wider applicability across the public policy arena:

- Training and education of researchers, policy officers, policy makers and the public to facilitate a continued culture shift and behaviour change so that research evidence is more highly valued and used.
- Central brokering and coordination of existing knowledge and information sources to raise awareness of what is available, reduce perceived (perceived by whom and where is the evidence of this elsewhere in this report?) duplication and enhance the transparency of agencies.
- Knowledge management systems with the capacity to respond effectively to requests for specific information and evidence.
- Participation by all stakeholders in relevant research prioritising exercises, such as the development of research priorities by the Queensland Health and Medical Research Council.
- Partnerships in research and policy development between universities, clinical bodies, industry, government and non-government agencies.
- Strengthening the contribution of older people to inform the policy development process.
- Dissemination of research findings to improve timing, relevance, translation and utilisation.

## Recommendations

This study provided important insights into what needs to be improved in EBPM on ageing in Queensland. Many structures and initiatives are already in place and can be strengthened without resource implications. A number of actions to move forward can be identified:

1. Enhance opportunities for education and training in evidence based policy making through the organisation of a program of seminars, workshops and continuing education and offering regular secondment opportunities between government and research agencies such as universities.
2. Promote and support the continuing role of the Seniors Interests Unit in the Department of Families as a broker of evidence and information in relation to ageing and older persons' interests.
3. Foster collaboration in research and policy development between lead agencies concerned with ageing in Queensland, including: Seniors' Interests Unit (Department of Families); Human Services Chief Executive Officers' Committee, Working Party on the Ageing of the Population; the Australasian Centre on Ageing, University of Queensland (UQ); Centre for Productive Ageing (Sunshine Coast University); and the National Ageing Statistics Unit of the Australian Bureau of Statistics (ABS).
4. Create an Innovation Fund to foster cross-agency bids for initiatives which support evidence based policy making on ageing.
5. Develop strategies to enhance effective participation by older people and all stakeholders in relevant research prioritisation and consultation exercises through the Seniors Interests' Unit in the Department of Families in conjunction with the Community Engagement Division in the Department of the Premier and Cabinet.
6. In collaboration with the Australasian Centre on Ageing, facilitate effective information access and dissemination processes in relation to ageing issues, including: creation of a 'knowledge pool', creation of a statewide research directory, dissemination through the World Wide Web, occasional papers, newsletters and public forums.
7. Create a Queensland Virtual Strategic Information Centre on Ageing (VSICA) that links to the Commonwealth Building Ageing Research Capacity Website due to be launched early in 2003.

## References

- Andrews, G., & Clarke, M. (1999). The international year of older persons: Putting ageing and research onto the political agenda. *The Journal of Gerontology*, 54B, 7-10.
- Australian Bureau of Statistics. (2000). *Population Projections 1999 to 2010* (Cat No. 3222.0). Canberra: ABS.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognition theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bartlett, H. P., & Wu, S.-C. (2000). Ageing and aged care in Taiwan. In D. R. Phillips (Ed.), *Ageing in the Asia-Pacific*. London: Routledge.
- Black, N. (2001). Evidence based policy: proceed with care. *British Medical Journal*, 323, 275-279.
- Brick, Y. (2002). Statement at the Second World Assembly on Ageing Madrid, Spain 8th April 2002. Retrieved, 2002, from the World Wide Web: <http://www.un.org/ageing/coverage/ifaE.htm>
- Cabinet Office Strategic Policy Making Team. (1999). *Professional policy making for the twenty-first century*. London: SPMT, Cabinet Office Report.
- Cabinet Office (2001) *Better Policy-Making*. London: Cabinet Office, Centre for Management and Policy Studies.
- Bridgeman, P and Davis, G. (2000) *The Australian Policy Handbook*. Sydney: Allen and Unwin.
- Canadian Health Services Research Foundation. (1999). *Issues in linkage and exchange between researchers and decision makers*. Montreal: Canadian Health Services Research Foundation.
- Coburn, A. (1998). The role of health services research in developing state health policy. *Health Affairs*, 17(1), 139-151.
- Commonwealth of Australia (2002). 2002-2003 *Budget Paper No. 5. Intergenerational Report 2002-2003*. Canberra: Commonwealth of Australia
- Davies, H., & Nutley, S. (2002). *Discussion paper 2 - Evidence based policy and practice: moving from rhetoric to reality*. St Andrews: Research Unit for Research Utilisation, University of St Andrews.
- Davies, H., Nutley, S., & Smith, P. (2000). Learning from the past, prospects for the future, *What works? Evidence-based policy and practice in public services* (pp. 351-366). Bristol: The Policy Press.
- Davies, H. T., Nutley, S. M., & Smith, P. C. (Eds.). (2000). *What works? Evidence-based policy and practice in public services*. Bristol: The Policy Press.
- Department of Families Youth and Community Care Queensland. (1999). *Our Shared Future: Queensland Government's Framework for Ageing 2000-2004*. Brisbane: Queensland Government.
- Department of Health and Aged Care. (2000) *Australian Ageing Research Directory*. Canberra: Office of Older Australians.
- Department of Health and Ageing. (2002). *National Strategy for an Ageing Australia*. Canberra: Commonwealth of Australia.
- Detmer, D. (2000). Clinician-managers: 'the boundary spanners' of health services. *Journal of Health Service Research policy*, 5, 197-198.
- Donald, A. (2001). Commentary: research must be taken seriously. *British Medical Journal*, 323, 279.
- Dye, T.R. (1998) *Understanding Public Policy*, New Jersey: Prentice Hall.

- Edwards, M. (2002). *Australian Public Policy Research Network: Introduction*. Australian Public Policy Research Network. Retrieved, 2002, from the World Wide Web: <http://governance.canberra.edu.au/APPRN/PolResMEPres.htm>
- Feldman, P. H., Nadash, P., & Gursen, M. (2001). Improving communication between researchers and policy makers in long-term care: or, researchers are from Mars; policy makers are from Venus. *The Gerontologist*, 41(3), 312-321.
- Hayden, C., & Boaz, A. (2000). *Making a Difference: Better Government for Older People Evaluation Report*. Warwick, UK: University of Warwick.
- Healthy Ageing Taskforce. (2000). *Commonwealth, States and Territories Strategy on Healthy Ageing*. Canberra: Commonwealth department of Health and Aged Care.
- Kazanjian, A., & Boruch, R. F. (2001). How policy informs the evidence. *British Medical Journal*, 322(7297), 1304-1307.
- Kendig, H., Andrews, G., Browning, C., Quine, S., & Parsons, A. (2000). *A Review of Healthy Ageing Research in Australia* (Report prepared for the Community Services Ministers' Advisory Council ed.). Canberra: Department of Health and Aged Care.
- Klein, R. (2000). From evidence based medicine to evidence based policy? *Journal of Health Service Research Policy*, 5(2), 65-66.
- Lilford, R., Jecock, R., Shaw, H., Chard, J., & Morrison, B. (1999). Commissioning health services research: an iterative method. *Journal of Health Service Research Policy*, 4, 164-167.
- Lilford, R., & Royston, G. (1998). Decision analysis in the selection, design and application of clinical and health services research. *Journal of Health Service Research policy*, 3, 159-166.
- Lomas, J. (2000). Using 'linkage and exchange' to move research into policy at a Canadian Foundation. *Health Affairs*, 19(3), 236-240.
- Marshall, M. (1999). What do service planners and policy-makers need from research? *International Journal of Geriatric Psychiatry*, 14, 86-96.
- McGrath, C. (2002). *Influencing the UK policy making process*. ESRC Publications. <http://www.esrc.ac.uk/esrccontent/PublicationsList/4books/inframeset.html>
- Muir Gray, J. A. (1997). *Evidence-based Healthcare*. London: Churchill Livingstone.
- Orosz, E. (1994). The impact of social science research on health policy. *Social Science Medicine*, 39(9), 1287-1239.
- Plouffe, L. A. (2000). Bridging policy research and policy: Experience from Health Canada's Seniors Independence Research Program. *Canadian Journal of Policy Research*, 1(1), 135-139.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114.
- Queensland Government. (2002a) *Queensland Families: Future Directions*. Brisbane: Department of the Premier and Cabinet.
- Queensland Government (2002b) *Smart State: Health 2020 a vision for the future*. Summary Discussion Paper. Brisbane: Queensland Health.
- Queensland Government. (2001). *Queensland the Smart State: investing in people and communities*. Brisbane: Queensland Government.
- Queensland Government (2000) *Governing Queensland*. Brisbane: Department of Premier and Cabinet.
- Queensland Health. (2000). *Position Statement. Health Service Integration in Queensland*. Brisbane: Health Outcomes Unit, Queensland Health.

- RAPnet. (2002). *The final proposal - a summary*. Global Development Networks: Bridging Research and Policy project. Retrieved, 2002, from the World Wide Web: [http://www.gdnet.org/subpages/RAPNet/Final\\_Proposal.html](http://www.gdnet.org/subpages/RAPNet/Final_Proposal.html)
- Research Unit for Research Utilisation. (2001). *Systematic Reviews and EBPP Publications*. Evidence Network. Retrieved, 2002, from the World Wide Web: <http://www.evidencenetwork.org/cgi-win/enet.exe/PUBS?RURU>
- Rogers, E. M. (1995). *Diffusion of Innovations* (4th ed.). New York, NY: The Free Press.
- Sorian, R., & Baugh, T. (2002). Power of information: closing the gap between research and policy. *Health Affairs*, 21(2), 264-273.
- Stone, D., Maxwell, S., & Keating, M. (2001). *Bridging research and policy*. Paper presented at the An International Workshop funded by the UK Department for International Development, Radcliffe House, Warwick University.
- Strategic Policy Making Team Cabinet Office. (1999). *Professional policy making for the twenty first century*. UK Government. Retrieved, from the World Wide Web: <http://www.cabinet-office.gov.uk/moderngov/download/policy.pdf>
- United Nations Division for Social Policy and Development. (1999). *Research Agenda on Ageing for the 21st Century*. Vienna: United Nations.
- Vella, K., Goldfrad, C., Rowan, K., Bion, J., & Black, N. (2000). Use of consensus development to establish national research priorities in critical care. *British Medical Journal*, 320, 976-980.
- Weiss, C. (1977). *Using social research in public policy making*. Lexington, LA: Lexington Books.
- Wu, S-C. (2002). *Pilot Program for the Development of Long Term Care System in Taiwan*. Taipei, Taiwan: Institute of Health Policy and Management, National Taiwan University.

## APPENDICES

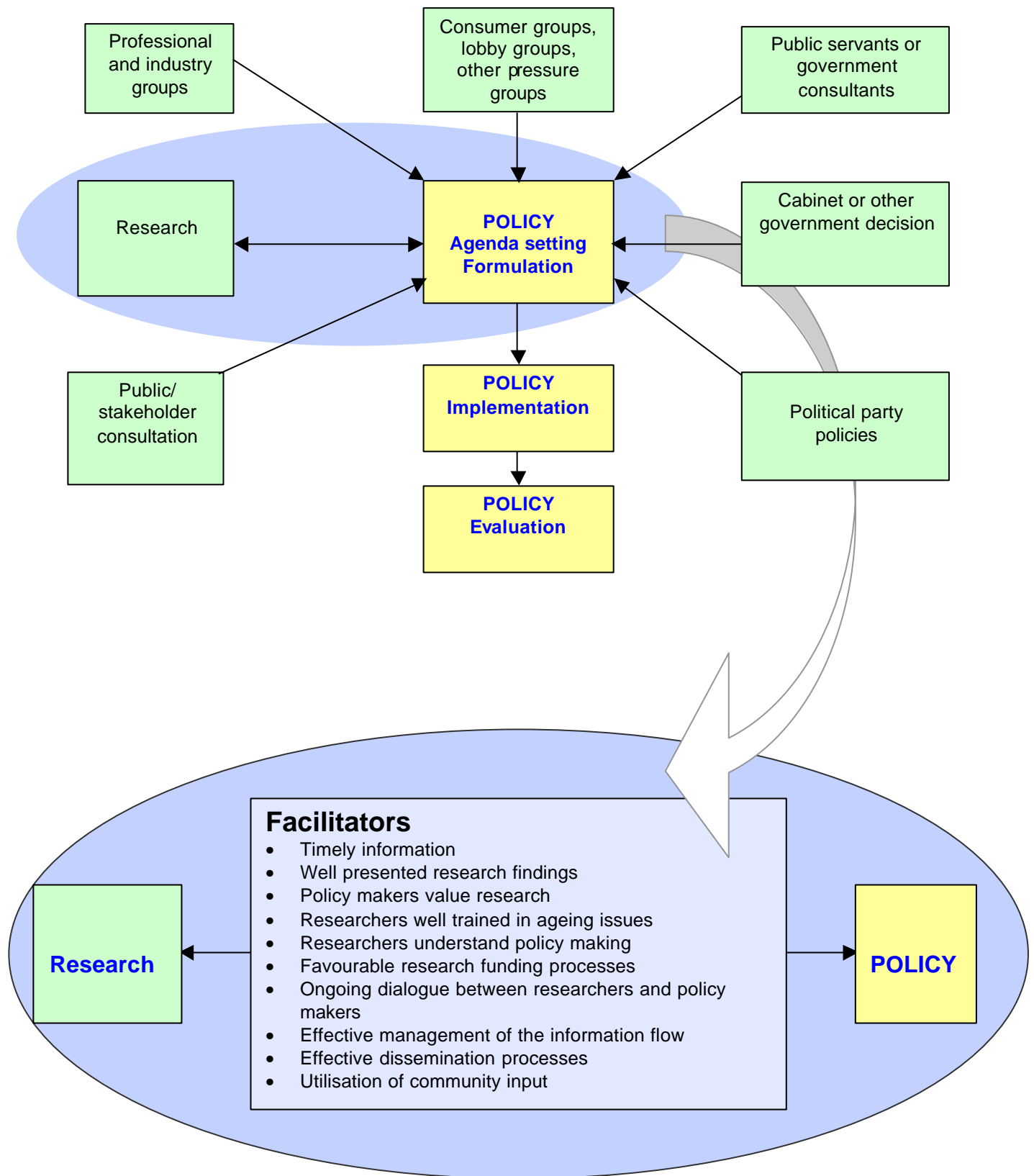
### Appendix 1: Key facilitators and strategies for action in evidence based policy making

Facilitators	Strategies for Action
Timely information	<ul style="list-style-type: none"> <li>• Review data collection timelines (United Nations Division for Social Policy and Development, 1999)</li> <li>• Foster an interactive environment between researchers, policy makers and consumers so emerging issues are identified ahead of time (Marshall, 1999)</li> </ul>
Well presented information and research findings	<ul style="list-style-type: none"> <li>• Train researchers in the art of presentation to policy makers (Orosz, 1994)</li> <li>• Bring researchers and policy makers together early in the research process to help make researchers' work more policy-relevant (Coburn, 1998) and is the best predictor of having the findings applied (Lomas, 2000; Weiss, 1977)</li> </ul>
Policy makers value research evidence	<ul style="list-style-type: none"> <li>• Educate policy makers (United Nations Division for Social Policy and Development, 1999)</li> <li>• Establish forums aimed at identifying and articulating the demand for evidence around themes that are relevant to policy makers (Canadian Health Services Research Foundation, 1999)</li> <li>• Require intragovernment submissions and proposals to include sign off on supporting research, evidence etc. (Canadian Health Services Research Foundation, 1999)</li> <li>• Shift the politics of decision making by mandating better accountability (following EBM's success (Donald, 2001)</li> <li>• Educate the public on the importance of informed policy making (United Nations Division for Social Policy and Development, 1999)</li> </ul>
Researchers and data collectors are well trained in gerontological issues and concepts	<ul style="list-style-type: none"> <li>• Create more opportunities for training in research on ageing (both train the trainers and individual courses) (United Nations Division for Social Policy and Development, 1999)</li> </ul>
Researchers have a good knowledge and understanding of the policy making process	<ul style="list-style-type: none"> <li>• Train researchers in principles of policy formulation and implementation (Black, 2001; United Nations Division for Social Policy and Development, 1999), and how to access necessary information (McGrath, 2002)</li> <li>• Establish regular policy research colloquia and professional exchange programs such as fellowships for scholars in</li> </ul>

	policy settings and short-term appointments of policy analysts in academic settings (Plouffe, 2000)
Favourable research funding processes	<ul style="list-style-type: none"> <li>• Establish a more informed dialogue between the users and producers of research evidence (Davies, Nutley &amp; Smith, 2000)</li> <li>• Get funding agencies to help build linkages by reviewing and changing their processes, expectations and rewards (Canadian Health Services Research Foundation, 1999), so that policy makers are viewed as shapers of research</li> <li>• Require researcher-policy maker partnership as part of application for research funding (Canadian Health Services Research Foundation, 1999)</li> <li>• Develop new approaches eg the use of modelling to predict whether research is likely to have any impact and therefore be cost-effective (Lilford &amp; Royston, 1998); iterative tendering to improve the dialogue between researcher and policy maker (Lilford, Jecock et al., 1999); encouragement of policy makers to invest directly in research (Lomas, 2000); “shifting the responsibility for commissioning from researchers to the end users of the research, as is happening with the new NHS service delivery and organisation research and development program” (Black, 2001).</li> <li>• Get funders to recognise the limited value of single studies (Black, 2001) because they are not usually worth disseminating, whereas the synthesis of several studies is.</li> </ul>
Ongoing dialogue between researchers and policy makers	<ul style="list-style-type: none"> <li>• Involve policy makers in the conceptualisation and conduct of research (Black, 2001) and develop a mechanism for sustaining the relationship between researchers and policy makers during and after the research project</li> <li>• Create greater access for researchers to information on the priorities of policy makers, who in turn need to organise and communicate their needs better (Vella et al., 2000)</li> <li>• Create a ‘policy community’ – this might include civil servants to purvey knowledge into policy making forums, journalists to engender wider interest, and practitioners who will translate the new knowledge into practice (Detmer, 2000). All of this activity needs to be cognizant of timing and windows of opportunity (Black, 2001)</li> <li>• Appoint ‘policy entrepreneurs’ – persons with research backgrounds and credentials who understand the culture and methods of university research, but who also understand the policy making context and process and can communicate with policy makers to facilitate the ‘evidence into policy making’ process [Coburn, 1998 #18] (Lomas, 2000)</li> </ul>
Effective management of the flow of information to policy makers	<ul style="list-style-type: none"> <li>• Create a policy making ‘knowledge pool’ (Canadian Health Services Research Foundation, 1999) (also see the Centre for Management and Policy Studies, CMPS, in next section)</li> </ul>

	<ul style="list-style-type: none"> <li>• Appoint specialist information consumers and disseminators (Strategic Policy Making Team Cabinet Office, 1999)</li> <li>• Create a specialist unit for policy evidence management (see CMPS in next section)</li> <li>• Establish a link with an expert agency outside government to bring the latest research findings on ageing to the state-level policy making community (eg Institute for Public Policy and Social Research at Michigan State University or the Economic and Social Research Council in the UK or the Canadian Health Services Research Foundation, CHSRF)</li> </ul>
<p>An effective dissemination process</p>	<ul style="list-style-type: none"> <li>• Establish an agency such as CMPS based in the UK Cabinet Office (see next section). Include a ‘clearing-house’ function within this agency</li> <li>• Get granting agencies to assume the role of summarizing and disseminating the results of research as a major part of their mandate (CHSRF, 1999; Plouffe, 2000)</li> <li>• Encourage multidisciplinary research</li> <li>• Develop strategies that encourage a ‘pull’ for information from potential end users (Davies &amp; Nutley, 2002)</li> <li>• Develop ways to move beyond the simple dissemination of research findings (eg the UK’s Research Unit for Research Utilisation, 2001).</li> </ul>
<p>Utilisation of community input in the policy making process</p>	<ul style="list-style-type: none"> <li>• Focus on personal interaction through participatory and consultative structures or the provision of technical information and training (Stone, Maxwell, &amp; Keating, 2001)</li> <li>• Use intermediaries to access communication channels</li> <li>• Establish community meetings</li> <li>• Establish community based provision of electronic media (eg online local databases or village payphones)</li> </ul>

## Appendix 2: Competing influences and facilitators of research evidence into policy



## Appendix 3: Ageing policy related projects in Queensland and their impact on government policy making

### 1. Employment and Technology - Policy Implications

Title: A comparative study of the attitudes, needs and practices of Australian and UK employers towards the use of new technology by older workers. Implications for policy and practice (project entry 66 in the Directory)

Principle researcher: Dr M. Steinberg

Co-researchers: Dr P. Taylor, Ms L. Walley

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Australian Research Council, International Project

Timetable: Sep 1998 – Dec 1998

Impact on government policy: *Yes, but not specified.*

Title: Attitudes and practices of employers and employees towards older workers in a climate of antidiscrimination (69)

Principle researchers: Dr M. Steinberg, Prof K. Donald, Prof J. Najman

Co-researchers: Ms G. Chesney-Clark

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: University of Queensland Foundation Ltd, \$40,000

Timetable: 1995-1996

Impact on government policy: *Used as a reference to inform "Our Shared Future", 1999.*

Title: Attitudes and practices of older Queenslanders towards technology (70)

Principle researcher: Dr M. Steinberg

Co-researchers: Ms L. Walley

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Department of Public Works and Housing, Queensland, \$10,000

Timetable: Jan 1998 – Jul 1998

Impact on government policy: *Yes, but not specified.*

Title: Technology skills and experience: Implications for the Queensland labour force (86)

Principle researcher: Dr M. Steinberg

Co-researchers: Ms L. Walley, Dr D. Warner

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland; Department of Employment Training and Industrial Relations, Queensland

Status: Completed

Funding: Department of Employment Training and Industrial Relations, Queensland

Timetable: Jan 1999 – Mar 1999

Impact on government policy: *Yes, but not specified.*

Title: The employment of older workers: Policies, programs and practices in Queensland (87)

Principle researcher: Dr M. Steinberg

Co-researchers: Prof J. Mangan, Prof J. Najman  
Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland; Queensland Chamber of Commerce  
Status: In progress  
Funding: ARC, SPIRT grant - \$51,750  
Timetable: Jan 2000 – Jan 2001  
Impact on government policy: *Yes, but not specified.*

Title: The mature age labour force (88)  
Principle researcher: Dr M. Steinberg  
Co-researchers: Ms L. Walley, Dr D. Warner  
Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland; Department of Employment Training and Industrial Relations, Queensland  
Status: Completed  
Funding: Department of Employment Training and Industrial Relations, Queensland  
Timetable: Sep 1998 – Mar 1999  
Impact on government policy: *Yes, but not specified.*

## 2. Aged Care

### *End-of-Life Decision-Making/Palliative Care*

Title: Community and health practitioner views on end-of-life decision-making in the Northern Territory (72)  
Principle researchers: Ms C. Cartwright, Dr G. Robinson  
Co-researchers: Dr M. Steinberg, Prof J. Najman, A/Prof G. Williams, Prof W. Tyler  
Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland; Northern Territory University  
Status: Completed  
Funding: Internal funding  
Timetable: 1996-1997  
Impact on government policy: *Was not commissioned by or used to inform government policy.*

Title: GP and patient knowledge, attitudes and congruence in end-of-life decision-making (77)  
Principle researcher: Dr M. Steinberg  
Co-researchers: Dr G. Williams, Dr M. Parker, Dr C Del Mar, Prof R. Hoffenberg, Ms C. Cartwright  
Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland  
Status: Completed  
Funding: General Practice Evaluation Program, Commonwealth Department of Human Services and Health, \$90,000  
Timetable: Feb 1995 – Apr 1996  
Impact on government policy: *The project was funded (but not commissioned as such) by the Commonwealth Government and the findings were used by the Queensland Government in the final development of the Powers of Attorney Act (1998).*

Title: Patient self-determination in terminal care (82)

Principle researchers: Dr M. Steinberg

Co-researchers: , Prof J. Najman, Dr G. Williams, Prof R.Hoffenberg, Ms M. Clarke, Ms C. Cartwright

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Research and Development Grants Advisory Committee, Commonwealth Department of Human Services and Health, \$120,000

Timetable: Jul 1994 – Jun 1996

Impact on government policy: *The project was funded (but not commissioned as such) by the Commonwealth Government and the findings were used by the Queensland Government in the final development of the Powers of Attorney Act (1998).*

Title: Patient self-determination in terminal care: Phase 2 – Designing "useful" advance directives (83)

Principle researchers: Dr M. Steinberg, Ms C. Cartwright, Dr M. Parker, Prof J. Najman,

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Research and Development Grants Advisory Committee, Commonwealth Department of Human Services and Health, \$35,000

Timetable: May 1996 – Apr 1997

Impact on government policy: *This project contributed to the legislation above and the Queensland Government adopted the documents designed as part of this research as the prescribed (the enduring power of attorney forms) and recommended (the advance health directive) forms in the legislation.*

### *Falls Prevention*

Title: Falls prevention audit (75)

Principle researcher: Ms N. Peel

Co-researchers: Mrs K. Richards

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Queensland Government Department of Health, \$15,000

Timetable: May 1999 – Jul 1999

Impact on government policy: *The falls audit was both commissioned and used by Public Health Services, Queensland Health to develop the Statewide Strategy For Falls Prevention in Older People.*

### *Aged Care Facility Policy Analysis*

Title: Percutaneous endoscopic gastrostomy feeding for older people without decision-making capacity in Queensland nursing homes (84)

Principle researchers: Dr M. Steinberg, Ms C. Cartwright, A/Prof G. Williams

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: Queensland Public Trustee, \$10,000+

Timetable: Sep 1999 – Jun 2000

Impact on government policy: *This project was neither commissioned nor used by the government (although it has affected practice in at least two Brisbane hospitals).*

### *Residential Aged Care*

Title: Development of a single instrument for the classification of nursing home and hostel residents (454)

Principle researcher: Dr C Rhys-Hearn

Co-researchers: Mr E Lindsay-Smith, Mr R. Parsons, Dr H Vu, Mr D Matsakidis, Mr C. Benson, Mr P. Hewitt, Prof S. McCarthy, Dr G. Lewis

Organisation: Various nationally including Queensland Aged Care Evaluation Unit, Princess Alexandra Hospital

Status: Completed

Funding: Commonwealth Department of Health and Family Services, \$247,775

Timetable: Nov 1996 – May 1997

Impact on government policy: *Unknown.*

Title: Policy and reform: Registered nurse practice in residential aged care (533)

Principle researcher: Ms L. Venturato

Co-researchers: Dr U. Kellett, Dr A. Cushing, Ms C. Windsor

Organisation: Centre for Nursing Research, School of Nursing, QUT

Status: In progress

Timetable: Mar 1998 - Feb 2001

Impact on government policy: *Unknown.*

### *Community Aged Care*

Title: National psychogeriatric unit evaluation study (455)

Principle researchers: Mr E Lindsay-Smith, Mr C. Benson, Mr D Matsakidis, Prof D. Ames, Prof S. McCarthy

Organisation: Various nationally including Queensland Aged Care Evaluation Unit, Princess Alexandra Hospital

Status: Completed

Funding: Commonwealth Department of Health and Family Services, \$247,775

Timetable: Oct 1997 – Jan 1998

Impact on government policy: *Unknown.*

### *Rural Aged Care*

Title: Aged care intervention project (522)

Principle researcher: Ms A. Walker

Organisation: Southern Downs District Health Services, Queensland

Status: In progress

Funding: Aged Care Reform Unit

Timetable: Apr 1998 – Jun 2001

Impact on government policy: *Unknown.*

### 3. Well-Being of Women

Title: Towards a research agenda for the health and well-being of older women (89)

Principle researcher: Dr M. Steinberg

Organisation: Healthy Ageing Unit, Department of Social and Preventive Medicine, University of Queensland

Status: Completed

Funding: RADGAC, \$4000

Timetable: 1994

Impact on government policy: *Unknown.*

### 4. Legal Knowledge Policy Analysis

Title: Legislative changes in aged care: Their implications for older people, informed intermediaries and legal practitioners in Queensland (686)

Principle researchers: Dr D. Setterlund, Dr C. Tilse, Dr J. Wilson

Organisation: School of Social Work and Social Policy, University of Queensland

Status: Nearing completion

Funding: Queensland Law Society; Department of Families, Youth and Community Care; Department of Equity and Fair Trading; TriCare; Aged Care Queensland, \$46,500

Timetable: Jan 1999 – Jun 2000

Impact on government policy: *Unknown.*

### 5. Transport

Title: Development of a package of learning materials to assist older drivers in managing their day-to-day driving (707)

Principle researchers: Prof M. Sheehan, Mr J. Davey, Ms C. Schonfeld, Ms M. Ferguson, Dr R. Findlay, Dr C. O'Brien

Organisation: Centre for Accident Research and Road Safety, QUT

Status: Completed 1997

Funding: Driver and Vehicle Management Branch, Land Transport and Safety Division, Queensland Transport

Impact on government policy: *This project was commissioned and used by Queensland Transport as part of their Driver Safety Education Strategy. The commission researched and developed a package of education materials to assist older drivers and those with medical conditions to better manage their day-to-day driving.*