Department of Ageing, Disability and Home Care

Positive Ageing Strategy Hunter (PASH)

Stage 1 - Research Report

DADHC

Department
of Ageing,
Disability &
Home Care

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EXECUTIVE SUMMARY

The Positive Ageing Strategy Hunter (PASH) has been developed by the NSW Department of Ageing, Disability and Home Care (Hunter Region) in conjunction with a multi-disciplinary advisory committee.

PASH has been developed in recognition of the fact that the Hunter's population is ageing and that to manage ageing at both the community and individual level, there is a need for communities and individuals to plan and prepare for the changes which come with older age.

PASH is based on a philosophy of early intervention and prevention to enable older people to continue to play an active role in the community and to enjoy good health and the many benefits of being an older person. For the purposes of PASH, older people have been defined as those over the age of 50, as it is this group who can most effectively be targeted by early intervention and prevention strategies.

PASH is being developed as a three stage process. This report, the Research Report, is Stage 1. Stage 2 will be the Strategic Directions document whilst Stage 3 will be the detailed implementation/action plan.

The Research Report has been developed using four distinct research methods. Specifically, the research has involved an extensive review of the literature on ageing, a content analysis of the Social Plans developed by Local Government, an audit of the existing facilities and services designed for older people in each Local Government Area and a series of focus groups with local older people to ascertain their views on and experiences of ageing in the Hunter.

Ten priority areas were identified through the research. The priority issues are employment and training; lifelong learning; retirement planning; volunteering; physical activity; health (including nutrition; mental health; vision, hearing and oral health; medication management and access to health services); the caring role; the community setting (including accommodation and housing; transport; access and mobility and crime prevention and safety); community participation and information.

Each of these key priority areas is discussed with respect to the current situation, resources available to address the issue and the goals which the Advisory Committee has developed as a result of the information available.

PASH Stage 2 will provide the strategic directions for the implementation of PASH over the next 3 – 5 years. The background research and goals presented in this report will form the basis for Stage 2.

ACKNOWLEDGEMENTS

CHAPTER ONE

POPULATION AGEING
IN THE HUNTER

1.   BACKGROUND

Population ageing is, according to the World Health Organisation (2002), one of humanity's greatest triumphs and greatest challenges. Population ageing is described as "a decline in the proportion of children and young people and an increase in the proportion of people aged 60 and over" (World Health Organisation, 2002, p6).

Population ageing has occurred as a result of a multitude of factors. Advances in medical technology and health promotion, increased standards of living, better education, a reduced infant mortality rate and a lower fertility rate all combine to create an environment where the population ages overall and individuals are able to experience greater longevity.

Whilst the ability of individuals and the population to reach increasingly older ages is in itself significant, it is imperative that this increased longevity corresponds with an ability to 'age positively'. That is, to remain healthy, engaged in the community and able to enjoy the opportunities afforded by older age.

Governments are working to address issues associated with population ageing at an international, national and state level. The World Health Organisation's Centre for Health Development has noted that to address population ageing "an inter-disciplinary research approach and development of appropriate interventions to meet the growing needs of the population" is required (www.who.int 26/08/2003).

It is necessary to ensure appropriate measures are in place to ensure the Hunter community is able to age positively, given that in the Hunter the population is ageing faster than the total NSW population; an increasing number of people are choosing the Hunter as a retirement destination; overall the trend of people living longer is continuing and people are seeking to remain independent and active members of the community for as long as possible.

To progress this goal, in 2001 the Department of Ageing, Disability and Home Care (DADHC) in conjunction with the Hunter Area Health Service (HAHS) established a Hunter Healthy Ageing Strategy Working Party to explore the issue of healthy ageing in the Lower Hunter.

In August 2003 funding was provided by DADHC to develop a Positive Ageing Strategy for the whole Hunter Region (2004 – 2007). Specifically this was to include the Local Government Areas of Lake Macquarie, Newcastle, Port Stephens, Dungog, Maitland, Cessnock, Singleton, Muswellbrook, Scone, Merriwa and Murrurundi.

To guide the development and implementation of this strategy, an Advisory Committee comprising representatives of Commonwealth, State and Local Government was established in September 2003. A full list of membership is provided as Attachment A. As a Positive Ageing Strategy needs to address the issue of ageing across all spectrums of the community, the Positive

Ageing Strategy Hunter (PASH) Advisory Committee has determined the need to focus on early intervention and prevention, in order to encourage people aged over 50 (herein referred to as older people) to age in a positive manner, to improve their long term quality of life and reduce the likelihood of them becoming "frail aged" and in need of intensive support services. It is acknowledged that this is a very broad target age group, however it is within this age group (particularly the younger age cohorts) that interventions need to occur to ensure a positive experience of ageing in the older years.

The Positive Ageing Strategy Hunter project has 3 distinct stages.

Stage 1   Research Report
Provides background to the issues associated with positive ageing in the Hunter, developed from primary and secondary research. Stage 1 is presented in this document.

Stage 2   Strategic Directions
Uses the information from Stage 1 to develop a vision and goals with respect to positive ageing in the Hunter. Associated strategic directions statements will also propose a range of actions to achieve the vision and goals.

Stage 3   Action Plan
Provides detailed information on how the vision and goals might be achieved including resource requirements and performance measures.

The following objectives were developed by the PASH Advisory Committee to guide the development of the three stages of the strategy. The objectives are described below, as well as the stage(s) of the Strategy with which they align.

- To identify factors which influence the health and well-being of older people (Stage 1);
- To identify ways in which older people can maintain healthy and active lifestyles (Stage 1);
- To develop quality information to inform planning and service development to meet the range of needs of older people (Stage 1);
- To work collaboratively with all stakeholders to develop sustainable strategies which would contribute to a positive and valued social role for older people and improve their quality of life and well-being (Stages 2 & 3);
- To establish priorities for the implementation of these strategies (Stages 2 & 3);
- To determine possible funding opportunities for the implementation of these strategies (Stage 3);
- To develop collaborative partnerships and linkages between all stakeholders (Stages 1, 2 & 3);
- To promote the strengths and skills of older people and the contribution that older people make to social and community development (Stages 1, 2 & 3).

2. INTRODUCTION

As stated above, this document is Stage 1 of the PASH and is a research report only.

This research report was commissioned by the Advisory Committee as it was recognised that there was a need to better understand the characteristics of the Hunter's older population, people's experiences of ageing in the Hunter and issues of concern to older people in the area, prior to developing the strategic directions.

This research report provides the background required to develop a strategy which addresses the issue of positive ageing in the Hunter.

Chapter 1 of this report outlines the policy context in which population ageing in the Hunter is understood, provides a profile of the Hunter's older population and describes the research methodology and results of the primary research.

Chapter 2 comprises a discussion of the priority issues associated with positive ageing in the Hunter, based on the findings presented in the previous chapter and the available literature. For each issue, the current situation is discussed and existing resources available to address the issue are described.

Recommendations are made on the basis of this information, and will be used to develop PASH Stage 2 – Strategic Directions.

3.   POLICY CONTEXT

The following sections provide a brief summary of the international, national and state policy directions on population ageing and ageing issues.

3.1   International

3.1.1   The Vienna International Plan of Action on Ageing (VIPAA)

In 1982, the Vienna International Plan of Action on Ageing (VIPAA) was endorsed by the United Nations General Assembly. This was the first international instrument to guide policy on issues associated with ageing. The plan generally addresses research, data collection & analysis; training & education; health & nutrition; protection of elderly consumers; housing & environment; family; social welfare; income, security & employment and education.

The VIPAA was followed in 1991 with the UN's adoption of 18 principles for Older Persons. These principles relate to the concepts of independence, participation, care, self-fulfilment and dignity.

The United Nations (UN) Programme on Ageing aims to "facilitate and contribute to the creation of a society for all ages" (www.un.org 26 Aug 03). This was the philosophy behind the announcement of 1999 as the International Year of Older People (IYOP).

3.1.2   Active Ageing: A Policy Framework

The Active Ageing Policy Framework was developed by the World Health Organisation (WHO) in 2002 and is consistent with the UN's Principles for Older Persons as described above.

Integral to the policy is the concept of collaboration, using a collective approach to ageing and older people (World Health Organisation, 2002).

The policy framework is divided into 3 pillars – health, security and participation.   A brief summary of the policy position on each is provided below:

Health   *When the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services. For those who do need care, they should have access to the entire range of health and social services that address the needs and rights of women and men as they age.*

Security   *When policies and programs address the social and financial security needs and rights of older people as they age, older people are ensured of protection, dignity and care in the event they are no longer able to support and protect themselves. Families and communities are supported in efforts to care for their older members.*

| Participation | When labour market, employment, education, health and social policies and programmes support their full participation in socio-economic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to make a productive contribution to society in both paid and unpaid activities as they age. |

(Source: World Health Organisation, 2002, p45-46)

3.2   National

3.2.1 National Strategy for an Ageing Australia (2001)

The National Strategy for an Ageing Australia (NSAA) is a framework to support the Australian Government's response to the issue of an ageing Australia, initiated in IYOP. The NSAA aims to describe the Australian Government's leadership directions on the issue of Australia's ageing population.

The principles underlying the NSAA are that an ageing population is of relevance to government, business and the community; age should not be a barrier to accessing essential services; people should be able to make a lifelong contribution to society; public programs should support individuals and communities; decisions should be based on evidence and the delivery of government services and supports to older people is possible as long as the country has a well managed economy and growth.

Broad issues associated with an ageing Australia; retirement incomes; a changing workforce; attitudes, lifestyle and community support; healthy ageing and world class care are all addressed in the NSAA.

Additionally, the NSAA raises specific concerns regarding people living in rural & remote areas and Aboriginal and Torres Strait Islander people having greater problems associated with healthy ageing than non-Indigenous people or people living in metropolitan areas.

3.2.2 Commonwealth, State & Territory Strategy on Healthy Ageing

In 1996, a Commonwealth-State Healthy Ageing Taskforce was established "in recognition of the need for a strong focus on ageing, as well as improved planning and coordination across jurisdictions" (Healthy Ageing Taskforce, 2000).

During the IYOP in 1999, the Taskforce developed the Commonwealth, State and Territory Strategy on Healthy Ageing (CSTSHA), which was unanimously adopted in February 2000. The aim of the CSTSHA is to "foster identification of key opportunities for activities to be undertaken by jurisdictions and to maximize healthy ageing outcomes" (Healthy Ageing Taskforce, 2000, p2).

The CSTSHA states its vision as "a fair society where all older people can lead satisfying and productive lives which maximize their independence and well being" (Healthy Ageing Taskforce, 2000, p3).

The principles guiding the CSTSHA and the achievement of this vision are to support independence; encourage a good quality of life for Australians as they age; promote fairness and equity; recognize interdependence; recognize and respond to Australia's growing diversity and encourage personal responsibility while providing support for those in need" (Healthy Ageing Taskforce, 2000, p3).

The following is a summary of Key Result Areas identified in the CSTSHA.

- *Community Attitudes* – improved community attitudes to ageing and older people
- *Health & Wellbeing* – improved health and wellbeing for all older Australians
- *Work and Community Participation* – more older people in employment and community activities
- *Sustainable Resourcing* – Governments, communities and individuals provide financial and other support for older Australians in a realistic and fair manner
- *Inclusive Communities* – Appropriate living environments and local communities for older people
- *Appropriate Care and Support* – appropriate and affordable support so that older people can meet their needs and aspirations and remain in their own homes for as long as possible
- *Research and Information* – maximize use of good quality data, including older people's experiences

3.3 State
3.3.1 NSW Healthy Ageing Framework
The NSW Healthy Ageing Framework (1998 – 2003) was developed cooperatively between DADHC and NSW Health and describes the NSW policy on an ageing society. The goal of the Framework is "a society in which all older people lead satisfying and productive lives with maximum independence and well-being" (p8).

The principles of the Framework are described as:

- The independence of older people as full and contributing members of society will be recognized
- Older people will be treated fairly and equitably, free from unlawful discrimination
- The diverse needs of older people including differences in gender, culture, language, geographical location and socio-economic circumstances will be taken into account in programs, policies and services
- The unique needs of older Aboriginal and Torres Strait Islanders will be recognized in programs, policies and services

- Policies, programs and services will be culturally and linguistically appropriate for older people from an Non-English speaking background

The Framework identifies 6 key areas of action for the NSW Government, these being:

- Attitudes to ageing and older people
- Participation in community life
- Making your own decisions
- Supportive neighbourhoods and communities
- Health, accommodation, care and support
- Making the best use of resources

4. A PROFILE OF THE HUNTER

The Hunter comprises the 11 Local Government Areas (LGAs) of Cessnock. Dungog, Lake Macquarie, Maitland, Merriwa, Murrurundi, Muswellbrook, Newcastle, Port Stephens, Singleton and Scone. Figure 4.1 below, shows the location of the Hunter within NSW and the LGAs that comprise the area.
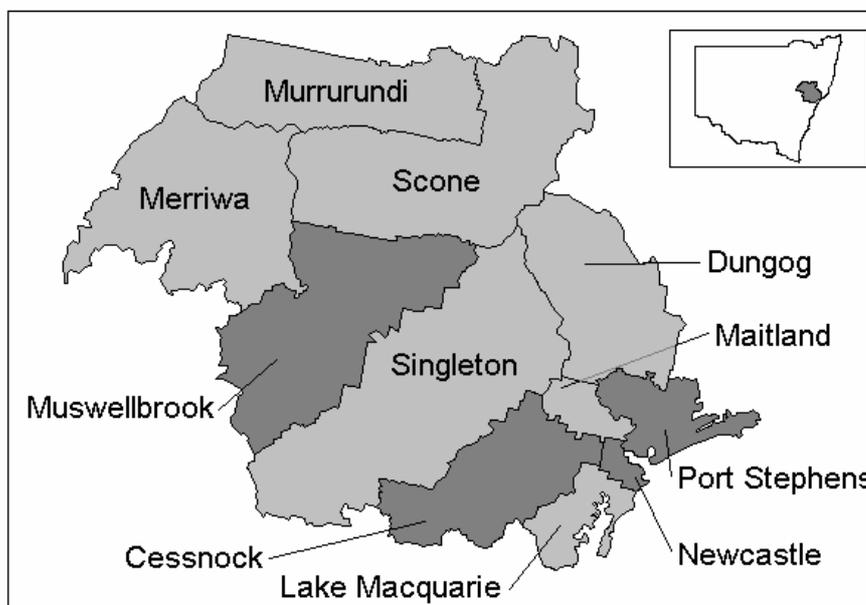
Figure 4.1 Location of the Hunter and Associated LGAs

4.1 Population Characteristics

As at the 2001 census, the population of the Hunter was 527,513 or 8.28% of the State's population. The Hunter LGAs with the largest population are Lake Macquarie with 177,619 residents, followed by Newcastle with 137,207 residents. Approximately 60% of the Hunter's population reside in these two LGAs. Whilst growth was steady in both Newcastle and Lake Macquarie, Port Stephens LGA recorded the Hunter's highest growth rate between 1991 and 2001 at 29.6%, followed by Maitland at 14.7%. The Upper Hunter LGAs of Merriwa, Murrurundi and Muswellbrook all recorded negative population growth in the same period.

4.2 Age Characteristics

In the Hunter, there are 161,067 people aged 50+, which represents 30.5% of the total Hunter population. The smaller, rural Local Government Areas of Murrurundi, Merriwa and Dungog are the areas which have the highest proportion of people aged 50+. These LGAs also have the smallest total populations. Port Stephens, Newcastle and Lake Macquarie are the LGAs which have the next highest proportion of "older people", and the majority of the Hunter's over 50 population (73.4%) reside in these LGAs. Muswellbrook and Singleton

LGAs have the youngest populations. Figure 4.2 below shows the total percentages of people aged 50+ in each LGA.

% ALL persons aged 50+ years by LGA
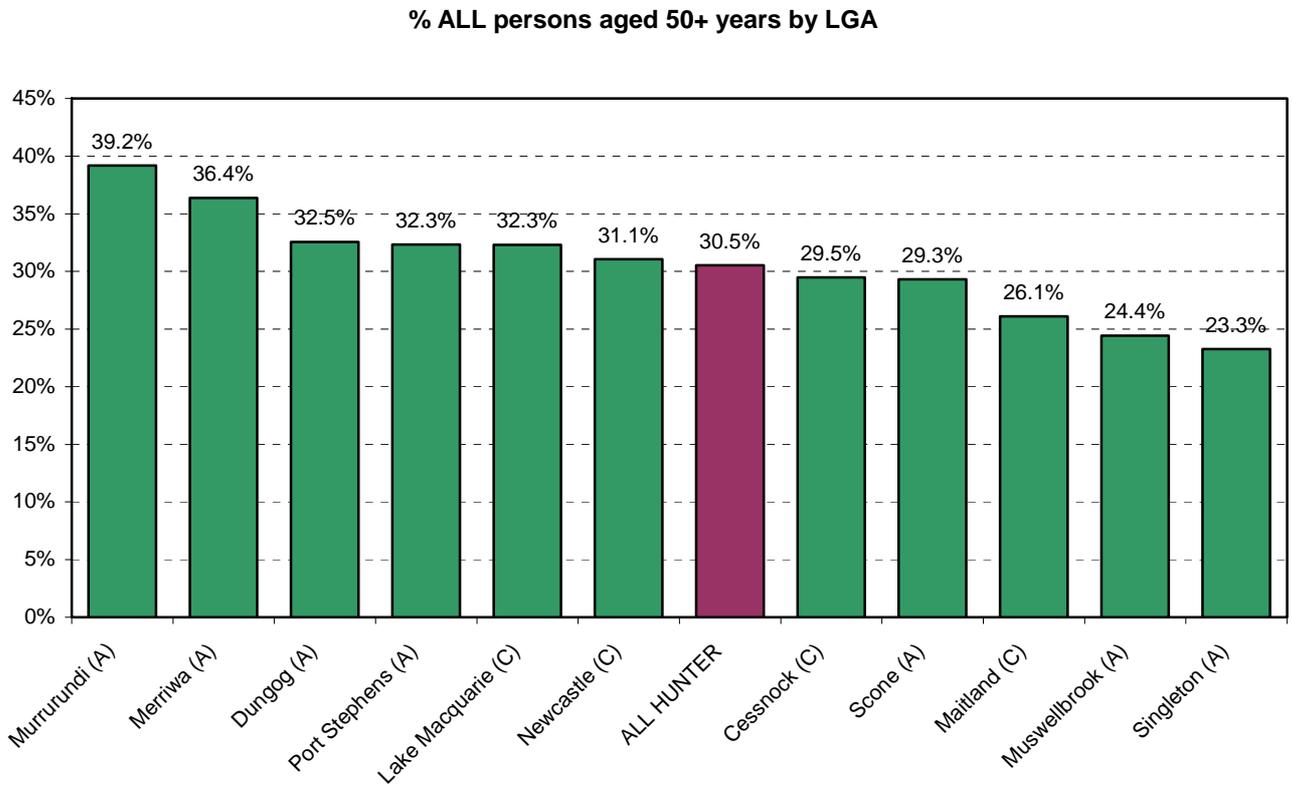
Figure 4.2   Percentage of all persons aged 50+ by LGA

Also of interest is the rate of growth in the Hunter's 50+ population.
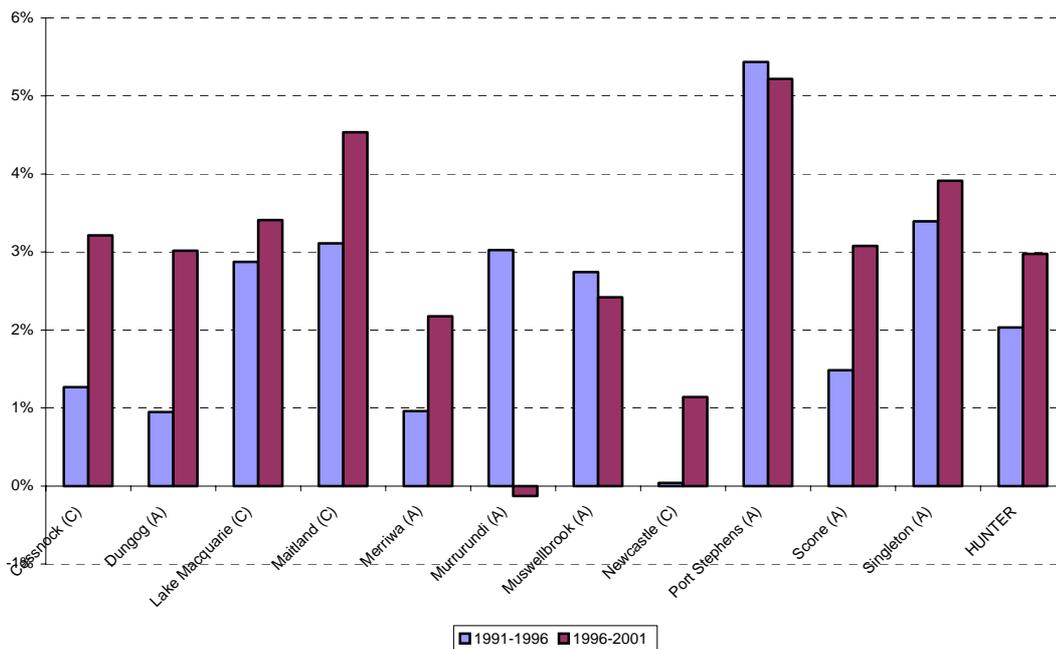
Figure 4.3   Average Annual Growth Rates for Over 50 population by LGA

Figure 4.3 above shows that between 1991 and 1996 the Hunter's over 50 population grew by 2% and by 3% in the census period 1996 – 2001. Consistent with overall growth figures presented above, the Port Stephens LGA had the highest growth rate in the over 50s population, at 5.4% and 5.2% for the respective census periods. This was followed by Maitland, Singleton and Lake Macquarie LGAs. Again, Murrurundi recorded negative population growth in the over 50s population in the 1996 – 2001 census period.

The data presented in Table 4.2 below, indicates there are 10,169 (13.5%) more females than males aged 50+ in the Hunter. This relative outnumbering of males by females is evident in all LGAs except Murrurundi as shown in Figure 4.4 below, which depicts the total percentage of males and females aged 50+ in each LGA.

Table 4.1   Hunter Population Over 50 by Gender and LGA

LGA	No. of males 50+	% of Males 50+	No. of Females 50+	% of Females 50+	Total People 50+	% of People 50+
Cessnock	6,207	27.8	7,126	31.2	13,333	29.5
Dungog	1,273	32.0	1,298	33.1	2,571	32.5
Lake Macquarie	26,876	30.9	30,507	33.6	57,383	32.3
Maitland	6,558	24.9	7,485	27.3	14,043	26.1
Merriwa	422	35.3	428	37.4	850	36.4
Murrurundi	414	39.8	377	38.5	791	39.2
Muswellbrook	1,822	23.8	1,792	25.2	3,614	24.4
Newcastle	19,259	28.9	23,382	33.1	42,641	31.1
Port Stephens	8,908	31.6	9,413	33.1	18,321	32.3
Scone	1,354	28.5	1,423	30.1	2,777	29.3
Singleton	2,356	22.4	2,387	24.3	4,743	23.3
Hunter	**75,449**	**29.0**	**85,618**	**32.0**	**161,067**	**30.5**
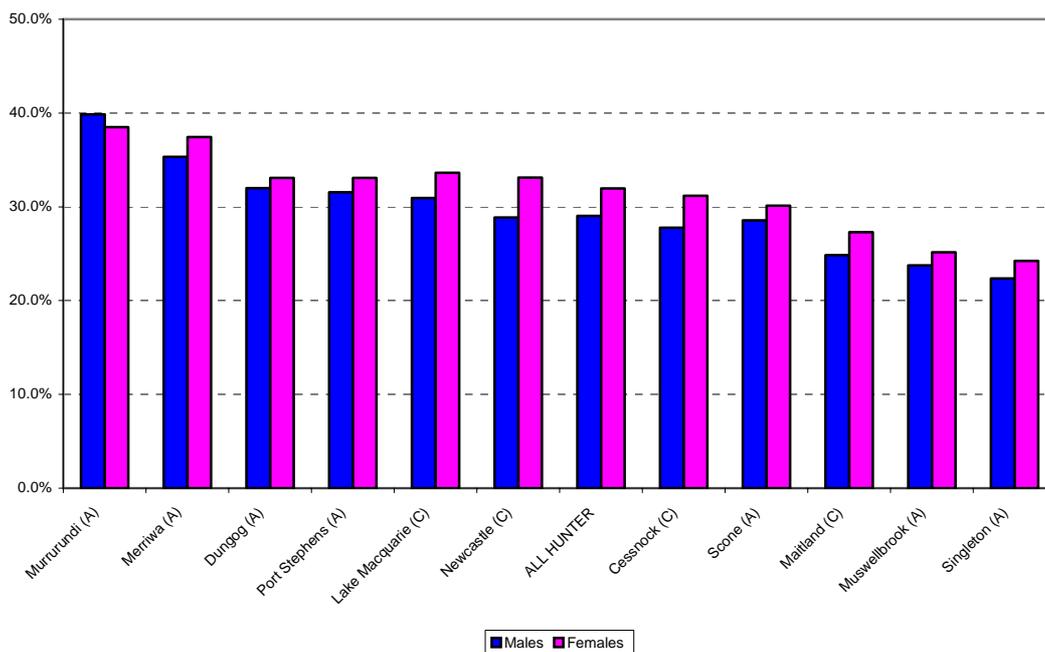
Figure 4.4   ***Percentage of Males and Females Aged 50+ by LGA***

Table 4.3 below shows that the shift to a higher proportion of females to males in the Hunter population begins to occur in the 60 – 69 year age group and then steadily increases in the older age cohorts.

Table 4.2   ***Breakdown of Population by Age and Gender***

LGA	% of people aged 50-59		% of people aged 60 – 69		% of people aged 70 – 79		% of people aged 80 – 89		% of people aged 90 +	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Cessnock	12.6	11.7	7.5	7.8	5.6	7.1	1.9	3.8	0.2	0.7
Dungog	13.8	12.3	10.1	9.3	5.8	7.0	2.0	3.6	0.2	0.9
Lake Macquarie	12.6	12.4	8.7	8.9	7.0	7.8	2.4	3.8	0.3	0.7
Maitland	11.8	11.0	6.4	6.9	4.8	6.0	1.7	2.9	0.2	0.6
Merriwa	15.4	12.9	10.9	11.8	7.0	7.9	2.1	3.6	0.0	1.2
Murrurundi	16.1	16.5	12.1	10.7	8.4	7.3	3.0	4.0	0.3	0.0
Muswellbrook	12.2	11.1	6.3	6.4	3.6	4.8	1.4	2.4	0.3	0.5
Newcastle	11.1	10.6	7.5	7.9	7.1	8.7	2.9	5.1	0.3	0.9
Port Stephens	12.1	12.3	10.0	9.9	7.3	7.5	2.1	2.9	0.2	0.4
Scone	12.9	11.2	7.5	8.0	5.5	6.2	2.2	3.8	0.4	1.0
Singleton	11.6	10.1	5.9	6.2	3.7	4.9	1.1	2.4	0.2	0.6
Hunter	**12.1**	**11.6**	**8.0**	**8.3**	**6.4**	**7.5**	**2.3**	**3.9**	**0.2**	**0.7**

The data presented in Table 4.4 below demonstrates that for all people aged 50+ in the Hunter, women outnumber men at a ratio of 1.13:1 (or 113 women for every 100 men aged more than 50). The difference becomes more marked as the population ages, with women aged 90+ outnumbering men by nearly 3:1.

Table 4. 3 Ratio of Females to Males aged 50+ in the Hunter

Age Group	Males	Females	Ratio of Females to Males
50 – 59	31,387	31,013	0.99:1
60 – 69	20,870	22,203	1.06:1
70 – 79	16,645	20,150	1.21:1
80 – 89	5,902	10,340	1.75:1
90 +	645	1,912	2.96:1
Total 50+	**75,449**	**85,618**	**1.13:1**
Total Hunter Population	**259,733**	**267,780**	**1.03:1**

The figures presented above are consistent with national ABS data, which states that the life expectancy for non-indigenous men in Australia in 2001 was 77, and for women 82.4, with an expected increase to 84.1 and 85.4 respectively by 2027 (Australian Bureau of Statistics 2001, Booth & Tickle, 2003, p4).

This trend for increased longevity is likely to continue, based on advances in medical technology and improved standards of living. In fact, a recent report prepared by Booth & Tickle (2003) suggests that "official mortality projections underestimate future gains in life expectancy, especially for females (and that) the future elderly population will be larger than official projections suggest, especially at ages 85+ and for females" (p 10). The projections developed by Booth & Tickle suggest that by 2027 the life expectancy of non-indigenous males could be as high as 82.9 and for non-indigenous females, 88.1, with around 50% of "baby boomer" women living til 90 years of age.

4.3   Indigenous Status

According to the 2001 census, 11,064 people in the Hunter identified as being of Aboriginal and/or Torres Strait Islander (ATSI) background. Of these, 1,095 (9.9%) are over the age of 50. The Local Government Areas of Lake Macquarie, Newcastle, Port Stephens, Maitland and Cessnock have the highest numbers of ATSI people and the highest numbers of ATSI people aged over 50 (see Table 4.5). In the smaller, rural LGAs the ATSI population is small in total. However a very high proportion (30.7% for Merriwa and 18.8% for Murrurundi) of that population is aged over 50.

Table 4.4 Aboriginal and Torres Strait Islander People in the Hunter

LGA	Total no. ATSI people	No of ATSI people 50+	% of ATSI people	% of ATSI people 50 +
Cessnock	1,228	106	2.7	8.6
Dungog	153	20	1.9	13
Lake Macquarie	3,411	344	1.9	10
Maitland	1,233	115	2.3	9.3
Merriwa	39	12	1.7	30.7
Murrurundi	48	9	2.4	18.8
Muswellbrook	503	38	3.3	7.5
Newcastle	2,437	254	1.7	10.4
Port Stephens	1,334	136	2.3	10.2
Scone	240	21	2.5	8.8
Singleton	438	40	2.1	9.1
Hunter	**11,064**	**1,095**	**2.0%**	**9.9**

Aboriginal and/or Torres Strait Islander people are known to have a considerably lower life expectancy than non-indigenous people at 56.8 years for men and 63.3 years for women (Australian Bureau of Statistics, 2001). Table 4.6 below shows that ATSI people have a very low likelihood of living beyond 70, particularly in rural areas and throughout the Hunter, ATSI people are highly unlikely to live beyond 80.

Table 4.5   Percentage of Aboriginal and Torres Strait Islander population aged 50+ in the Hunter

LGA	50 – 59	60-69	70-79	80-89	90+	Total
Cessnock	65	32	6	3	0	**106**
Dungog	11	6	3	0	0	**20**
Lake Macquarie	170	134	28	9	3	**344**
Maitland	72	23	11	6	3	**115**
Merriwa	6	6	0	0	0	**12**
Murrurundi	9	0	0	0	0	**9**
Muswellbrook	26	9	3	0	0	**38**
Newcastle	148	71	26	9	0	**254**
Port Stephens	78	32	17	6	3	**136**
Scone	12	3	6	0	0	**21**
Singleton	26	14	0	0	0	**40**
Hunter	**623**	**317**	**100**	**33**	**9**	**1,095**

In total, only 42 ATSI people are aged over 80 and 9 people aged over 90, in comparison with 18,757 over 80 and 2,548 over 90 in the non-Indigenous Hunter population. Comparatively, there are 0.4% of ATSI people aged over 80 as opposed to 3.6% of the non-indigenous population over 80, and 0.08% of the ATSI population over 90, whilst 0.5% of the non-indigenous population is over 90.

4.4 Culturally and Linguistically Diverse Status

Of those people who specified a country of birth in the 2001 Census, 25,454 people over the age of 50 in the Hunter (15.8%) were born in a country other than Australia. Based on the data presented in Table 4.7 below, people born in Germany, Italy and the Netherlands make up the majority of the Hunter's culturally and linguistically diverse (CALD) population ie. are from a country where English is not the main language.

Whilst these figures indicate that people over 50 living in the Hunter come from a diversity of backgrounds, the actual numbers of people from a CALD background, and of any particular nationality, are very small.

Table 4.6   Population Aged 50+ by Country of Birth

Country of birth	No of people aged over 50	% of people aged over 50
Mainly English Speaking Countries	13,395	8.32
All Other Countries	3,814	2.37
Germany	2,090	1.29
Italy	1,327	0.82
The Netherlands	1,161	0.72
Former Yugoslav Republic of Macedonia	676	0.41
Greece	593	0.36
Federal Republic of Yugoslavia	421	0.26
China excl Hong Kong & Taiwan	280	0.17
India	265	0.16
Philippines	226	0.14
Malaysia	141	0.08
Hong Kong	84	0.05
Indonesia	81	0.05
Fiji	80	0.05
Lebanon	37	0.02
Vietnam	33	0.02
South Korea	21	0.01
Total	**25,454**	**15.8**

In the Hunter there are 7,509 people over 50 (4.67% of Hunter) who state that they speak a language other than English at home (2001 Census). Table 4.8 below shows the number of people older than 50 and the languages they speak at home other than English.

Table 4.7   Population Aged 50 + by Language Spoken at Home (excl. English)

Language	No of people aged 50+	% of people aged 50+
All Other Languages	1755	1.08
Italian	1172	0.72
German	857	0.53
Polish	828	0.51
Macedonian	714	0.44
Greek	655	0.41
Cantonese	320	0.19
Croatian	297	0.18
Spanish	179	0.11
Serbian	134	0.08
French	119	0.07
Tagalog (Filipino)	102	0.06
Russian	73	0.05
Mandarin	66	0.04
Maltese	64	0.04
Arabic (incl. Lebanese)	50	0.03
Hindi	37	0.02
Vietnamese	33	0.02
Turkish	24	0.01
Indonesian	18	0.01
Korean	12	0.007
Total	**7,509**	**4.67**

Consistent with the data presented in Table 4.7, Italian and German rank very highly in the language spoken at home. Of greater interest however, is how this group of people rate their proficiency in English. In the whole of the Hunter 20.4%, or 1 in 5, of those people who do not speak English at home rate themselves as being able to speak English not very well, or not at all. The remainder, 79.6% rate themselves as able to speak English well or very well.

4.5   Housing Tenure

According to Table 4.9 below the majority of people over 50 in the Hunter own their own home or are in the process of purchasing their own home. High rates of home ownership suggest that older people in the region have a relatively greater level of financial and physical security. Home ownership rates are highest in the smaller rural areas, possibly reflecting the lower cost of housing.   Singleton and Muswellbrook showed slightly lower levels of home ownership, possibly due to the availability and/or price of housing stock.

Generally the proportion of people aged over 50 living in rental accommodation is less than that of the whole Hunter. However in the LGAs of Newcastle, Merriwa and Murrurundi there is a higher proportion of people over 50 living in state housing than the rest of the population.

Table 4.8   Housing Tenure of People Aged 50+

LGA	Owned		Being Purchased		Rented DOH		Rented Other		Other/Not Stated	
	50+	All	50+	All	50+	All	50+	All	50+	All
Cessnock	69.5	40.9	9.9	31.0	2.4	3.2	5.8	14.6	12.4	10.3
Dungog	71.2	45.4	10.8	29.3	0.7	0.9	6.5	14.5	10.8	9.9
Lake Macquarie	69.1	39.3	12.1	34	4.3	5.3	5.9	15.2	8.6	6.2
Maitland	66.2	34.5	13.1	36.3	5.7	6.7	7.2	17.1	7.8	5.4
Merriwa	71.0	46.6	7.3	18.1	1.4	0.9	6.0	15.1	14.3	19.3
Murrurundi	69.5	47.8	8.6	16.4	0.8	0.3	9.3	20.9	11.8	14.6
Muswellbrook	61.2	30.3	11.6	28.8	5.0	7.0	9.3	21	12.9	12.9
Newcastle	65.2	34.8	10	28.5	6	4.9	7.7	22.9	11.1	8.9
Port Stephens	66.1	35.1	12.3	30.6	2.3	4.1	9.8	22.3	9.5	7.9
Scone	64.4	36.4	9.7	27.9	2.8	2.8	9.9	20.6	13.2	12.3
Singleton	63.7	33.4	13	32.4	4.1	5	7.5	17.5	11.7	11.7
Hunter	**67.2**	**37.0**	**11.4**	**31.7**	**4.4**	**4.9**	**7.1**	**18.5**	**9.9**	**7.9**

4.6   Household Structure

Of those over 50s in the Hunter who responded to the question regarding household structure in the 2001 Census, almost half lived in couple only households, followed by lone person households. Table 4.10 below shows the household makeup in the Hunter by Age.

Table 4.9   Household by People Aged 50+

Age	Couple Only	Couple w/ Adult Relatives Only	Lone Parent w/ Non-Dep. Children Only	Lone Person	Couple W/ Dep. Children	Couple w/ Non-Dep. Children Only	Other
50-59	40.9%	1.4%	4.9%	12.8%	15.4%	17.6%	7.1%
60-69	57.7%	1.7%	3.8%	18.1%	3.5%	9.9%	5.3%
70-79	53.0%	1.5%	4.2%	29.2%	1.8%	5.6%	4.6%
80-89	34.8%	2.7%	7.3%	45.3%	1.8%	3.6%	4.5%
90 and over	18.2%	6.0%	13.0%	46.9%	5.7%	3.1%	7.1%
ALL 50 and over	**47.5%**	**1.7%**	**4.7%**	**21.2%**	**7.7%**	**11.4%**	**5.8%**

As can also be seen from Table 4.10 above, the number of couple only households in the Hunter changes according to age, increasing from 40.9% in the 50 – 59 year cohort to a peak of 57.7% in the 60 – 69 year cohort (at this stage many couples still have dependent and non-dependent children at home). However, from 70 onwards there is a consistent decline in couple only households, matched with a steady increase in the number of lone person households.

Of particular interest is the number of people aged 80 and above (almost half) who are living alone.

The incidence of younger people caring for older family members is also evident in these figures, which show that people in their 90s are increasingly likely to live with another adult family member: 6% of couples over 90 live with an adult relative and 13% of people aged over 90 who might otherwise live alone live with non-dependent children. This is a marked increase from the 80–89 cohort where the corresponding figures are 2.7% and 7.3% respectively.

4.7 Household Income

Of the households in the Hunter which stated a household income in the 2001 Census, approximately half (48.3%) of households which included a person aged 50+ had an average weekly household income of less than $500, with an average weekly household income of $300 to $399 being the most common. Figure 4.5 below depicts the household income for those households with a person aged over 50 reporting their income in the 2001 Census.
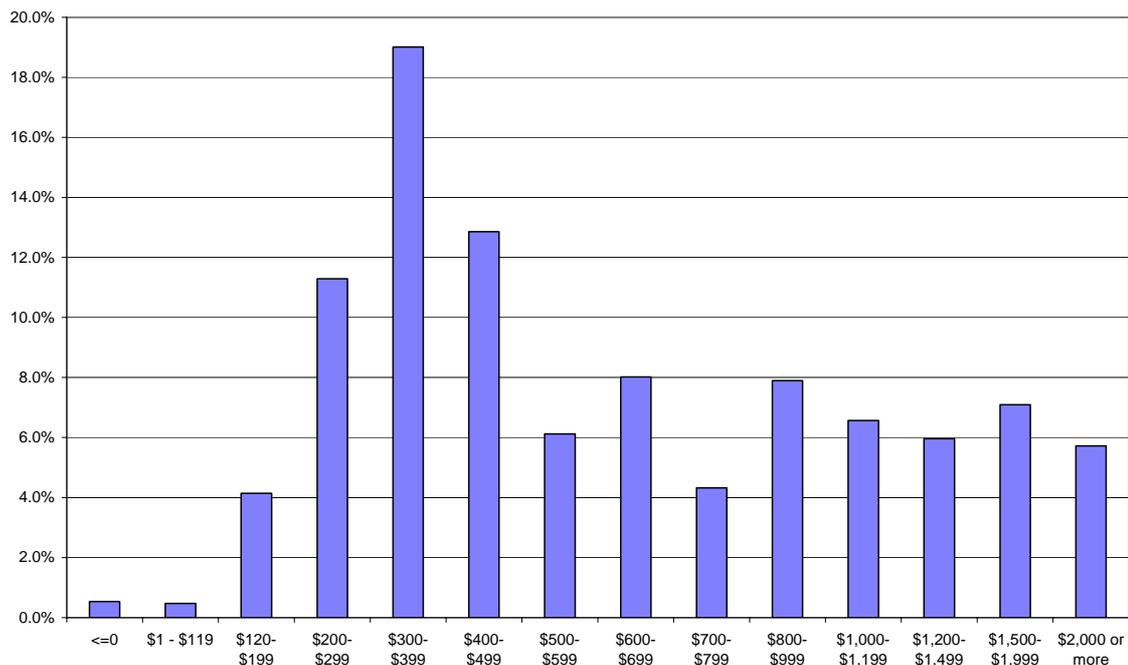
Figure 4.5   Average Weekly Household Income for Households including people over 50

4.8 Retirement Intentions

The Hunter Valley Research Foundation (HVRF) surveyed a random sample of residents in the Hunter (including the Shires of Gloucester and Great Lakes) to determine their retirement intentions. Approximately 50% of people surveyed stated they intended to retire in their present location. Within the Hunter, Port Stephens was the most popularly reported proposed retirement destination, whilst outside the

Hunter, the North Coast and Queensland were the most popularly reported proposed retirement destinations (Hunter Valley Research Foundation, 2003, p39).

According to the HVRF report, the proportion of the group surveyed who were most determined to stay in the same place and the least likely to change their mind were those in the age groups over 50, where 70% indicated that they wish to retire in their present location (HVRF, 2003, p40).

5. METHODOLOGY

The project methodology was divided into four distinct components comprising a review of recent research into positive ageing, an asset audit, content analysis of Council's social plans, and focus groups.

5.1 Review of Recent Research into Positive Ageing

There is an extensive bank of literature available at an international, national, state and regional/local level on the need for positive ageing and for a planned approach to meeting the needs of an ageing community.

In order to establish the current thinking regarding positive ageing, an extensive review of existing research and programs has been conducted.

Literature has been sourced from reputable websites, government agencies, lobby groups and research institutions.

5.2 Content Analysis of Councils' Social Plans

All Councils in the Hunter Region have prepared Social Plans (SP) as required by the Local Government Act 1993. At present Councils are preparing to review their Social Plans, with new plans required to be complete by November 2004.

A content analysis of the SPs was undertaken to determine the level and nature of "positive ageing" themes. The content analysis included a review of the plans with respect to the issues and strategies presented, and any particular comments made regarding the ageing of local populations.

Whilst all Social Plans are required to meet a minimum set of requirements determined by the Department of Local Government, each plan is structured differently to meet the needs of the local community. As such, the content analysis process was conducted in a very broad sense.

5.3 Asset Audit

An asset audit to determine the level and nature of "positive ageing" services and organisations in each of the Hunter's LGAs was undertaken.

The audit has been recorded using a matrix which highlights gaps in services and areas where an exceptional level or type of service is available.

The service types audited have been categorised using the issues presented in Chapter 2, as follows:

- Employment and training
- Lifelong learning

- Retirement planning
- Volunteering
- Physical activity
- Health
- The caring role
- The community setting
- Community participation
- Information

5.4 Focus Groups

A total of 14 focus groups were conducted in the Hunter Region with people 50 years and over. At least one generalist focus group was undertaken in each Local Government Area, with two in Newcastle and one for Newcastle/Lake Macquarie combined. An additional two groups were conducted with indigenous people.

Participants in the focus groups were recruited through existing organisations and activities specifically designed for or catering to older people eg. University of the Third Age and Active Over 50s.

The anticipated attendance at focus groups was 5 – 10 people.

A list of the focus groups conducted is provided as Attachment B.

5.4.1 Focus Group Questions (Generalist)

The following questions were used to prompt discussion within the focus groups.

1) What does the term "positive ageing" mean to you?
2) Do you think positive ageing is an important issue for the future of the Hunter? Why?
3) What do you think might be some of the issues that stop people in the Hunter ageing positively?
4) How active do you think your current lifestyle is? (what activities are you interested in? Have these activities changed in the past 10 years)
5) What changes (in the community/ or personally) do you think might help you to be more active?)
6) What do you think stops older people being actively involved in the community? (how do you think participation could be increased?)
7) What do you think is the main contribution that older people make to their community?
8) What do you think is the main contribution you make to the community?
9) What are the main issues that concern you today? (either personally or for the community? What do you think can be done about these issues?

Focus group participants were also asked to complete a short questionnaire so as to develop a profile of participants. A copy of the questionnaire is provided as Attachment C.

Questions were amended slightly for the ATSI focus groups and the questionnaire was not distributed. A copy of the questions asked at the ATSI focus groups is provided as Attachment D.

5.4.2 *Treatment of data*

Focus groups were conducted by a facilitator and a person acting as a scribe also attended to record key themes, issues, information and suggestions. At the conclusion of the focus group, the facilitator and scribe discussed content and potential actions and priorities.

All focus groups were audio recorded with the permission of participants. This data will be retained and transcribed at a later date, subject to resource availability.

5.5 Limitations

The main limitation in using this methodology is that the number of older people spoken to is very small compared with the overall population and they are people who are already actively involved in a "seniors program", for example Active Over 50s and Mature Aged Workers Program participants. That is, the people who were involved as focus group participants are those who are most likely to be ageing positively already.

This limitation is managed by the use of extensive secondary research through literature reviews and the content analysis of existing plans and strategies.

Given the time constraints associated with the development of this project, it was not possible to hold specific focus groups with representatives from culturally and linguistically diverse (CALD) backgrounds. In line with the profile of the community, some participants in the generalist focus groups were from a CALD background.

Given that in the larger CALD communities, there appears to be a high degree of assimilation and that there is no evidence to suggest that people from a CALD background in the Hunter have a lower life expectancy than the rest of the population, the lack of CALD specific focus groups was not considered to be a significant limitation in the development of the PASH. However, future research should consider the needs of emerging CALD communities in the area.

6.   RESULTS

The following sections outline the results of the content analysis, asset audit and focus groups.   Information gathered from the literature review is presented in Chapter 2.

6.1   Content Analysis of Councils' Social Plans

A content analysis of the 11 current Council Social Plans was undertaken in late 2003.

In general, it was apparent that:

- Councils are aware that communities are ageing and that this presents particular opportunities and challenges;
- Councils recognise the need to provide and/or lobby for additional services for frail older people;
- Councils understand that not all older people are frail and that certain strategies are required to support all older people in their communities.

Some of the social plans explored the needs of "older people" in greater depth, particularly with regard to physical activity, community safety, lifelong learning and accessible communities.

As Councils are currently reviewing their social plans, contact has been made with staff to highlight the needs of an ageing community in the Hunter.

6.2   Asset Audit

Investigations were undertaken between August 2003 and January 2004 to determine what assets currently exist in the Hunter to assist people to age positively. The asset audit was restricted to services and resources which particularly target older people. It must be recognised that there is an enormous array of opportunities available for people in the Hunter, regardless of age.

A copy of the completed asset audit is provided as Attachment E.

The audit shows that there is a wide variety of resources available to people in the community who wish to become involved in activities tailored for 'seniors'.

In particular, it was evident that:

- There are greater opportunities to participate in a more diverse range of activities for people living in urban as opposed to rural areas;
- There is no known exercise program for over 50s in the Dungog LGA;

- The Older Women's Network (OWN) program is restricted to people living in Newcastle/Lake Macquarie, unless they have the transport and time available to travel;
- Seniors groups and service clubs are expansive and active throughout the Hunter;
- Many groups and activities have expressed a concern about their ability to recruit additional members and to meet associated costs (eg. venue hire and insurance).

6.3   Focus Groups

Whilst a total of 156 people participated in the focus groups, only 109 people completed the questionnaires. Participants in the focus groups were recruited on the basis that they were aged over 50. However, there were 3 participants aged less than 50 who completed a questionnaire. The questionnaire was not distributed at the Merriwa generalist focus group or at the ATSI focus groups due to constraints at the time.

6.3.1 Results of the Focus Group Questionnaire

The following is a summary of the results of the focus group questionnaire, providing a profile of the people who attended the focus groups.

- The majority of focus group participants (52.3%) were aged between 66 and 80;
- Approximately 1 in 5 (20.2%) focus group participants moved to their present location to retire;
- Over three quarters (76.1%) of focus group participants were female. (This may reflect the groups chosen from which to recruit participants, the level of participation in seniors groups from each gender and/or the gender balance of the area);
- The vast majority (85.3%) of focus group participants were not employed. It is possible that those who are not employed have a greater ability to participate in other activities than people in the same age group who are employed;
- More than half (58.7%) of focus group participants are involved with between 1 and 3 formal community groups or organisations. The most popularly reported groups were community service/ charity groups, bowling/RSL clubs and educational groups;
- The majority of focus group participants (68.8%) considered themselves to be moderately fit. Only a very small percentage (2.8%) considered themselves to be not fit at all;
- Almost all (97.3%) focus group participants consider themselves to be quite or very mentally active;
- More than three quarters of focus group participants (78.9%) undertake some voluntary work. Of these, almost half (49.5%) undertake voluntary work on a daily or weekly basis;
- The majority of focus group participants (53.2%) indicated that they do not undertake any study or learning;

- The vast majority (84.4%) of focus group participants drive a car. Approximately 1 in 10 (11%) do not;
- Approximately one in three focus group participants (34.9%) live alone;
- Almost 1 in 5 (18.3%) focus group participants never provide care for a loved one. However, a similar number (19.3%) are required to provide care on a daily basis;
- Approximately one third (36.7%) of the focus group participants never use a computer, whilst another third (33%) use a computer daily
- The most popular activities for focus group participants were gardening, walking, arts/craft, cultural activities and exercise classes

6.3.2 Results of the Focus Groups
The following provides a summary of the key themes emerging from the focus groups (generalist and ATSI) in response to each of the questions.

Q1. What does the term positive ageing mean to you?

- Better than the alternative
- Attitude
- Growing old gracefully
- Acceptance
- Enjoying life
- Don't think ageing equals old
- Keeping mind and body active
- Keeping yourself in the best of health
- Readjustment of family and lifestyle
- Being useful
- Having time
- Can't avoid it

Focus group participants had similar thoughts about the meaning of positive ageing as those of the Advisory Committee. The attributes of a positive attitude, good health and keeping engaged with family and the community, were seen to contribute to positive ageing. There was also an acknowledgement that ageing is a natural process and opens up new opportunities, rather than being seen as simply an end stage of life. One participant in the ATSI focus group also highlighted that she now had "an understanding of myself and the ability to assess myself".

Q2. Do you think positive ageing is an important issue for the Hunter? If so, why?

- There are lots of people in the Hunter who are getting older and not as many younger ones
- Older people move to the area to retire

- So people remain active and involved, particularly after retirement
- If people age positively it will help to stop the drain on government services such as health and residential aged care
- Age associated industries are good for the local economy
- People have a link to their grandchildren

Focus group participants generally believed that it was important to address the issue of positive ageing in the Hunter, because of the ageing of the population, the popularity of the area as a retirement destination and the potential economic and social implications of having a large number of frail aged people in the area.

Q3.   What do you think might be some of the issues that stop people in the Hunter ageing positively?

The answers given to this question can be categorised as personal and environmental.

Personal
- Isolation – depression and loneliness
- Self pity
- Attitude
- Personality – some people are very shy or fearful of mixing
- Illness
- Allowing yourself to think you are old
- Believing the media messages of older people being frail
- Becoming too 'available' and having no time for yourself – caring role
- Lack of mental stimulation (particularly post retirement)
- Personal history of activity and involvement
- The absence of social networks – particularly post retirement or when people relocate
- A lack of planning for the future
- A lack of understanding of the ageing process – what is natural and what can be managed
- Loss of confidence

Environmental
- The nature of employment in the Hunter (heavy industry) takes its toll on the body
- Lack of financial resources (employment, pension is low, superannuation schemes have been losing money)
- Lack of appropriate facilities, activities and programs
- Lack of transport / access to services

The above answers show that of the reasons people give for not ageing positively, the majority are associated with the person themselves. Focus group participants generally believed that attitude throughout life was integral to ensuring a process of positive ageing. In

fact, those people who were not afraid of the ageing process, understood it and planned for it were those who appeared to be most positive about the opportunities available to them in their senior years.

Q4. How active do you think your current lifestyle is? What activities do you undertake now? Have these changed much in the last 10/20 years?

- Lead a very active lifestyle
- Hardly have any time
- "I have more time now to do the activities that interest me instead of the things I had to do"
- Less physical activity
- There is a need for modifying activities to suit your abilities eg. taking 2 days to mow the lawn but it still gets done; not climbing up on the ladder anymore unless someone else is around
- When you live alone (particularly after the loss of a partner) there are lots of domestic tasks which need to be done and no one to share them with – you have to learn new skills and spend more time on this type of activity
- The loss of a partner makes doing some activities difficult – particularly if you've always done them together
- Many men find retirement difficult and get depressed / have no sense of purpose
- Need help to get motivated to take up new activities
- Changes in income mean you have to change the type of activities you do eg. there is no longer money to do things like going to the theatre
- Driving / transport is an issue – particularly at night
- People enjoy intergenerational activities
- Activities which were commonly mentioned included participating in exercise (groups or alone), gardening, crosswords, craft, looking after grandchildren, volunteering and church
- ATSI participants recorded a strong involvement with family and are often the carers of grandchildren and children
- Others are involved in indigenous groups and activities
- Going to funerals keeps people busy also

Focus group participants generally felt that they led active lifestyles and many indicated that they didn't have time to do anything more, or that they could no longer imagine how they used to fit work into their schedules. However, many recognised that they were a particularly active group and that they knew of a lot of people of a similar age who were not as active or active at all. Particular attention was given to older men and the trouble they have adjusting to retirement, with respect to self-esteem, a lack of social networks and a loss of purpose.

Q5. Where did you hear about the group you attend?
- Local paper

- Posters
- Introductory days
- GP referral (for exercise groups like Active Over 50s)
- Through a friend/neighbour
- Common knowledge – senior citizens groups
- Church
- Radio

A lot of people found out about the groups they attend through word of mouth, particularly from a friend or neighbour, whilst others sought out information on what was available in the local area. Media outlets were seen as useful in communicating information about local activities.

Q6.   What made you want to join?
- Illness – and the need to become more fit
- Friendship – to improve social networks
- Mental stimulation
- The trips and activities
- Reasonably economical
- My wife made me

People's motivations to join 'seniors groups' were predominantly associated with the social aspect, as well as to prevent or manage illness or to increase mental stimulation. Often the types of activities were chosen on the basis of cost.

Q7.   If you were wanting information, where would you go to get it?
- Friends and family – word of mouth
- Council
- Library
- Community services organisations
- Clubs
- Local paper
- Television & radio
- Phone book
- TAFE
- Internet (for some)
- Local MPs (for some)
- People often don't know what's available

Focus group participants described a range of places they knew it was possible to get information. The confidence people felt in information sources varied between LGAs. For example, in Merriwa the free local paper / newsletter was known to contain accurate and up to date information on local issues and is therefore a good place to go when looking for information. In other LGAs, Council or community service organisations were considered to be the most reliable sources of information. Interestingly, the phone book was mentioned only once.

Many participants felt that is was difficult to get accurate and up to date information and a central point for information would be useful.

Q8.   How do you like information presented?
- Word of mouth from friends and family
- Letterbox drops
- Needs to be up to date – directories are good but the problem is keeping them current

Focus group participants felt that word of mouth was the most effective means of communicating information, as it was linked to trust and encouragement. This was reiterated by participants in the ASTI groups.

Q9.   What changes in the community or personally do you think might help you become more active?

Community
- Transport (particular after hours)
- Housing
- Safe places to walk
- Improved access to buildings
- Home delivery from the supermarket
- Appropriate programs
- Education – particularly on retirement and its lifestyle/ quality of life implications

Personally
- Health
- Time
- Additional financial resources

The importance of environmental conditions such as transport, access and community safety were evident as being necessary to support positive ageing at a community level. On a personal level, people considered that having good health, available time and money were the things that would increase peoples' participation in positive ageing behaviours.

Q10. What do you think is the main contribution you and other older people make to the community?
- Volunteering
- Caring for family members – partners, parents and grandchildren particularly
- A lifetime of experience – knowledge and skills
- A sense of community
- Financial contribution through travel and spending
- "I think we are just terrific"

In general focus group participants felt that older people made a significant contribution to the community. This was expressed mainly through volunteering and caring, the ability to share life experience, knowledge and skills and through their individual financial contributions. Participants noted that it was sometimes difficult to find the right avenues to share their experiences and would appreciate having greater opportunities to do this and/or greater respect for their ability to do this.

Q11. What are the main issues that concern you? What do you think can be done about them?

Table 6.1 below outlines the issues and solutions which were explored by focus group participants. These issues and solutions form the basis for the information presented in Chapter 2.

Table 6.1 Main Issues of Concern for Older People in the Hunter and possible actions to address issues

Issue	Possible Solutions
Opportunities for intergenerational interaction within the community	Development of groups and activities where intergenerational activity can occur eg. grandparents operating child minding facilities Opportunities to learn and share cultural information
Improved physical access to facilities	Appropriate parking, ramps etc. Councils need to ensure building codes are met or exceeded – need to consult with users with different mobility concerns
Lack of suitable housing for older people	
Provision of information for new residents	Council circulates new resident kits; Council to invite new residents to a welcoming ceremony
Access to appropriate and affordable medical facilities (specialists and bulk-billing GPs)	Need additional doctors and more bulk billing facilities
Staying at home and feeling secure – planning for the future	Need information provided on services that are available to assist people to remain living at home as they become frail (eg. HACC services) Aboriginal people are particularly scared of what will happen to them if they cannot remain at home
Quality of support services	Sometimes the quality of services is not high or the staff are not

Issue	Possible Solutions
	adequately trained / services are sometimes inappropriate
Employment opportunities	Do not discriminate against people on the basis of age; Provide incentives to older people who are willing to work/ continue working Older people should be skills matched for jobs Training should be relevant Introduce new opportunities such as phased retirement
Financial Status – managing the increasing cost of living	Abolish the GST; Government to provide interest free loans, rather than older people having to use "reverse loans" provided by banks
A pain free death	Legalise euthanasia
Calling businesses and getting answering machines instead of people answering	Encourage businesses to have people answering the phones; If there must be answering machine systems used, change the voices at each stage (eg. from female to male) so it's clear progress is being made through the system
Transport	Increase provision of public transport Improve the quality of public transport Allow drivers to assist people on and off the bus if required Provide low floor buses Provide storage space for luggage, particularly on the trains between Newcastle & Sydney Keep the train line from Broadmeadow into Central Newcastle Provide incentives for people who are unemployed to undertake community transport volunteering
Understanding entitlements	Clear information should be available on what older people are entitled to Training should be provided to staff working in agencies which manage entitlements eg. Centrelink
Personal safety	Need to manage issues associated with drugs and vandalism better Justice system needs overhauling
Increasing insurance costs – impact on community events, activities and organisations	Needs to be a change in the way public liability insurance is charged

Issue	Possible Solutions
Safe places to walk	Walking tracks/paths are provided which include level surfaces and places to sit
Retirement planning	Need to provide better information and advice not just on financial management but also on broader lifestyle issues (eg. how will you spend your time?)
Information	Have a single point of contact to obtain information about services for older people Advertising Information needs to be personal and accurate
Loneliness / Isolation	Need for activities which are affordable, accessible and appropriate Need for things to happen at night when loneliness can be at its worst
Caring for others	Carers need support
Lack of understanding on the part of Government on issues affecting older people	Government needs to talk to and listen to the people – should try to see what it is like to rely on public transport or use a hospital
Acknowledging the role of older people in society	Recognising that older people can still think & play various valued social roles Encouraging the display of the richness and diversity of seniors within the community

CHAPTER TWO

PRIORITY ISSUES

Chapter Two comprises a discussion of the priority issues associated with positive ageing in the Hunter, based on the findings presented in Chapter One and the available literature. For each issue the current situation is discussed and existing resources available to address the issue are described.

Recommendations based on this information are also presented as goals, which will be used to develop PASH Stage 2 – Strategic Directions.

The goals are broad statements of what could ideally be achieved to assist all "older people" in the Hunter to age positively. The goals will be further refined in PASH Stages 2 and 3, through the development of strategies and actions, including those targeting specific groups (eg. employed older people, frail older people, older people from an ATSI background).

7.   EMPLOYMENT AND TRAINING

Of significant concern in Australia at the moment is the fact that "demographic pressures are being brought to bear which affect the labour market across the board. Critical among these issues is the ageing of the workforce". Recent forecasts suggest that the "working age population will grow by just 125,000 for the entire decade of the 2020's, compared with around 170,000 people a year currently (Commonwealth of Australia, 2003a, p7)."

There is a range of challenges that the ageing of Australia's population presents to the management of the labour force. Consideration needs to be given to optimizing "the contribution and job-satisfaction of mature aged workers" (Commonwealth of Australia, 2003, p9) in order that the recruitment and retention of experienced workers can be maintained and enhanced.

Research shows there are also other benefits to companies having a mature-aged workforce, including lower staff turnover (and subsequent lower recruitment and training costs), an increased pool from which to recruit, increased productivity and a workforce which reflects the age range of the customer base. The relevance of each of these factors is influenced by the nature of the industry and workforce requirements (NSW Committee on Ageing, 2001).

In the past, there has been a disproportionate level of attention given to the perceived weaknesses of older people in the workplace, particularly with respect to occupational health and safety requirements. However, as with people in all age groups, older people are diverse in terms of their health, physical fitness, work roles etc. An increase in age does not automatically correspond with a higher increased risk of injury at work. In fact, a study by the Australian Bureau of Statistics in 2000 determined that "the age group with the lowest rate (of injury) was 65 and over – with a rate of 21 per 1000 (23 per 1,000 for males and 14 per 1,000 for females)" (Commonwealth of Australia, 2003b, p7). Potential factors for the low rate of injury could be that older workers are more experienced and therefore less likely to have an accident, older people may work in less dangerous positions or industries and/or older people are more aware of their limitations and are consequently more cautious.

In recent years, there has also been a trend towards early retirement (NSW Advisory Committee on Ageing, 2001). At present, Australian Government pensions are available for men once they turn 65. Women have historically been able to retire at 60, however, this is being changed to come in line with the pensionable age for men, so that by 2014 women must also be aged 65 to receive the pension. There is an increasing number of self-funded retirees who are retiring early, and often relocating in order to maximise property values in cities and reap the benefits of lower cost accommodation and lifestyle options in other areas, particularly on the Coast. In the Hunter, this is particularly evident in the Local Government Areas of Port Stephens and Lake Macquarie.   Specific issues associated with retirement and retirement planning are discussed further in Section 9 – Retirement Planning.

Whilst many older people choose to retire, or retire early, many others in the Hunter are not working as a result of job loss (eg. retrenchment) or as a result of a lack of available jobs, lack of skills etc. Participants in focus groups indicated that in many cases, particularly for men, retirement was not as they had anticipated and many felt they had retired too early. In focus groups where the issue of employment was discussed, it was generally agreed that older people face certain barriers to returning to the workforce, including concerns over potential loss of entitlements or increased tax burdens, a lack of appropriate skills (eg. computers), lack of access to training, a shortage of appropriate jobs and a perception of age discrimination. Participants generally believed that regardless of age discrimination legislation, there was a genuine likelihood that older people would not be assisted to gain a position, or given a position, on the basis of age.

A lack of access to appropriate training has also been identified as an issue by many participants in focus groups. Access issues have been in the form of transport to training facilities, availability of outreach services, cost of training and recognition of existing skills.

The NSW Committee on Ageing (2001) suggests that future-focussed training programs are an essential element of ensuring a planned approach to workforce management and ensuring that an ageing workforce is equipped to meet future requirements. "Age related barriers to participating in training should be challenged and removed and notions of flexibility in work and mid life training should be fostered. Employees of all ages need to get used to the idea of lifetime learning" (p27). Research conducted by the Australian National Training Authority (ANTA) also suggests that mature workers are the least likely to volunteer for training and have often not undertaken formal "education" for a considerable time and as such, the training needs to be designed and delivered with their needs in mind. Training of mature aged workers should include an acknowledgement of their existing skills and learning, be experienced based, practical, self paced and combine theory with on the job components (NSW Committee on Ageing 2001 & ANTA 2003).

7.1 Resources Available
There are a variety of resources available to assist employers in the recruitment, retention and training of mature aged workers. Some of the key resources are discussed in the following sections.

7.1.1 Flexible Working Arrangements for Older Australians
The Commonwealth Government has in late 2003 released guidelines for managing the ageing of the Australian Public Service (APS) workforce. The need for these guidelines has come from an acknowledgement of the rapid ageing of the APS workforce compared with the Australian workforce overall; the fact that APS employees are retiring earlier due to superannuation implications; the impact of a loss of corporate knowledge; and the concerns of inadequate numbers of appropriately trained staff to fill the ensuing vacancies.

The guidelines include:

- Strategies for attraction of mature aged workers
- Strategies for the retention of mature aged workers (eg. phased retirement, job sharing, mentoring, home-based work, childcare entitlements extended to grandparents, changing workplace conditions)

Whilst these guidelines have been developed for the APS, the principles are applicable to the government and non-government sector alike. In particular there is a need (in the short term) for strategic workforce planning and an understanding of the people and skills which make up the workforce, if long term organizational viability is to be achieved.

7.1.2 Counting on Experience: A Review of Good Practice in the Employment of Mature Workers

The NSW Advisory Committee on Ageing developed this good practice guide in December 2001. The guide includes a range of Australian and international examples of good practice in the recruitment and retention of mature aged workers.

7.1.3 Age Discrimination Legislation

The NSW Anti-Discrimination Act (originally gazetted in 1977) prohibits discrimination against a person on the basis of age. People who believe they have experienced age discrimination in NSW are encouraged to contact the Anti-Discrimination Board to lodge a complaint.

7.2 Goals

- Older people are supported and encouraged to participate in the workforce for as long as they are willing and able
- Older people have access to appropriate training opportunities to enable them to learn new skills or re-skill as required

8.   LIFELONG LEARNING

Lifelong learning is a process of continual updating of knowledge and skills and the continual application of this new knowledge and skills throughout the life course. UNESCO in 1979 defined lifelong learning as:

- *Lasting the whole life of each individual;*
- *Leading to the systematic acquisition, renewal, upgrading and completion of knowledge, skills and attitudes made necessary by the constantly changing conditions in which people now live;*
- *Has as its ultimate goal promotion of the self-fulfilment of each individual;*
- *Is dependent for its successful implementation on people's increasing ability and motivation to engage in self-directed learning activities; and*
- *Acknowledges the contribution of all available educational influences, including formal, non-formal and informal*

(Source: NSW Committee on Ageing, 1997, p17)

Participation in the lifelong learning process is essential for all individuals to meet the needs of our rapidly changing, information based society.

Of the 109 focus group participants who completed the questionnaire, over half (53.2%) indicated that they did not engage in any study or learning, whilst 38.5% did. It is difficult to determine how broadly applicable these figures are given that 2 of the focus group sessions were conducted with participants in Third Age Learning groups. However, focus group participants did report a positive association between participation in lifelong learning activities and health. Many believed that if you don't "use it you lose it" and made a conscious effort to use their brains if not through 'formal' learning then through other activities such as reading the newspaper and doing crosswords.

In 1997, the NSW Committee on Ageing released a report entitled "Never to Late to Learn: A report on older people and lifelong learning". The report describes the benefits of lifelong learning as improved skills, the creation of new opportunities, mental stimulation, keeping up with social and technological change. At an individual level, these benefits translate to greater social and physical well-being, better memory, enhanced self-esteem and expanded social networks and friendships.

One of the main issues identified in the NSW Committee on Ageing's report (1997) is the reluctance of some older people to participate in lifelong learning activities. This could be because of prior negative experiences of educational settings, negative attitudes to the concept of education and learning, institutional barriers, learning techniques and technology, fear of competition and individual barriers such as availability of time, transport and financial resources. The report also identifies that disadvantaged groups in the community, particularly people from an ATSI or CALD background find participation particularly difficult.

The people who most commonly participate in lifelong learning activities are women in a mid to high socio-economic bracket, who are well educated, and/or already participate in other community activities. Adult Learning Australia notes that various Australian studies have shown that "men over 45

are under-represented in many forms of learning, particularly the adult and community education sector (and that) men over 45 have a negative attitude…towards participation in learning (www.ala.asn.au/conf/2002/alw-workshop 08/01/04).

In 2002, the 6 Hunter based registered adult education facilities (ACE) had total enrolments of 23,284 (people may be counted multiple times). Most enrolments (66.1%) were from people born in Australia and the majority were in the 30 – 49 year age group. The numbers of participants within these programs tended to decrease with age (NSW Board of Adult and Community Education, 2003).

Some focus group participants stated that they feel threatened by new technology, particularly information technology (IT), as they have not had the opportunity to use IT through work. However, the disparity in feelings towards IT was shown within the focus group participants, where approximately one third used a computer daily, whilst another third never used a computer. Additionally, in terms of places used to get information, the internet was not often raised and the number of participants who asked for further information to be sent to them electronically was also substantially lower than those requesting hard copy information.

Older people who are able to use computers, especially email and the internet, are potentially at a reduced risk of experiencing social isolation as they have an alternative medium for the delivery of information and can keep in contact with friends and relatives (particularly grandchildren) via email. This is especially relevant for older people in rural or remote areas or who have a barrier (such as illness, a caring role or lack of transport) which limits their ability to engage in activities outside the home.

8.1   Resources Available

Within the Hunter there are various groups and organisations offering opportunities to engage in lifelong learning, as well as a network to develop lifelong learning opportunities. The following sections provide information on what is currently available.

8.1.1 Lifelong Learning Network

Newcastle City Council has initiated a Lifelong Learning Network which includes participation from a variety of education and training providers as well as supporters of lifelong learning. Whilst auspiced by NCC, the Network hopes to address issues of lifelong learning for people living throughout the Hunter.

The group has a stated vision of "We envisage a community proudly participating in formal and informal learning for the social and economic benefit of all" (REF – www.newcastle.nsw.gov.au 03/09/2003).

In late 2003, the Steering Committee advertised for new members to become involved in the Network.

8.1.2 Third Age Learning/ University of the Third Age

The University of the Third Age is "an international organisation, embodying the principles of life-long education and the pursuit of knowledge for its own sake, in an atmosphere of mutual learning and teaching" (www.u3a.org.au 07/01/2004). The concept was developed in France in the early 1970s as a way of attracting older people into university programmes and has subsequently developed in Australia to be a community based programme, offered on a membership basis, where members both teach and attend courses on topics of interest. The structure and delivery of courses is determined by the needs and resources of the group.

In the Hunter, there are currently 5 U3A/ Third Age groups operating in Newcastle, Toronto, Belmont, Cessnock and Port Stephens. At present, there are approximately 1,200 members. Courses offered are diverse and include such topics as languages, drama, philosophy, art & craft, exercise, computer skills and personal development. Membership fees are kept comparatively low as instructors are unpaid. In the Hunter, groups charge around $20 - $40 per person plus an additional small cost for course materials.

8.1.3 Adult Education

The NSW Board of Adult and Community Education (BACE) register various adult education facilities within the state. One of the roles of the BACE is to promote the provision of adult and community education in NSW. In the Hunter, there are 6 adult education / community college facilities located in Newcastle, Port Stephens and Singleton LGAs. The programs offered are many and varied, including accredited training, lifestyle and personal development, physical activity, cultural and practical courses.

8.1.4 IT Training Programs

The SkillsNet internet training program is funded by BHP Billiton and the Australian Government's Rural Link program and is coordinated by the State Library of NSW. SkillsNet training is offered to people living in rural and remote communities in NSW through local libraries.

The program consists of workshops on how to use the internet to search for general information, family history, health, information for parents, student research, holiday activities and assignment information for upper primary students, advanced internet searching and using email.

At present SkillsNet training is available through both the Port Stephens and Newcastle Council libraries.

Other similar programs are run by Computer Pals for Seniors (in the Hunter, based in Newcastle and Cooranbong), Adult Education Centres and Community Technology Centres in rural areas.

8.1.5 Community Technology Centre's

Community Technology Centres (CTCs) have been established through an Australian/NSW Government partnership to enable people living in rural NSW to develop sustainable information technology facilities and services.

CTCs are located in rural townships to better link residents to services offered via information technology. They provide access to Internet connected computers as well as provide printers, video and teleconferencing facilities, business equipment, and e-commerce incubator facilities. Most CTCs offer training (accredited and non-accredited) to users of their service.

8.1.6 TechnoSeniors

An initiative of the NSW Seniors Card program, Technoseniors is a free quarterly newsletter to educate Seniors Card members on the use of computers and the internet.

The newsletter includes news, computer tips, discounts and special offers.

8.2 Goals

- Older people have opportunities to learn new skills and pursue self development
- Older people are aware of and encouraged to keep pace with new technology and enjoy the benefits technology offers
- Education facilities are encouraged to adopt lifelong learning as part of their overall philosophy in the development and delivery of services

9. RETIREMENT PLANNING

It is evident that older people approach retirement with a variety of expectations, related to their experiences in the workforce, engagement in interests outside of work, the amount of choice they had in leaving work, their health, relationships outside of work and the financial resources they have available.

Participants in focus groups raised a number of issues associated with retirement planning. In particular, much of the discussion focused on men's experience of retirement and their lack of adequate planning for the changes associated with retiring from full time employment. Some of the men indicated that retirement was not what they had expected and they missed the structure of work, the feeling of being needed and the social interaction of mixing with peers. Male participants raised the need to have education provided at an age when people are contemplating retirement about the good and bad aspects of this phase of life, in order that people are well informed. Some men interviewed suggested that with the benefit of hindsight they would not have retired early, or would have planned better for their retirement, from both a financial and social perspective. It was evident that men enjoyed the interaction and stimulation of interest groups once they joined. However, encouraging men to join these groups appears difficult and often their attendance has been driven by the needs or demands of their wives.

Women also raised the issues associated with retirement. Female focus group participants perceived themselves to be better equipped to handle retirement than their male counterparts, as they have historically been involved in multiple activities in and outside of the home and have better constructed social and support networks. In the older age groups, many women had not returned to paid employment after marrying and as such, have not had to plan for retirement.

In the case of couples, participants, both male and female, raised the issue that marital relationships change significantly post-retirement. It was seen as important to plan together for this stage of life, in order that both partners felt their experience of retirement was a positive one.

Both the focus groups and literature suggest that many people aren't planning adequately for their physical and emotional well-being post work. Many people are re-locating away from family and friends to enjoy the benefits of the time associated with retirement, only to find that they are isolated from their established social and support networks. This is supported by the research conducted by the Hunter Valley Research Foundation (2003) which found that approximately half the people surveyed were likely to move to retire and the focus groups in the Hunter, in which one in five of those who responded stated they had moved to the Hunter to retire.

The results of the focus groups suggest that many people have not planned adequately for their retirement, particularly those in the age group which expected a government funded pension rather than self–funded retirees, or

those who faced early retrenchment and were unable to secure permanent work post-retrenchment.

9.1 Resources Available
In the Hunter, a range of organizations provide support to people planning for their retirement in financial terms. However, there are less services and supports available for people managing the health and lifestyle aspects of retirement.

9.1.1 DADHC's Planning Ahead Kit
The Planning Ahead Kit developed by DADHC (last updated February 2004) is a resource to assist people in managing financial, health and lifestyle decisions in the event that the person is no longer able to make those decisions for themselves. The kit provides information on topics such as establishing an enduring power of attorney, enduring guardianship and advanced health care directives.

Although DADHC encourages the kit to be distributed widely in the community, further attention could be given to distribution of the kit in the Hunter through appropriate channels.

9.1.2 Central Coast Health Retirement Planning Program
Over the last four to five years, Central Coast health has been offering a two day retirement planning program for employees and their partners. Participants in the course are usually 2 – 3 years from retirement and are interested in learning more about retirement than the financial aspects. The course includes information on topics such as health and diet, identification of personal values, the psychological transition to retirement and opportunities post retirement (eg. Probus, volunteering, etc). A panel of retirees also reflect on their experiences of retirement. Both exercises and presentations are offered to ensure variety. The course is conducted on a quarterly basis and has been evaluated highly by participants.

Over time the success of the course has become known on the Central Coast and it is now offered to people outside of Central Coast Health. Participants pay $500 for the two day program.

9.2 Goals
- People are supported to be proactive in planning for their physical, emotional, social and financial well-being in retirement

10.   VOLUNTEERING

The Australian Bureau of Statistics (ABS) defines a volunteer as "someone who willingly gives unpaid help in the form of time, service or skills, through an organisation or group" (NSW Committee on Ageing, 1999, p16). People who provide unpaid assistance to family or friends, or assist with informal gatherings of people are not considered to be volunteers.

Volunteering is seen by the NSW Government and the community as one of the most valuable contributions people make to the ongoing functioning of society. Volunteerism is also thought to provide positive health and lifestyle benefits to participants. Onyx J & Warburton J (2003) suggest that people who volunteer have "multiple and valued social roles, and they are in a position to assist others while gaining information and skills for themselves. They are likely to maintain significantly higher levels of well-being, a strong sense of their own worth and better functional health than those who do not volunteer" (www.volunteering.com.au/news 19/12/2003). However, the study also concluded that volunteering can be counterproductive to health if it becomes too demanding, does not offer the required level of support to the individual or is undertaken for personal gratification only.

A study conducted by the ABS in 1995 concluded that the highest rate of volunteerism occurs in the 35 – 44 age group, with a rate of 27%. This generally corresponds to the age group when people have school aged-children. This was followed by the 45-55 age group (22.5%), 55-64 (19.6%) and 65+ (17.4%). Whilst this shows that the number of people volunteering declines after 45 years of age, the actual proportion of volunteer hours contributed increases with age. Women consistently volunteer in higher numbers than men (www.abs.gov.au;/ausstas/ 07/01/2004). The types of volunteer work undertaken vary according to interest and abilities, however, older people tend to volunteer more in welfare, community and religious fields.

According to figures produced by the Hunter Volunteer Centre (HVC) in January 2004, in the financial year 2002/03 the Centre made 946 volunteer referrals. Of those, 33.6% were people aged over 50 (26.9% being people aged 50 – 64). These figures indicate that once people reach the traditional retirement age, they are less likely to use the HVC service. This could mean they are less likely to volunteer than the younger age groups, or are more likely to directly seek volunteering opportunities, rather than using an agency.

More than half of the referrals (58.4%) were female, which is consistent with the overall Australian figures. Virtually all (94%) of people described their ethnicity as "Australian". Four percent of people referred were from another English speaking country, whilst 1% were from an ATSI or CALD background.

Of the total number of volunteer referrals made by the centre, the vast majority (72.3%) were for people to assist in health, welfare and education fields, particularly in Newcastle and Lake Macquarie LGAs. The main roles undertaken were admin/clerical (14.9%), working with the aged (12.2%), education based activities (10.2%) and gardening services (8.3%). The 4 most commonly reported motivations for volunteering were for work

experience (32.9%), to help others (18.5%), to acquire or maintain skills (12.5%) and to meet Centrelink requirements (12.2%).

The participants in focus groups conducted in the Hunter felt that a large proportion of older people are involved in volunteer activities and consider that volunteering is one of the major contributions they and other older people make to the community. However, many participants also described themselves as more active than many of their peers in terms of community participation. Focus group participants also indicated that they felt they volunteered more than people in younger age groups. This perception may be as a result of the different organisations the age groups volunteer with, or the different volunteering roles within organisations.

The fact that the number of people volunteering declines with age, when a person is likely to have more time available to volunteer due to retirement is a matter for further exploration. The fact that the hours spent volunteering increases in the older age groups indicates that there are a proportionately small number of people doing a large proportion of the volunteer work undertaken in the Hunter. There is a need to understand what motivates people to volunteer. A recent ABS study described the common reasons for becoming a volunteer (in order of incidence) as to help others/the community; personal or family involvement; personal satisfaction; to do something worthwhile; and social contact (ABS, Voluntary Work Australia, www.abs.gov.au 07/01/2004). Interestingly, there is no record of people choosing to volunteer to increase their skills or to use their existing expertise. This could be due to the way results were recorded, but is an issue to explore as the highly skilled baby-boomer generation reaches retirement age.

Of course, many older people are unable to volunteer due to personal circumstances, such as health status, or as a result of undertaking other unpaid responsibilities such as caring for a parent, partner or grandchildren. Whilst this work also offers essential community benefits, it is not recorded in volunteer statistics.

The issue of older people as carers is further discussed in Section 13 – The Caring Role.

10.1 Resources Available
Within the Hunter and the wider community, there are various resources available to recruit, support and train volunteers. Some of these are discussed in the following sections.

10.1.1 The Hunter Volunteer Centre
The Hunter Volunteer Centre (HVC) is a community based service which links volunteers to organisations needing volunteer assistance. The mission statement of the HVC is to "promote, encourage and empower staff in their contributions to the community and to support and resource organisations in their utilisation of volunteers, for the benefit of all" (www.huntervolunteercente.org.au 10/02/04).

The HVC maintains a register of organisations in the Hunter who require volunteers and the skills and experience needed by those volunteers. People who are interested in volunteering can contact the Centre, be interviewed to ascertain their interests, skills and availability and be matched with organisations. The Centre also offers training for volunteers on topics such as duty of care, confidentiality, rights and responsibilities of volunteers and the like.

10.1.2 Goodcompany

Goodcompany is a volunteering organisation which operates predominantly in Sydney and Melbourne (though it has some registered groups in the Hunter). Goodcompany's mission is to "put young professionals in contact with community organisations seeking assistance with specific one-off needs and projects" (www.goodcompany.com.au 10/02/04). The unique focus of Goodcompany is that it targets community organisations that require assistance with one-off projects, which are potentially expensive eg. business planning, web design, marketing, accounting and legal services. Members are then able to search the Goodcompany website when they have the opportunity to see if there are ways in which their skills can be utilised by community groups.

Whilst the organisation predominantly targets young professionals who are often time poor, there is no restriction on the people who can register as volunteers with Goodcompany.

10.1.3 Volunteering Policies

Some organisations have limited or stopped the recruitment of volunteers due to insurance implications. To address issues of insurance and risk management, organisations who have volunteers are required to develop a volunteering policy.

10.2   Goals

- The skills, wisdom and experience of volunteers is recognised and supported and the valuable role they play is acknowledged in the community
- Volunteering is seen by older people as an opportunity to remain active and to develop new friendships and social networks

11.   PHYSICAL ACTIVITY

Recent evidence suggests that engaging in adequate physical activity is causally linked to health status (Huang et. al 1998 in NSW Health, 1999, p2). In fact, it is now thought that people who exercise regularly are as healthy as those aged 15 years younger who do not participate in regular exercise (NSW Sport & Recreation, 2000, p4).

"Benefits of regular exercise include greater aerobic capacity and increased muscle strength which leads to improved fitness. Exercise is recommended as a means of preventing and controlling conditions such as obesity, high blood pressure and osteoporosis" (ABS, 2000, p38). Physical activity does not have to be undertaken through intensive activity, or by committing large amounts of time. Recent evidence suggests that undertaking 10 minutes of physical activity 3 times a day will have health benefits (Active Australia, www.ausport.gov.au/partic/activeoz). Psychological health and well-being are also influenced by physical activity levels. "Physical activity helps to relieve symptoms of anxiety and depression…(and may also) protect against the development of depression" (PMSEIC, p.24).

According to DADHC's *Older People in NSW, The Facts…Leisure and Lifestyle (1999)*, in 1997 only 6% of people aged 60+ participated in sporting activities.   Interestingly, these people spend more time participating in sporting activities than people in the 40 – 59 year age group, presumably as a result of increased time to pursue activities post retirement.

Within the focus groups, 86.2% of respondents considered themselves to be either fit or very fit. Of the remainder, 11% considered themselves to be not very fit, and 2.8% not fit at all. In terms of physical activity, the participants were involved in a wide variety of activities, including gardening, walking, aerobics/aqua-aerobics and gym, swimming, bowling and golf. In those focus groups in which exercise was widely discussed, participants felt that they had gained considerable health and lifestyle benefits from participating in exercise. The social interaction of group activities was also highly valued and was a motivating factor in continued participation.

Participating in adequate physical activity and building muscle and bone strength is also significant in preventing falls. Falls have "enormous social, health and economic costs for both older people and the whole community" (NSW Health, 1995, p3). The 1999 NSW Older People's Health Survey revealed that over a quarter of people surveyed (aged 65 and over) had experienced a fall in the previous 12 months and that just under 9% of those falls resulted in the person seeking medical attention. Evidence suggests that for older people in acute and residential settings, the incidence of falls is even higher (HAHS, 2002, p8). In economic terms, fall related injury costs NSW Health approximately $342.2 million per year.

NSW Health has, since the late 1990s, been working on the development of a Falls Prevention Program for both urban and rural areas. Initial research has concluded that there is a need to address the issue of falls prevention, in terms of developing adequate infrastructure, policies and procedures within

the next 10 years, if the severity of the problem is to be managed. NSW Health has now developed a policy to reduce fall injury among older people.

One of the key areas of the policy is generating a low risk population. Essential to this is the fact that "exercise activities incorporating balance, strength, flexibility and fitness are the most appropriate – with the additional benefits of having the potential to reduce the risk of stroke, heart attacks and diabetes" (p5, Rural Falls Injury Prevention Program, 2002).

Focus group participants mentioned that declining mobility, strength and confidence were issues of concern to them, as well as how they would manage at home if they became incapacitated. Whilst the risk of falls and the likelihood of injury from falls was occasionally raised in the focus groups, there was little indication that participants understood the link between physical activity and falls prevention.

It is believed that the participants in the focus groups are generally more active than other older people. Most focus group participants referred to other older people they knew and commented that they would not get involved in many forms of physical activity, regardless of the obvious and widely encouraged health benefits. It appears that new and innovative strategies to increase participation in physical activity may be required, which better target the needs and abilities of older people and include information provided by word of mouth and through direct encouragement.

11.1 Resources Available

Health promotion in the Hunter has been actively pursued in terms of physical activity, especially for older age groups. The range of specially designed programs and services provided are described in the following sections.

11.1.1 Active Over 50s

The Active Over 50s program is funded by the Australian Government and co-ordinated by the Hunter Area Health Service. The program encourages people over the age of 50 to become more physically active, in a non-threatening, fun and supportive setting, with the ultimate aim of reducing the incidence of heart disease, diabetes, cancer and risk of injury due to falls.

In the Hunter, there are more than 40 Active Over 50s groups, in every Local Government Area except Dungog. Groups are run in commercial and community settings and involve gentle exercise and water based activities.

11.1.2 Just Walk It

The Just Walk It program is an initiative of the Heart Foundation which aims to encourage people to walk in groups on a regular basis, for at least 30 minutes. The groups are coordinated and supported centrally and have a designated group leader. The program is encouraged

through the Heart Foundation, though anyone is welcome to participate.

In the Hunter, there are already various groups operating, such as the Cessnock Healthy Heartbeats group, which has access to walking tracks with a Healthy Heartbeats symbol and information for walkers.

11.1.3 Walking for Pleasure
The Walking for Pleasure Program is operated by the NSW Department of Tourism, Sport and Recreation and is very similar to the Just Walk It Program. The program promotes regular walking as a form of exercise which is suitable for people of all ages and is fun, easy and social. In the Hunter, there are already 7 groups established at East Lake Macquarie, Cessnock, Hamilton, Newcastle/Lake Macquarie combined, Port Stephens, Singleton and Warners Bay.

11.1.4 Ten Thousand Steps
The program 10,000 steps is an initiative funded by the Queensland Department of Health and developed in Rockhampton in northern Queensland. "The aim of the program is to increase participation in physical activity in the community, with a particular focus on sedentary people from socially and economically disadvantaged groups" (www.10000steps.cqu.edu.au 24/01/2004). Participants are encouraged to increase their incidental physical activity, in order to take 10,000 steps each day (measured by a pedometer). Such a program has the capacity to benefit older people as the activity is free (except for the pedometer), is based around increasing incidental activity (such as walking to the local shops) and it is easy to measure progress.

11.1.5 Older, Smarter, Fitter: A Guide for Providers of Sport and Physical Activity Programs for Older Australians
Developed by the Australian Sports Commission and the Commonwealth Department of Veteran's Affairs in 2001, this resource provides ideas for clubs and organisations to increase the number of older participants. The document also discusses issues such as safety and seeking grants. Information is also provided on successful physical activity programs for older people.

11.1.6 Falls Prevention
Through the rural falls prevention program, a range of gentle physical activity programs are being developed. Currently tai-chi training is being arranged for Active Over 50s providers to expand the range of activities available to participants.

A range of other written resources have been developed and are available from the NSW Department of Tourism, Sport and Recreation.

11.2 Goals

- Older people are encouraged to participate in a range of activities which are enjoyable and appropriate to their health and social needs
- Physical activity providers cater for the needs of older people and an ageing population
- Opportunities are provided for older people to excel in sport & recreational pursuits
- Supportive and safe environments are created to enable older people to safely participate in incidental physical activity such as walking within local residential areas

12. HEALTH

The World Health Organisation defines health using a social and environmental view, stating health is the "total physical and social wellbeing of individuals and communities and not merely the absence of disease" (NSW Committee on Ageing, 2001b, p9).

The health of older people has a significant impact on their ability to age positively. There are numerous components to the health of older people, particularly associated with the management of chronic disease and disability. This section deals with those broad health issues which are of relevance to early intervention and prevention and are likely to impact on the ageing community in the Hunter. The issues addressed in this section relate to nutrition; mental health; vision, hearing and oral health; medication management; and access to health services. Other aspects of health are addressed in Section 11 – Physical Activity. The discussion is based on the concept of health using the WHO definition.

The relationship between socio-economic status and health status is well documented (NSW Health, 2000). The Australian Bureau of Statistics (2000) in their report on Older People in NSW identified that there is also a relationship between education and health status, in that people who are able to be informed about "illness, risk factors and disease prevention (will be those who tend to) live longer (and have a) capacity to maintain independence and wellbeing" (p29).

Socio-economic and educational status are likely to be contributing to a situation whereby "Aboriginal elders have not on the whole experienced the dramatic increases in health and functional ability of other older Australians" (Ranzijin & Bin-Sallik, 2001, p1). Australia's indigenous population experiences high rates of both "the degenerative diseases that characterise affluent nations, such as heart and kidney disease and diabetes...(as well as) the infectious diseases of under-developed countries" (Ranzijin & Bin-Sallik, 2001, p4). This indicates that Aboriginal people do not have the same ability to meet their basic needs eg. shelter and nutrition as others in the community.

With the exception of discussion on physical activity, there was no significant attention given to preventative health measures within the focus groups. However, many people commented that a positive experience of ageing could be attributed to having good health and that poor health was one of the factors which may contribute to a person in the Hunter having a negative experience of ageing.

12.1 Nutrition

Research indicates that older adults, particularly those living in the community, are at a disproportionate risk of developing malnutrition as a result of a variety of environmental, social, economic and physical circumstances. In fact, estimates show that up to 30% of people aged 65+ living in the community are at a high risk of being malnourished. In the Hunter the figures are particularly alarming. According to the Report on the Weight Status of NSW: 2003 (NSW Health 2003), 13%

of men 65+ in the Hunter are underweight (have a body mass index (BMI) below 18.5, compared with 4% of men in the same age group in NSW. In the Hunter, women who were 65+ and underweight were 5% compared with 10% for NSW. In 1995, only 1% of the NSW population was underweight (1995 National Nutrition Survey in ABS 2000, p38). [Note: The BMI is "a composite measure of a person's body weight against their height and is used to allocate people into four groups: underweight, acceptable weight, overweight and obese" (ABS, 2000 p37)].

The relatively high proportion of men who are underweight may be attributed to the men of this generation having few cooking skills and meal planning skills, as a result of historical roles in the home.

Keller (1993) in Hunter Health (2003) defines malnutrition as "any nutritional disorder caused by insufficient, unbalanced or excessive diet or by impaired absorption or assimilation of nutrients by the body".

Whilst we need to manage issues such as energy and fat intake, there is also a need to ensure adequate nutrition, particularly in older age groups. "As the senses of smell and taste deteriorate, older people's appetite decreases. Dental problems often limit the ability of older people to chew nutritious foods such as fruit, vegetables and nuts" (Prime Minister's Science, Engineering and Innovation Council, p 31). This also combines with an "inability to buy food or cook and feed themselves; irregular meals or inadequate intake" (PMSEIC p32).

"A healthy diet reduces overall death rates independently of other risk factors, and reduces the risk of chronic diseases such as heart disease and related factors (excess weight, high blood pressure and high cholesterol), diabetes, bowel and breast cancer and dental caries. There is increasing evidence of a link between nutrition and mental health" (PMSEIC p30).

In the Hunter focus groups there was no discussion on the issue of nutrition and malnutrition. This was possibly as a result of participants being generally "well". However, the establishment of activities such as the lunch club conducted by U3A Toronto and the provision & importance of catering at most meetings and functions indicate the importance and enjoyment associated with sharing meals.

Such programs are very important as many older people, particularly those living alone, lack the motivation and/or appetite to eat regular, balanced meals. "Eating alone has been shown to impact adversely on older people's nutritional status leading to a downward spiral of ill-health and increased dependence, increased likelihood of illness, increased risk of falls, increased use of health and community services and decreased quality of life" (Dermody J et.al, 2003, p2). Older men in particular are likely to have very limited cooking skills. Ensuring the maintenance of good nutrition is often difficult for those men who find

themselves living alone, or caring for a partner who has traditionally planned and prepared meals (www.dva.gov.au 05/02/04).

12.2   Mental Health

"Depression in older people is often associated with health problems, and elderly men have a significantly high rate of suicide, not just in Australia, but in most industrialised countries" (www.kvle.vic.edu.au/sheds 25/08/03; Williams, S. (1999)). In the past in Australia, the (suicide) rates for males over 75 have been higher than for any other age group. However, this has recently changed to a situation where younger males have a slightly higher suicide rate. "Although suicide rates are high in older people, the absolute numbers of suicides are low (because there are smaller numbers of older people than younger people)" (Williams, 1999, p1). The issue of an increasing aged population must be taken into consideration here, and strategies developed to manage depression and the incidence of suicide in this age group, in order to reduce this issue.

Older men in particular have been shown to suffer particular impacts on becoming unemployed/retiring from paid work. These include negative feelings associated with a situation of social isolation, decrease in status, decreasing self esteem and a real or perceived loss of respect. The focus group participants often related anecdotes regarding men who had experienced depression after retirement and the impacts of these feelings on them and their families.

According to Williams (1999) older people who commit suicide are most likely to be over 75, male, living alone, unmarried, socially isolated, experienced a recent bereavement or a recent house move. There is a need to understand and monitor people in these situations and develop preventative strategies to manage depression in older age groups. Williams identifies that treating depression in older adults is likely to result in improved quality of life and health status, as well as decreased health costs, suicides and attempted suicides.

12.3   Vision, Hearing and Oral Health

Having access to appropriate vision, hearing and oral health services is essential for people as they age.

According to the World Health Organisation in 2002, the rate of visual impairment and blindness increase sharply with age. Currently in Australia, 1 in 60 Australians are affected by sight loss.   "For Australians older than 75, the incidence of blindness or severe vision impairment is closer to 1 in 6, owing to eye conditions related to ageing" (www.rbs.org.au 05/01/04).

In the order of 50% of people aged over 65 worldwide are estimated to have some form of hearing loss (World Health Organisation, 2002). Hearing loss can often be treated either medically or with amplification devices, such as hearing aids.

According to Australian Hearing (www.hearing.com.au 05/01/04) people with an unrecognised or untreated hearing loss talk less quickly, less confidently and less often; cannot hear very soft sounds; can miss much of what others are saying; must concentrate very hard to pick up sounds; and are at a greater risk of accidents than those with good hearing. All these factors greatly impact on a person's quality of life, or experience of ageing.

People who have poor oral health often have reduced self-confidence and quality of life. It is also associated with malnutrition and therefore has wider health implications (World Health Organisation 2002).

For people from an Aboriginal and Torres Strait Islander background, these issues are particularly significant given higher incidences of disease associated with malnutrition, vision, hearing and oral health. Particular attention should be given to this target group.

Again in the Hunter focus groups very little attention was given to these issues, although good vision, hearing and/or oral health can result in significant physical and emotional health benefits.

12.4   Medication Management

Older people often take multiple prescription medications as well as over the counter medications, natural and herbal medicines. The combined effects of taking multiple medications can be detrimental to the overall health and well-being of individuals. Possible consequences of medication mismanagement include adverse drug-related reactions, hospitalisation and falls (World Health Organisation, 2002).

Additionally, older people may find it cost prohibitive to purchase the amount of medication which they may require and subsequently may not adhere to the treatment which has been prescribed for them (World Health Organisation, 2002).

12.5   Access to Health Services

Access to appropriate health services was raised at many of the focus groups, but received considerable attention at the focus group held in Port Stephens, where the issue of access to a hospital within the Local Government Area is a subject of much concern to the community.

Other issues associated with access to health services included access to transport; the lack of GPs in the region (particularly ones who bulk bill); the escalating cost of medical treatment; costs associated with travelling to Sydney for procedures or to see specialists; and the lack of specialist services in rural areas.

12.6 Resources

The health of older people has been the focus of considerable attention for some time. Some of the resources available to support older people to maintain good health are discussed in the following sections.

12.6.1 Promoting Health and Nutrition for Older People

The Hunter Area Health Service (HAHS) is currently developing a project which aims to promote nutrition and prevent malnutrition in older people (aged over 65) in the Hunter, who are living in the community.

The project is currently in the planning stages, but hopes to develop appropriate strategies to encourage older people to eat appropriately and therefore reduce the risk of malnutrition and other associated health affects. The project has a broader focus on eating as a social opportunity to encourage nutrition and broader health benefits.

12.6.2 Cooking for One and Two

Cooking for One and Two is a resource developed by Nutrition Australia and funded by the Department of Veterans' Affairs.

The resource was developed as a result of a program of cooking classes which were conducted for veterans, where the veterans learned to cook meals for themselves and to take the time to sit and enjoy the meals they prepared.

Cooking for One and Two is the end product of the project, in the form of a facilitators' manual and video, as well as a recipe book.

12.6.3 Royal Blind Society

The Royal Blind Society (RBS) is the organisation which provides specialist services for people who are blind or vision impaired living in NSW and the ACT. The RBS provides a range of resources and technologies to assist people with limited sight to live in the community. These include programs to assist people adapt to living with a vision impairment, education on the use of Braille and other adaptive technologies and the use of mobility aids.

12.6.4 Australian Hearing

Australian Hearing is a Commonwealth funded provider of hearing services. Services provided by Australian Hearing include hearing assessment, the fitting of hearing aids and hearing rehabilitation. Services are available to holders of a pensioner concession card and other similar concession holders.

A variety of private hearing services also operate in the Hunter.

12.6.5 Medimate

Medimate is an initiative of the National Prescribing Service (NPS). The program includes information for consumers on how to get the

best out of the medications they take, including lifestyle changes, taking an active role in the choice of medications to suit individual requirements, and describing a process to help keep track of multiple medications.

Dosette boxes and Webster packs are also aids to help in managing multiple medications.

12.6.6 Wellbeing of Older Men Project
The Wellbeing of Older Men Project in the Hunter has been funded by the Australian Government's Department of Health and Ageing through the Suicide Prevention Program and is being run by Hunter Retirement Living in partnership with The University of Newcastle and the Hunter Area Health Service.

The project has been developed in recognition of the fact that older men die younger than women, have poorer health, are reluctant to visit a doctor, report feelings of isolation, often have unrecognised depression and a high risk of suicide (Hunter Retirement Living, Wellbeing of Older Men Project brochure).

The aim of this project is to work with older men and people working with older men to develop an understanding of the diverse needs of this group; to develop appropriate strategies and services to meet these needs; to create better organisational and personal networks; and to undertake education and training on issues of relevance.

At present the focus of the project has been on West Lake Macquarie and Nelson Bay as localities with a large number of older men and limited specially designed services to meet their needs. Where possible, the project work is being extended throughout the Hunter.

Instigated through this project have been initiatives such as the establishment of an Older Men:New Ideas (OM:NI) group in Nelson Bay – others are planned for Adamstown, Maitland, Raymond Terrace & an Italian speaking group in Hamilton. A Men's Shed has been established in Bolton Point and plans are underway for another in Maitland. Hunter Retirement Living has also identified the need for better retirement planning (see Section 9 – Retirement Planning), better coordination and planning to meet the needs of older men in existing community services and counselling for older men on loss & grief and depression.

12.6.7 Hunter Area Health Service: Hunter Strategy
The Hunter Strategy, developed by the Hunter Area Health Service, is a plan for the future of health services and facilities in the Hunter over the next 15 years. The Strategy aims to build new facilities to meet the changing needs of the population and works to create links with GPs, private health service providers, business and community groups and government agencies (www.hunter.health.nsw.gov.au 04/03/04).

The Hunter Strategy is a five stage project which considers issues particularly associated with Newcastle, rural health, mental health and community health.

12.6.8 Health Related Transport

There are various community based transport services (Community Transport, Non-Emergency Medical Transport, Veterans Transport and Rural Health Transport) which offer services to assist people to access health services.

These are often provided by volunteers and may be in a car, mini-bus or health passenger vehicle.

12.7 Goals

- Older people lead a life-style that contributes to optimal health and the prevention of disease

Nutrition
- Older people receive nutrition through the intake of regular, balanced meals

Mental Health
- The importance of relationships, social participation and community involvement in the promotion of optimal health is understood by older people

Vision, Hearing and Oral Health
- Older people maintain the best possible vision, hearing and oral health

Medication Management
- People using medications are aware of sources of information, advice and assistance about medications and their use

Access to Health Services
- Older people establish a relationship with one general practitioner that they trust and to seek regular health assessments as advised by their GP

13. THE CARING ROLE

Older people are often called upon to play a caring role, be it to provide care for family members (often a parent, partner, child or grandchild) or others in the community. A primary carer is "the person who provides the most ongoing support in one or more of the core activities of communication, mobility, self-care, and in other every day activities. Primary carers carry the heaviest caring responsibilities" (Australian Bureau of Statistics, 2000, p24). Although much of the research undertaken about caring relates to primary carers, the caring role can be much more broad. Older people often provide a high level of care and support to parents / parents in-law and grandchildren, even though they may not live in the same dwelling. These people are known as informal carers.

More women than men aged 45+ act as primary carers, although a similar number of men and women consider themselves as informal carers (ABS, 2000).

People take on a caring role for a variety of reasons. These include a feeling that a better level of care can be provided by a primary carer; family responsibility; because there was no choice; and because the alternatives were too costly. The latter two reasons were given by 27% of those surveyed (ABS 1998 Survey of Disability, Ageing and Caring in ABS 2000).

From the discussions in the focus groups, many participants felt that their roles as carers have resulted in them losing the opportunity to 'age positively', generally due to the time and financial constraints of caring and to the stress of the caring role. One participant referred to the fact that informal carers receive no financial support even though the costs associated with performing that role (eg. transport, telephone calls associated with case coordination, inability to work full time etc) were very high. Others mentioned that they had been unable to get out of the house when they were formal carers and did not have the time or the energy to participate in activities for themselves.

Grandparents, particularly grandmothers are playing an increasing role in the provision of child care mainly due to the increased level of workforce participation by women, relationship breakdowns and the increasing number of lone parents (NSW Committee on Ageing, 1997b).

Participants in Hunter focus groups discussed grandchildren regularly throughout the sessions. Most comments regarding grandchildren and the care of grandchildren were positive in nature, although some participants commented on the demands which are placed upon grandparents in terms of being available at short notice to provide free child care.

The issue of grandparents as the primary carers of grandchildren was not discussed in focus groups, however evidence suggests that in some areas of the Hunter an increasing number of grandparents are being called upon to play the role of primary care giver/guardian, due to the loss or illness of the parents, or to other circumstances such as drug addiction or incarceration.

There is potential for people acting as carers of grandchildren to have multiple roles and limited time available for themselves. "The amount of time devoted to child care reduces the opportunities for leisure time activities, which especially affects men who have retired early. Grandmothers in their 50s and 60s now find that they have a wide variety of roles, some of them conflicting with others – as spouses, as participants in the paid labour force, as child caregivers and as carers for parents and parents in law" (Milward 1994 in NSW Committee on Ageing & Council on the Ageing NSW, 1997b, p11). This idea is supported by Wearing (1996 in NSW Committee on Ageing & Council on the Ageing NSW, 1997b, p12) in the conclusion of a study undertaken on grandmothers in Sydney, stating "the childcare role of grandmothers could too easily become a form of exploitation involving unpaid labour and subordinate status".

Of particular concern at a State-wide level has been the loss of contact between grandparents and grandchildren as a result of family breakdown. There appears to be a high degree of confusion about the rights of grandparents and grandchildren in these situations. This issue was not raised in any of the Hunter focus groups, but should remain on the agenda for the future.

Participants in the ATSI focus groups raised the issue of caring (for both children, grandchildren and members of the broader community) as important roles for them. Some Aboriginal Elders are placed in a situation where they are needed to provide care for younger family members, often due to emergency or serious situations such as the impacts of drug and alcohol abuse on children. The lack of self-respect, respect for Elders and the breakdown of family structures was often referred to as having a significant impact on carers and families generally.

13.1 Resources Available

There is a wide variety of resources available to support carers, either directly through respite or home-based help or through support groups. However, these resources are usually targeted at people who meet specific criteria, eg. caring for someone who is frail aged or has a disability or dementia. Some of the resources available are described in the following sections.

13.1.1 Commonwealth Carer Respite Centre

Commonwealth Carer Respite Centres (CCRCs) are located throughout Australia, with one specifically funded for the Hunter. The CCRC coordinates access to respite services (either residential or in a community setting) and links people to the services most appropriate to their needs. This service is available to people who care for someone frail aged, with a disability, with dementia or with a terminal illness requiring palliative care. Respite can be arranged for emergencies, short term, in residential care facilities, or in holiday style retreats.

13.1.2 Respite Services for Carers of Frail Aged People and People with a Disability

The Home and Community Care Program (HACC) funds a variety of in-home and community based respite services for carers of people who are frail aged or have a disability. Specialised respite services are also available for people with dementia.

13.1.3   Support Groups

Various support groups operate in local areas within the Hunter for people who are carers. Some are general in nature, whilst others are specially designed for people caring for someone with a particular illness or disability, for example dementia, acquired brain injury or stroke.

13.1.4   Education Programs

A variety of educational resources are available for carers, either in written form, or through courses such as those provided by Hunter Health's Educare program. Carer education usually includes suggestions on how to manage the responsibilities and challenges of a caring role, how to minimise stress and take the time to look after yourself, in the long term interests of all parties.

13.2   Goals

- Carers are recognised and supported and the valuable role they play is acknowledged in the community
- Services are available to meet carer needs and prevent the breakdown of the caring relationship
- Carers are aware of and able to access appropriate services and resources
- Grandparents who act as primary carers are supported and empowered to be able to access support services and facilities

14. THE COMMUNITY SETTING

14.1 Accommodation and Housing

Older people desire and require a range of different housing types, along with the remainder of the community. This is based on their mobility, needs, experiences, interests and budgets. It was evident from discussion in the focus groups that people who own their own homes felt more secure than those who were renting.

Whilst the majority of older people own their own home, or are in the process of purchasing their own home (see Section 4), many older people (usually with a lower socio-economic status) rely on public housing. According to Table 14.1 below, in the Hunter there are currently 23,440 residents in public housing, of which 7,533 (32%) are aged over 50. This is slightly higher than the proportion of 50+ year olds in the Hunter overall (30.5%).

Table 14.1   Public Housing Rentals in the Hunter as at 2004 (Source: NSW Department of Housing)

LGA	No. of public housing residents 50+	Total public housing residents	Total pop.	% of public housing residents 50+	% of public housing residents in LGA
Lake Macquarie	2660	9008	177,619	30	5.0
Newcastle	2761	6745	137,307	41	4.9
Port Stephens	451	2285	56,677	20	4.0
Dungog	20	59	7,901	34	0.7
Maitland	852	1496	53,803	57	2.7
Cessnock	323	1417	45,203	23	3.1
Singleton	199	1044	20,383	19	5.1
Muswellbrook	180	1084	14,795	17	7.3
Scone	79	285	9,470	28	3.0
Merriwa	5	12	2,337	42	0.5
Murrurundi	3	5	2,018	60	0.2
Hunter	**7533**	**23440**	**527,513**	**32**	**4.4**

The Department of Housing gives priority to applicants over 80 (and their carers if appropriate) in the allocation of dwellings. This is particularly necessary if an older person's circumstances change and they become at risk of homelessness.

Most older people in the Hunter live with someone else, although a "significant" proportion (21.2%) live alone (2001 Census). Older people living alone may be at a greater risk not only of social isolation, but also

of experiencing a fear of crime or problems with security, home maintenance and the like. Particular strategies are needed to address the needs of people living alone, particularly in the younger age groups, to ensure that they have personal systems in place to combat loneliness and isolation.

Older people often express a desire to "age in place", that is, not having to move in order to have housing which is capable of meeting their changing needs as they age. One solution to the housing needs of an ageing population is development of adaptable housing. According to the City of Sydney's Draft Access Development Control Plan (2003) adaptable housing "allows a dwelling to be easily upgraded to suit the needs of a resident during the various stages of his or her life, thereby allowing him or her to remain in the same housing with the same facilities and support networks" (p1). The Department of Housing is also encouraging a process of ageing in place, as resources and individual needs permit.

In the Hunter focus groups, some participants raised a concern over where they may live in the future, with options including to remain at home, live with other family members or move to residential aged care. The latter, whilst acknowledged as a real possibility, was not a popular option. People expressed a great deal of concern about a lack of information on the services available to support them to remain living at home as well as a lack of accommodation services for older people, both retirement villages and 'nursing homes'.

14.2   Transport

Having access to transport is one of the critical factors in a persons' ability to age positively. "Physical mobility and the ability to take part in activities outside the home is a vital contributor to the social integration and quality of life of older people" (NSW Advisory Committee on Ageing, 2000, p11). This statement has been well supported by the results of the Hunter focus groups, in which older people consistently raised access to adequate transport services as one of the most important issues facing older people in the Hunter and the lack of transport as one of the factors which prevents people ageing positively.

In 1999, the NSW Ministerial Advisory Committee on Ageing undertook a range of consultations with older people living in rural and remote areas of NSW. The most significant issue raised at the consultations was that of transport, including accessibility; affordability; availability; lack of community transport services; lack of access to public transport concessions; the impacts of having to stop driving on individuals; and their older passengers; and the condition of rural roads (NSW Advisory Committee on Ageing, 2000).

Generally, the issue of access to appropriate transport services in the Hunter is the subject of much attention from state and local government and the people of the Hunter. Whilst the area has a

transport infrastructure comprising of rail, state buses, private buses, state ferries and an extensive community based transport network (community transport organisations, taxis, hire cars and cycle/pedestrian facilities), the lack, or perceived lack, of transport is consistently raised by the community as a major problem of living in the Hunter. To address transport issues in the Hunter on a broad scale, various working parties have been established and many recommendations regarding infrastructure and service provision have been suggested.

For older people, the issue of access to appropriate and affordable transport is a very emotive one, as many older people, who have relied on a private car for transport, become unable or less able to drive due to physical and health reasons. In the Hunter focus groups, the issue of access to appropriate transport services was raised repeatedly. Whilst the majority of focus group participants (84.4%) indicated that they drive a car, many were aware that they may not always be able to do so, or indicated that they had family or friends whose activities were limited through not having a means of personal transport. Some focus group participants discussed their fears about not being able to drive in the future, and many mentioned losing confidence as they age, particularly when driving at night or in unfamiliar locations.

According to the RTA in 2002, approximately 1.46 million people aged over 50 in NSW held some form of driver's or rider's licence. Of these, there were 156,411 more licensed males than females, with larger numbers of licensed males than females in all age cohorts (see Table 15.1). Almost all people in the 50 – 59 age group (95%) have a driver's licence compared with less than 1 in 3 (31.8%) in the 80+ cohort. According to the NSW Roads & Traffic Authority (2002) people aged over 80 are the age cohort with the second greatest risk of being involved in a fatal accident (after the 17-25 year age group).

Table 14.2   Licensed Drivers & Riders in NSW by Aged over 50 by Gender

Age Group	Female	Male	Not Recorded	Total Licensed Drivers	Total population	% of population with a licence
50 – 59	325,996	375,399	456	701,851	738,296	95.0%
60 – 69	186,653	236,736	187	423,576	495,099	85.6%
70 – 79	117,812	157,598	61	275,471	394,904	69.8%
80+	24,138	41,277	5	65,420	205,520	31.8%
Total	**654,599**	**811,010**	**709**	**1,466,318**	**1,833,819**	**79.9%**

(Source: Roads & Traffic Authority, 2000)

At present, people aged under 85 who possess any licence other than the standard car driver's licence (Class C) are required to pass an

annual driving test. Drivers with a Class C licence must pass a similar test on an annual basis after the age of 85. People aged over 80 must also pass an annual eye examination.

Certain options are available to older people who fail an annual driving test, or who identify they have some concerns about their driving ability under certain conditions (eg. at night). These options include restricted licences or limiting to Class C licences.

It is possible to register concern with the RTA if it is believed that an older person should no longer be driving. The RTA then contacts the older person directly to request an assessment.

14.3   Access and Mobility

With the reduction in driving which comes with age, an increasing number of older people are becoming pedestrians and/or using other mobility aids, such as motorised wheelchairs or scooters.

At present, users of motorised scooters are considered to be pedestrians (Brownsdon, A & Marcar, C. 2002). The NSW Roads & Traffic Authority (2000) defines a motorised scooter user as a pedestrian on the basis that the mobility aid cannot travel at a speed greater than 10km per hour on level ground. In NSW, motorised scooters do not have to be registered or insured and drivers are not required to hold a current licence.

Anecdotally, there has been a considerable increase in the number of older people in the Hunter using motorised scooters in recent years. The costs associated with purchasing a scooter tend to mean that only those more affluent older people are able to enjoy this enhanced mobility, which is particularly useful for transport in a neighbourhood setting, eg. from home to local shops, church, doctors etc.

Older pedestrians have expressed the need for safe walking areas, such as footpaths, to enable them to be mobile in the community and also to provide them the opportunity to engage in regular, free physical activity. Characteristics of safe walking areas include flat walking surfaces, kerb ramps and other pedestrian management facilities such as seating and lighting in dim areas.

Access within the community also impacts on a person's ability to age positively. Some focus group participants referred to having a lack of access to basic services due to the configuration or design of buildings, footpaths and public transport. Whilst some sites mentioned were older buildings, others were newly constructed but not necessarily able to meet the changing requirements of people with newly developed mobility aids.

14.4   Crime Prevention and Safety

According to reported statistics, older people in the community are at a significantly lower risk of experiencing crime than younger people. However, older people often report feeling more threatened. In general, older women are more likely to express a fear of crime than older men and older people generally report fear of particular types of crimes, such as bag snatching and/or pickpocketing (NSW Committee on Ageing, 1997c).

In 1999, the Australian Bureau of Statistics surveyed a sample of the NSW population to determine the level of crime in the community (the Bureau of Crime Statistics and Research, www.lawlink.nsw.gov.au/bocsar1 13/11/2003). The research determined that in all age groups men are more likely to be the victims of crime than women; people over the age of 65 are the group least likely to be victims of a crime against the person (approx. 1%) compared with people aged 15 – 24 (10.1%). The use of data, based on reported crimes, must be undertaken with caution, as many people, older people included, may not report crimes.

If someone known to an older person, such as a family member, friend or institutional care giver, commits a personal crime against the older person there is a very low likelihood of the crime being reported. Such crime is known as elder abuse. The International Network for the Prevention of Elder Abuse in 1995 defined elder abuse as "a single or repeated act, or a lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (in World Health Organisation, 2002). Abuse of elders could be financial or material, psychological, physical, sexual or be a case of neglect. Elder abuse may also be a result of underlying factors such as carer stress, deteriorating cognitive function on the part of the older person or issues associated with drug & alcohol use, financial stress or isolation. Various studies into elder abuse have been conducted throughout the world. The studies conducted in Western countries have generally concluded that between 2% and 5% of people aged over 65 are the victims of abuse (NSW Ageing & Disability Department, 1999). If the same figure is applied to the Hunter population, an older person is more likely to suffer from elder abuse than from a random crime against the person.

In the Hunter focus groups, the issue of fear of crime at a direct personal level was only raised in the Lake Macquarie focus group. In this particular instance, fear of crime received a proportionately high amount of attention within the discussion. At a more general level, some focus group participants referred to a change in community attitudes and a loss of respect for older people in the community, which at times translates to a feeling of being overlooked or more vulnerable in community settings. The issue of elder abuse, although likely to be prevalent within the Hunter community, was not raised in the focus groups. However, this is possibly due to the particular group involved, or to a reluctance to admit to abuse in the focus group setting.

14.5 Resources Available

There are various resources available to assist older people within their communities. A summary of these is provided below.

14.5.1 Homewise: Handy Hints to Identify Your Future Living Needs

Nillumbik Shire Council in Victoria recently developed a kit entitled "*Homewise: Handy Hints to Identify Your Future Living Needs*". The kit includes information on various factors which people should consider in buying or renovating a property they intend to live in as they get older. Topics to consider include the proximity of neighbours and basic services (transport, shops, medical facilities); whether home delivery services are available to the area; the topography of the site; risk of flood or fire; the outside environment; energy usage; the function of the home (ie. will grandchildren be staying regularly?); security; bathroom, kitchen and laundry requirements; family, living and sleeping areas and developing a minimal maintenance house. The kit is available free of charge from Council.

14.5.2 Falls Prevention Strategies

In association with this, NSW Health has produced a booklet entitled "Falls Prevention: Your Home Safety Checklist". Included in the brochure are checklists and suggestions regarding safety around the home, including floors, lighting, stairs, steps and ladders, bathrooms, kitchen, lounge, bedrooms, outdoors and personal attire.

Associated information is also provided on services such as Telecross and personal alarms.

14.5.3 Years Ahead – Road Safety for Seniors

The NRMA offers a road safety education program for seniors, which provides information on being a safe driver and a safe pedestrian. The program is targeted at people in their 60s and 70s and is delivered free of charge by an appropriately trained older person.

In the Hunter there is one trainer who is available to conduct sessions on request.

14.5.4 Older Drivers Handbook

The NSW RTA has developed an Older Driver's Handbook which is available free of charge. The handbook includes information on self assessment; a written performance test; information and hints about driving habits; driver safety; emotions and health.

14.5.5 Motor Scooter Safety

The NSW Roads & Traffic Authority produced "Information for Motorised Wheelchair Safety" in 2000. The booklet includes information on licensing and insurance; driver skills and abilities; planning a safe route; operating and transporting a motorised

wheelchair/scooter; a checklist for prospective buyers; and information on road rules for pedestrians. The booklet is available free of charge from the RTA. The Council on the Ageing (COTA) and Able Access (2002) through the NRMA – ACT Road Safety Trust, has developed another similar resource, "Scooter Safe". Scooter Safe includes information on the rules of the road, travelling safely, transport of motorised wheelchairs, breakdowns and maintenance and a self-assessment checklist.

14.5.6 Scooter Survival Guide
The Scooter Survival Guide is a publication developed by Gosford, Wyong, Lake Macquarie and Newcastle Councils. The publication which is short and easy to read includes answers to commonly asked questions about scooter usage and tips for using scooters and planning a safe route.

14.5.7 Community Transport
Community Transport services are available in each of the Hunter's LGAs. Eligibility criteria apply to be able to access community transport on a subsidised basis (ie. the person must be identified as transport disadvantaged, be frail aged, have a disability or the carer of one of the latter). However, other people can use community transport services on a full cost recovery basis, providing it is not at the disadvantage of an eligible person. Community transport services often do shopping or social outings which may also benefit an older non-driver in that it may be more affordable and convenient than other forms of transport.

The Ministry of Transport is currently working on the development of a Local and Community Transport Plan for the Lower Hunter.

14.5.8 Public Transport
A range of public transport is available in the Hunter in the form of air transport, buses, trains, taxis, hire cars and ferries.

14.5.9 Crime Prevention through Environmental Design
Crime Prevention through Environmental Design (CPTED) is "an important inter-agency crime prevention program that reduces crime opportunity through effective town planning, urban design and place management" (www.police.nsw.gov.au 24/01/2004). In essence, the program is designed to manage environments in order to reduce the likelihood of a crime being committed. The principles of the program have been included within the context of the Environmental Planning and Assessment Act 1979, which requires Councils to assess the risk of crime when considering development applications. The NSW Police support CPTED through a program known as Safer by Design (SBD). SBD provides guidelines for town planners, police officers and other professionals to consider when proposing new developments.

14.5.10   Safety Tips for Seniors – NSW Police

The NSW Police Department website (www.police.nsw.gov.au 17/09/2003) includes a section entitled "Safety Tips for Seniors" which provides information on how people can reduce opportunities for crime in the home, in the community and in personal matters eg. fraud.

The information on the website is also supported by Crime Prevention Officers and Volunteers in Policing.

14.5.11   Neighbourhood Watch
The Neighbourhood Watch program aims to bring the NSW Police and the broader community together to fight crime and develop safer communities. This involves preventing and reducing property crime as well as improving personal safety.

The Neighbourhood Watch program operates at different capacities in different communities.

14.5.12   Smoke Alarm Battery Replacement for the Elderly
Smoke Alarm Battery Replacement for the Elderly (SABRE) is an initiative of the NSW Fire Brigade (NSWFB). SABRE has been designed to support older people to live safely and independently, by enabling firefighters to access people's homes in order to change batteries on smoke alarms or install them where needed.

Under the program, the NSWFB works with a partner organisation in the community that helps to identify and provide access to vulnerable elderly groups in need of the SABRE service.

The NSWFB also produces Fire Safety Checklists specifically designed for Seniors, including one on Winter fire safety.

14.6   Goals
Accommodation and Housing
- Older people have access to a range of accommodation options that suit their needs
- Adaptable housing is provided in new residential developments
- Processes for the development of residential settings for older people (retirement villages, hostels and nursing care facilities) are streamlined and explained clearly
- Older people are informed of, and plan for, the potential changes in wealth, health and mobility which can be associated with age when they are choosing, designing or altering their homes/ long term accommodation options

Transport
- Older people are supported to continue to drive, giving consideration to the safety of themselves and the public
- Transport services are coordinated, efficient and affordable and are able to meet the changing needs of an ageing population

Access and Mobility
- Safe and appropriate access is provided in the development of the built environment

Crime Prevention and Safety
- Older people feel safe at home and in their local communities

15   COMMUNITY PARTICIPATION

Community participation and the feeling of connectedness to family, friends and the community is a significant contributor to peoples' experience of ageing. "Older people report social involvement and encouragement as significant factors in leading healthy lives…Feeling valued and appreciated has a critical bearing on wellbeing" (Prime Minister's Science, Engineering and Innovation Council, p46).

Loneliness and social isolation were the most commonly mentioned factors focus group participants identified as preventing people in the Hunter from ageing positively. This is supported by the World Health Organisation, which has stated "inadequate social support is associated not only with an increase in mortality, morbidity and psychological distress but a decrease in overall general health and well being" (2002, p28). The WHO attributes this in part to the fact that "older people are more likely to lose family members and friends" (2002, p28). Older people also often move away to retire, lose contact with colleagues post retirement and have more limited funds and mobility than other people in the community. "In most societies men are less likely than women to have supportive social networks" (WHO, 2002, p28) and this is evident in the Hunter also.

Whilst most of the participants did not see social isolation and loneliness as an issue for themselves, many had only become involved in group activities after the loss of a partner to stop themselves feeling lonely. Others had in the past experienced social isolation (often due to the demands of a caring role, retirement or lack of confidence). Frequently in the focus groups, participants referred to people they knew who were isolated and reluctant to become involved in activities. The feeling that it was up to the individual to address social isolation/loneliness was discussed in some focus groups, particularly in rural areas. Others identified the need to determine who is at risk of social isolation and ensure opportunities are available to manage this. Many people mentioned that there were activities to keep people busy during the day, but the feeling of isolation was felt mostly in the evenings and at night, or in situations which have been traditionally family time. Weekends were also identified as times when people can feel particularly isolated.

Focus group participants, when asked how they and other older people contribute to the community, often mentioned that they had skills and knowledge and a lifetime of experience to share with the broader community, particularly younger people. It was acknowledged that developing this intergenerational interaction, which happens informally through families and the community, could have significant benefits for people of all ages both through the learning and teaching process and the opportunity to better understand the needs and aspirations of other people.

Many older people also raised the issue of community attitudes as a barrier to positive ageing in the Hunter. "Current attitudes to older people are not always positive or supportive and bear little relationship to the diversity of lifestyles and contributions of older people" (Commonwealth of Australia, 2001, p24). Much of this is attributable to the media portrayal of older people

as being frail, weak and a target for crime, and the fact that older people are often absent from large sectors such as employment and education, contributing to this 'invisibility' to the broader community (Healthy Ageing Taskforce, 2000). Participants in the ATSI focus group discussed the issue of respect in some detail, and believed that the lack of respect for Elders was an issue in both the indigenous and non-indigenous community.

According to the World Health Organisation (2002) "many older people especially those who are female, live alone or in rural areas, do not have reliable or sufficient incomes. This seriously affects their access to nutritious foods, adequate housing and health care" (p30). The issue of economic capacity was highlighted through focus groups in the Hunter, particularly in the way that economic capacity impacts on people's ability to engage in the types of activities that would enable them to 'age positively'. Whilst the focus group participants were a range of employed people, self-funded retirees and pensioners, the concern of being able to live an adequate to comfortable lifestyle was consistent. Some groups mentioned that an increase in the aged pension would be of assistance. Others commented on the impact of the GST, superannuation schemes losing money and an increasing cost of living (particularly for home owners whose property values are rising dramatically but whose ability to pay increasing rates is not keeping pace).

Whilst most people acknowledged that they had sufficient resources to meet their basic needs, particular mention was made of the burden of health care costs and the fact that luxuries, such as going to the theatre, undertaking courses and travelling are the first things which have to be foregone in times of financial hardship. Many mentioned that these are the experiences they associate with ageing positively and are the things they were able to participate in when they were still working.

15.1 Resources Available
There are a range of government and non-government services available which aim to enable older people to more actively participate in the community. Some of the key resources currently available are discussed in the following sections.

15.1.1 Social Support Services
There are a wide range of funded and non-funded social support services available to reduce the social isolation of older people. These include Home and Community Care (HACC) funded services, church groups, and other charitable organisations which provide volunteers to interact with isolated people through activities such as home visiting, shopping trips, excursions to places of interest and daily telephone calls.

15.1.2 Service Clubs and Seniors Groups
Many older people belong to service clubs (eg. Rotary, Probus, Lions) or seniors groups such as those associated with senior citizens centres. These groups combine volunteering; activities and learning, through the conduct of community work, classes, events and the offer

of guest speakers on topics of interest. There are numerous service clubs and seniors groups operating throughout the Hunter targeted at different members of the community.

15.1.3 NSW Seniors Card

NSW Seniors Card is an initiative of the Department of Ageing, Disability and Home Care (DADHC). Members of the Seniors Card program (those aged over 60 and not employed full time are eligible) can enjoy various benefits, including discount rates for the use of public transport and discounts at various businesses which display a seniors card logo.

15.1.4 Concessions

Various concessions are available to older people, though some are only available to those who receive a government pension. Concessions may be available for older people for such things as land rates, water, telephone, energy, pharmaceuticals, health care, vehicle registration, licence fees and a range of entertainment venues.

15.1.5 Seniors Discovery Pack

The NSW Department of Tourism, Sport & Recreation in conjunction with DADHC and St George Bank, have recently launched the Seniors Discovery Pack. The pack includes a "Discovery Directory and Map" with information on discounted accommodation, attractions, events and tours in NSW for Seniors Card members.

A Seniors Holiday Club website has also been established – www.visitnsw.com.au The site has loads of information to help seniors plan their next holiday, as well as the chance to win holiday packages.

15.1.6 Intergenerational Programs

A variety of intergenerational programs are being developed through aged care facilities, seniors organisations, schools and other learning institutions. DADHC has also provided funding through the "Experienced Hands" program to create mentoring opportunities between seniors and young people.

15.2 Goals

- Older people who are at risk of social isolation are identified and supported to find activities and support networks of interest to them
- Community groups, such as sporting and cultural groups, actively encourage the participation of older people
- Affordable activities and opportunities are provided to encourage older people to participate in the community
- Intergenerational activities are available throughout the Hunter to improve communication between age groups and encourage a learning community

16. INFORMATION

The provision of accurate, up to date and pertinent information is the key to delivering most services and to ensuring people are aware of the opportunities available to them. When focus group participants were asked where they went to get information and how they liked information to be presented to them, the predominant responses were that they got their information through family and friends and preferred information to be delivered via word of mouth. There was a high degree of trust associated with hearing information through existing contacts and people felt that they were more likely to engage in a new activity if they heard about it via word of mouth.

As is the case generally, regardless of how readily information is available within the community, people tend only to become open to information when it is of relevance to them. Focus group participants often mentioned that there was no information available about services which support older people or about entitlements and activities. When advice was provided about ways to get more information it was usually well received.

Of particular concern was that focus group participants specifically raised the issue of needing to understand their entitlements. Some had had negative experiences with Centrelink and superannuation schemes which had lost money. The issue of being given conflicting and inconsistent information was raised on more than one occasion. People felt that without being able to plan for their financial future, they were not able to age positively as they were unsure of what resources they would have available to them.

Given that many people retire to the Hunter, there appears to be a situation where newer residents are less aware of the range of opportunities available to them than people who have been in an area for a long time. Particular attention was given to the difficulty new residents in rural communities experience in settling in, given that in these areas people have very well established, long term social networks. Some focus group participants identified that the best way to become accepted was to be active in the community. This strategy was acknowledged to be effective by people who were long term residents.

16.1 Resources Available
There are numerous sources of information available to older people in helping them to access topics of interest. Information through these sources is provided through different mediums in order to provide the opportunity to meet the needs of people throughout the Region. The key resources are discussed in the following sections.

16.1.1 Commonwealth Carelink Centres
Commonwealth Carelink Centres are funded by the Commonwealth Government to provide information and referral services for older people, people with a disability and their carers. The Centres were initially developed to provide a central referral point for GPs when making referrals to community based and residential aged care

services. The service is however available to anyone who calls the freecall number and is able to provide information on services Australia wide.

16.1.2 Local Government

Local Councils all provide a range of information about groups and activities available within their local communities. This is usually by way of a community directory which may be hard copy, electronic or both. Councils encourage community groups to keep the directories updated and regularly distribute the information. Some Councils have developed specific brochures on a particular topic, for example services for older people, people with a disability and children.

16.1.3 Media Outlets

The media is used to convey enormous quantities of information, including information relating to community groups and services. The free, local papers are particularly interested in receiving editorial on topics of interest and new activities which are being offered. The media is not limited to newspapers but also includes television, radio and the internet.

16.1.4 Newsletters and Presentations

Vast amounts of information are distributed to seniors via newsletters and presentations organised by groups with which people are affiliated. This information is then able to be communicated via word of mouth to other members of the community.

16.1.5 Seniors Information Service

The Seniors Information Service is funded by DADHC to provide a range of information of relevance to seniors. The service by-line is "where real people answer the phone".

16.2   Goals

- Older people are informed of the range of organisations operating and activities available in the Hunter
- Information is presented through a variety of mediums to reach the maximum number of people
- Information is distributed consistently over time to ensure it is able to continue to reach new and emerging audiences
- Older people are empowered to seek out information of interest to them

17.   CONCLUSION

The number of older people in the Hunter region is increasing, with the ageing of the population and the increasing attractiveness of the Hunter as a retirement destination.

With the ageing of the population come a variety of opportunities and challenges for the community as a whole.

The primary and secondary research presented in this report highlights ten priority issues to be addressed through a Positive Ageing Strategy in the Hunter.   The priority issues are employment and training; lifelong learning; retirement planning; volunteering; physical activity; health (including nutrition; mental health; vision, hearing and oral health; medication management and access to health services); the caring role; the community setting (including accommodation and housing; transport; access and mobility and crime prevention and safety); community participation and information.

Stage 2 of the PASH project – Strategic Directions, will consider the information presented in this report and develop that information into a strategic context for managing the ssues associated with population ageing and ensuring a positively ageing community in the Hunter.

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PASH FOCUS GROUPS CONDUCTED

	LGA	Group	No. of participants	Date	Facilitator/Scribe
1	Cessnock	Cessnock Senior Citizens & Pensioners Association	8	27 Nov 2003	Leah D'Souza (DADHC) / Shelley Williams (Cessnock City Council)
2	Dungog	Dungog Neighbourcare – clients & volunteers	8	26 Nov 2003	Leah D'Souza (DADHC) / Kristine Hodyl (DADHC)
3	Lake Macquarie	Toronto Third Age Learning	9 + 1 observer	19 Nov 2003	Leah D'Souza (DADHC) / Jill Bogaerts (Lake Macquarie City Council)
4	Lake Macquarie/ Newcastle	Older Women's Network	8 + 1 observer from DADHC	20 Nov 2003	Leah D'Souza (DADHC) / Kristine Hodyl (DADHC)
5	Maitland	Maitland Seniors Week Committee / Maitland Senior Citizens & Pensioners Association	7 + 2 observers from Maitland City Council	14 Jan 2004	Leah D'Souza (DADHC) / Kristine Hodyl (DADHC)
6	Merriwa	Merriwa Active Over 50's group	8	10 Dec 2003	Leah D'Souza (DADHC) / Leah D'Souza (DADHC)
7	Murrurundi	Murrurundi Seniors Citizens Group	40+	20 Nov 2003	Leah D'Souza (DADHC) / Donna Rea (Murrurundi Shire Council)
8	Muswellbrook	Muswellbrook Mature Workers Program participants	9 + 2 program staff	25 Nov 2003	Leah D'Souza (DADHC) / Kim Manwarring (Muswellbrook Shire Council)
9	Muswellbrook	ATSI specific	1 + 1 phone call received with comments	24 Nov 2003	Leah D'Souza (DADHC) / Kim Manwarring (Muswellbrook Shire Council)

	LGA	Group	No. of participants	Date	Facilitator/Scribe
10	Newcastle	Wallsend Carers – participants in Healthy Lifestyles Program	12	18 Nov 2003	Leah D'Souza (DADHC) / Marilyn Wright (DADHC)
11	Newcastle	Awabakal Elders (ATSI specific)	3 + 1 program staff	14 Jan 2004	Leah D'Souza (DADHC) / Irene Sullivan (DADHC)
12	Port Stephens	Port Stephens Third Age Learning	20	27 Nov 2003	Leah D'Souza (DADHC) / Paul Procter (Port Stephens Council)
13	Scone	Upper Hunter Community Care volunteers	5	25 Nov 2003	Leah D'Souza (DADHC) / Wayne Vallance (DADHC)
14	Singleton	Active Over 50's participants	18	21 Nov 2003	Leah D'Souza (DADHC) / Kristine Hodyl (DADHC)
	TOTALS	**14 Focus Groups – incl. 2 ATSI specific**	**156 (not incl. observers)**		

P.A.S.H. Positive Ageing Strategy – Hunter
FOCUS GROUP DEMOGRAPHIC QUESTIONNAIRE

THIS QUESTIONNAIRE IS DOUBLE SIDED – PLEASE TURN OVER TO COMPLETE	*Please circle or write in answer*

1. How old are you?

   _____

2. What is the postcode of the suburb/town you live in?

   _____

3. Did you move to this destination to retire?

   Yes
   No

4. Are you male or female?

   Male
   Female

5. Are you currently employed?

   Full-Time
   Part-time
   No

6. How many formal community groups or organisations (such as a Bowling Club or CWA) are you a member of?

   _____

7. What sort of formal community groups or organisations are these? *(just write what type, such as "Bowling Club" or "CWA")*

   _____

   _____

   _____

8. How physically fit do you consider yourself to be?

   Very fit
   Moderately Fit
   Not very fit
   Not fit at all

9. How mentally active do you consider yourself to be? (eg. reading, learning, thinking, talking)

   Very mentally active
   Quite mentally active
   Not very mentally active
   Not mentally active at all

10. Do you undertake volunteer work?

Daily
Weekly
Rarely
Never

11. Do you undertake any study or learning (eg. WEA, TAFE, University, University of the Third Age)?

Yes
No

12. What type of study do you undertake? (eg. University degree, TAFE certificate)
(please write type/s of study)

_____

13. Do you drive a car?

Yes
No

14. Do you live alone?

Yes
No

15. Do you provide care for a loved-one? (eg. grand-child, child, spouse or parent)

Daily
Weekly
Rarely
Never

16. Do you use a computer?

Daily
Weekly
Rarely
Never

17. What types of activities do you take part in regularly? (eg. golf, gardening, sailing, horseriding, bridge etc.)
(please write types of activities)

_____
_____
_____
_____

Thank you for your contribution and your time

ATSI FOCUS GROUP QUESTIONS

1. Do you think older people are well respected in the community? Why? Why not?

2. Is there anything you can think of that would make older people be more respected?

3. Do you have a lot of contact with your family and friends? How does this make you feel?

4. If I say "positive ageing" what does it make you think of? Do you think this is something important for people living in the Hunter?

5. Are you involved in lots of activities? What sort of things do you do?

6. What do you think stops older people involved in the community? Can you suggest some ways we might get other older people involved in activities?

7. Where do you go to get information? Are you interested in getting more information about positive ageing? How would you like to get the information?

8. Are you involved in helping other people in the community? How?

9. What is the biggest concern for you as you get older? Is there anything you can think of that could be done about it?

10. Is there anything else you would like to add?

PASH ASSET AUDIT – Resources Available in the Hunter

LGA	Employment & Training	Lifelong learning	Retirement planning	Volunteering	Physical Activity	Health	The caring role	The community setting	Community participation	Information
Lake Macquarie	Employment programs	Computer Pals for Seniors; U3A; Lifelong Learning Network		Hunter Volunteer Centre	AO 50's, Heart Moves, Walking group, Walking for Pleasure	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	OM:NI; OWN; HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Aged & Disability Worker; Aged Services Brochure; Housing Options for Older People brochure; Community Directory; Commonwealth Carelink; Seniors Information Service

LGA	Employment & Training	Lifelong learning	Retirement planning	Volunteering	Physical Activity	Health	The caring role	The community setting	Community participation	Information
Newcastle	Employment programs	SkillsNet; Computer Pals for Seniors; U3A; Lifelong Learning Network; Adult Education facility		Hunter Volunteer Centre	AO 50's; Walking for Pleasure	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; draft Adaptable Housing DCP; Older Drivers Handbook; Motor Scooter Safety Resources;	OWN; OM:NI; HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions; Awabakal Experienced Hands Program	Aged & Disability Worker; Community Directory; Commonwealth Carelink; Seniors Information Service
Port Stephens	Employment programs	SkillsNet; Community Technology Centre; U3A; Lifelong Learning Network; Adult Education Facility		Hunter Volunteer Centre	AO 50's	Medimate; Health Services; Hearing Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	OWN; OM:NI; HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service

LGA	Employment & Training	Lifelong learning	Retirement planning	Volunteering	Physical Activity	Health	The caring role	The community setting	Community participation	Information
Dungog	Employment programs	Community Technology Centre; Lifelong Learning Network				Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service
Cessnock	Employment programs	U3A; Lifelong Learning Network		Hunter Volunteer Centre	AO 50'; Walking for Pleasure	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service
Maitland	Employment programs	Lifelong Learning Network			AO 50's Senior Citizens	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service

LGA	Employment & Training	Lifelong learning	Retirement planning	Volunteering	Physical Activity	Health	The caring role	The community setting	Community participation	Information
Singleton	Employment programs	Community Technology Centre; Lifelong Learning Network; Adult Education Facility			AO 50's; Walking for Pleasure	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service
Muswellbrook	Employment programs	Community Technology Centre; Lifelong Learning Network			AO 50's	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups; Seniors Card & Concessions;	Community Directory; Commonwealth Carelink; Seniors Information Service
Scone	Employment programs	Community Technology Centre; Lifelong Learning Network			AO 50's	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services; Support groups & education services	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups	Community Directory; Commonwealth Carelink; Seniors Information Service

LGA	Employment & Training	Lifelong learning	Retirement planning	Volunteering	Physical Activity	Health	The caring role	The community setting	Community participation	Information
Murrurundi	Employment programs	Community Technology Centre; Lifelong Learning Network			AO 50's	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services;	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups	Community Directory; Commonwealth Carelink; Seniors Information Service
Merriwa	Employment programs	Community Technology Centre; Lifelong Learning Network			AO 50's	Medimate; Health Services	Commonwealth Carer Respite Centre; HACC respite services;	Community transport; Older Drivers Handbook; Motor Scooter Safety Resources;	HACC Services; Service Clubs & Seniors Groups	Community Directory; Commonwealth Carelink; Seniors Information Service