



# Be Heard: Snapshots of members' views

A report to members from the CEO

September 2017

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## OVERVIEW

### About this report

This is a report for the members of National Seniors Australia (National Seniors) about the ways they are being heard. It has three parts:

#### 1. Annual Survey:

Be Heard provides a glimpse into the lives of National Seniors' members in the first six months of 2017 and contains a first-cut analysis of the National Seniors Social Survey (NSSS) (Wave 6).

#### 2. Member Interviews:

The report then presents the experiences of those who called the National Seniors Financial Information Desk in the second half of 2016 for help with accessing the aged care sector.

#### 3. Forum discussions:

Finally, the report details member views and questions raised in National Seniors policy forum discussions.

### Data

Data for this report comes from three sources: the NSSS (Wave 6), conducted in June 2017; a case-study survey, conducted in May 2017; and two policy forum discussions, held on 22 and 24 May 2017.

The NSSS (Wave 6) is an annual survey asking members about their experiences, intentions and attitudes across a range of areas including health and social wellbeing, finance, work, and retirement. A total of 53,058 National Seniors members residing in all states and territories of Australia with an email address were invited to complete the survey. A total of 5,819 surveys were completed, a response rate of 11 per cent.

Data for the case-study survey was collected using semi-structured qualitative research interviews by phone. The study has a small sample and data was not designed to be representative. It consisted of previous callers to National Seniors who were concerned about aged care.

Two Productive Ageing Forums were coordinated and chaired by National Seniors Director of Research, Professor John McCallum, the first in Katanning, Western Australia on Monday, 22 May, and the second in West Ryde, Sydney, on Wednesday, 24 May. The objective was to interact directly with seniors and stimulate policy discussion with two distinctly different audiences: a small rural community and a suburban city area.

Information on design, data, methods, and analysis is in Appendix 1.

### What you can do

At National Seniors Australia, we believe that every voice counts. As the country's largest not-for-profit organisation for the over 50s, we represent the views of older Australians and their families to governments of all levels on issues such as age discrimination, mature-age employment, superannuation, pension increases, health, and aged care. We need to know what you think!

Please continue to be heard by:

- Taking part in our annual survey each year
- Give your honest opinions in interviews, and tell us about your experiences
- Attend National Seniors focus groups and panel discussion forums.

To keep informed of our research:

- Read our published reports online
- Read National Seniors 'Connect' emails
- Read our magazine '50 Something'.

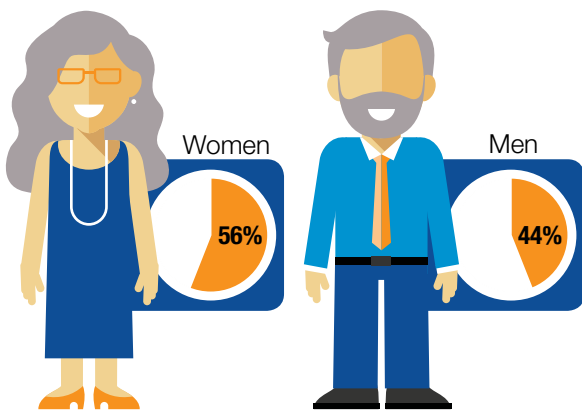
Information on the National Seniors Research Strategy is found in Appendix 2.

# WHAT YOU TOLD US IN THE ANNUAL SURVEY

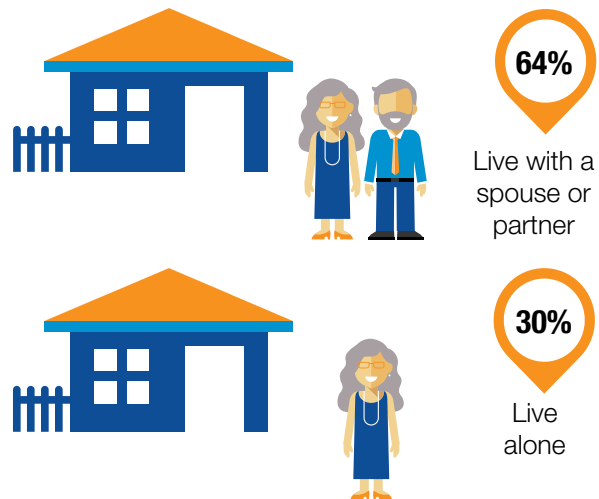
## Who responded to the survey?

The Australian Census 2016 had a headline result: 85 is the new 65! Australia's once youthful population, and the baby-boomer generation, is ageing slowly relative to some other countries. The Australian median age is now 38. It was 23 in 1911, 28 in 1966, and 37 in 2011. One in six Australians are now over 65, compared to one in seven in 2011, and only one in 25 in 1911. Women are living longer than men. Of those aged 65 or older, 54 per cent are women and 46 per cent are men. There are 84,000 more people aged 85 years and older than in the 2011 Census. Of those aged 85 and older, 63 per cent are women and 37 per cent are men. People who are 85 years and older comprise 2.1 per cent of our usual resident population because more Australians are surviving well into old age, thanks to improvements in diet, public health and medical technology. The population of people living to or beyond 100 years grew to 3,500 in 2016.

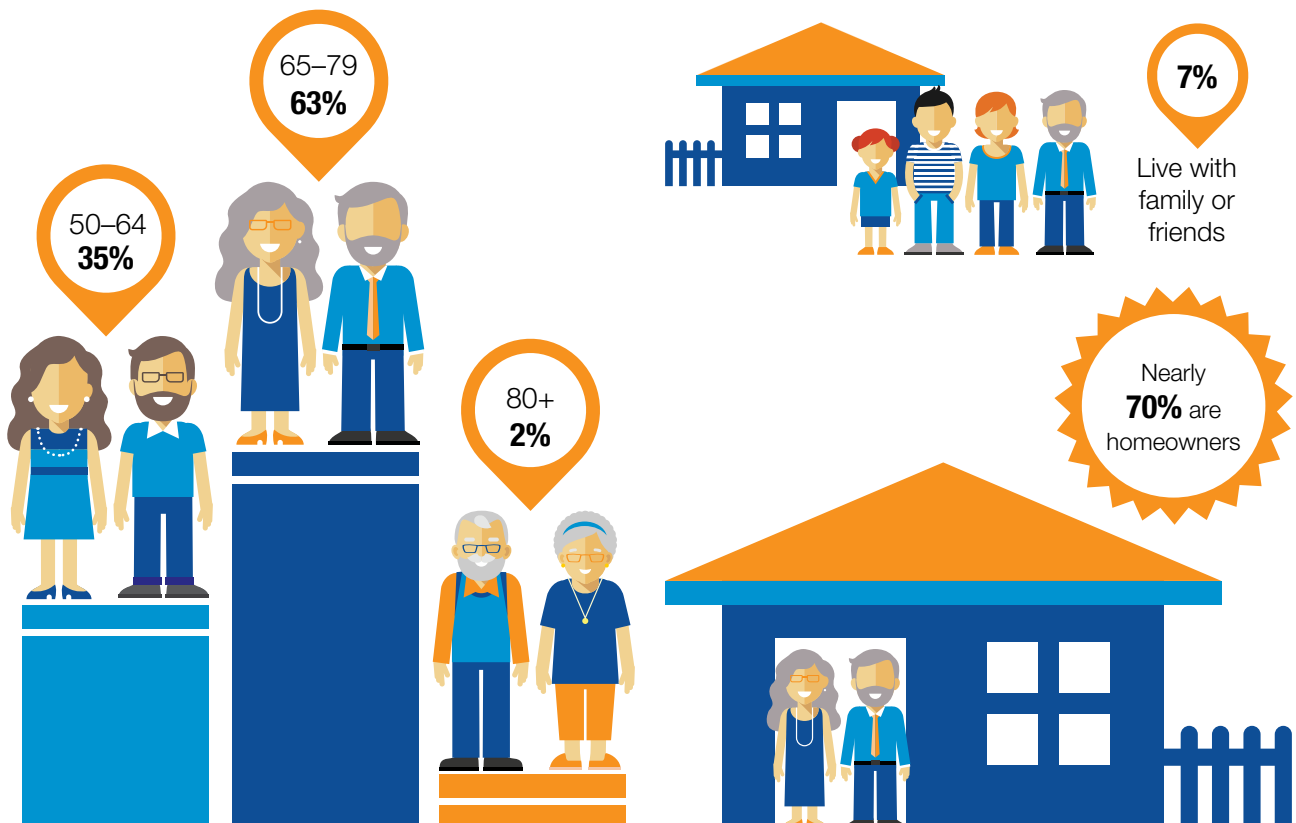
### Gender



### Living Arrangements

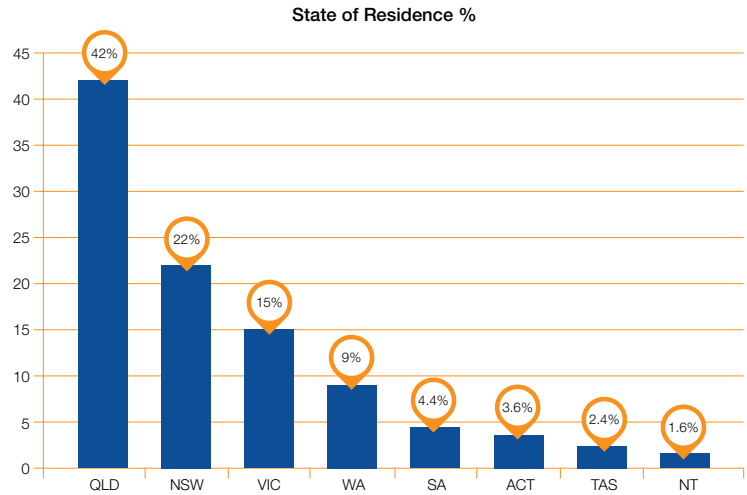


### Age Group 65–79:

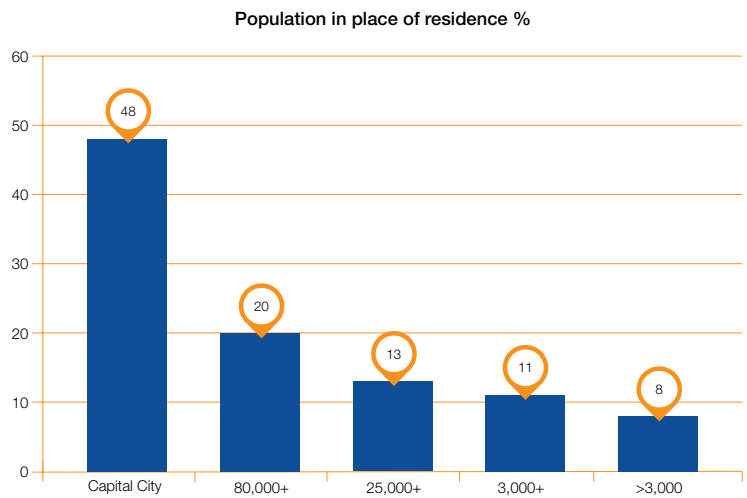


The characteristics of the National Seniors members who took part in our annual survey are comparable to those of the Australian population:

Queenslanders were the best represented:

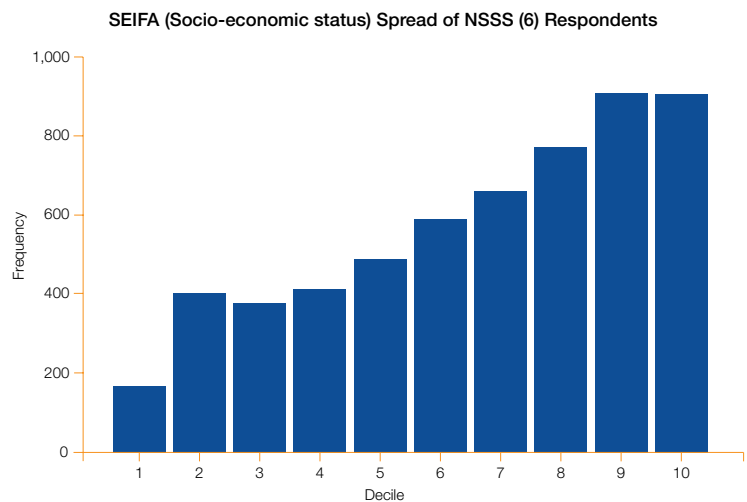


Respondents were well spread with nearly half in capital cities:



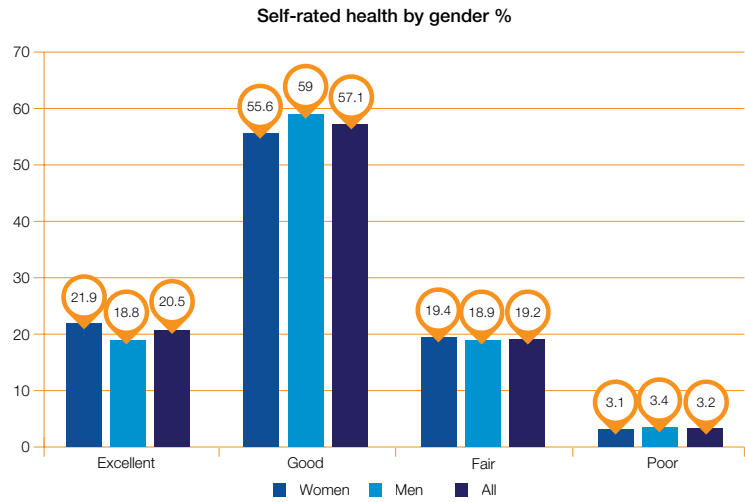
SEIFA is an index created by the Australian Bureau of Statistics from Census information. The index ranks geographic areas by postcode across Australia into 10 equal groups, in terms of their relative socio-economic advantage and disadvantage, with decile 1 the most disadvantaged, and decile 10 the most advantaged.

The index is used for several different purposes, including targeting areas for business and services, strategic planning, and social and economic research. As shown, our survey respondents aren't spread equally across the deciles since there should be exactly 10 per cent in each group, a flat line across each decile, as is the case in the original Census deciles.

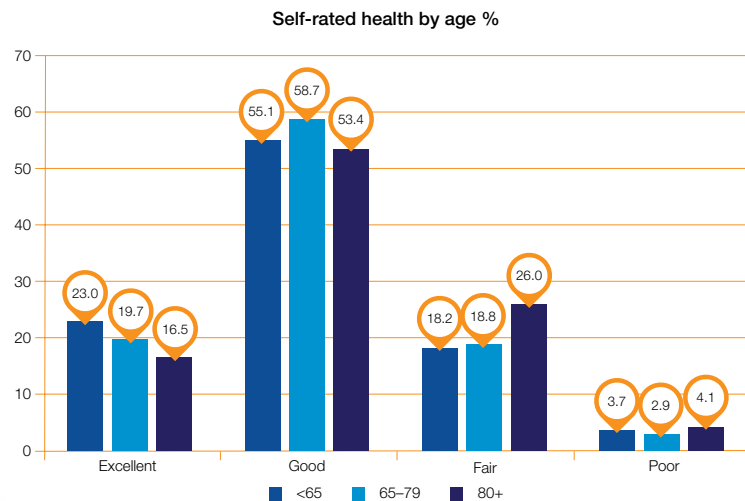


## What you told us about health

Women rate their health as excellent more than men do. Overall, about three quarters of both men and women rate their health as good to excellent. Does it matter how you rated your health? Self-ratings are a better predictor of survival than physician's assessments and have stronger effects on survival than other medical measures. The small numbers with poor health are the group of greatest concern in these results.

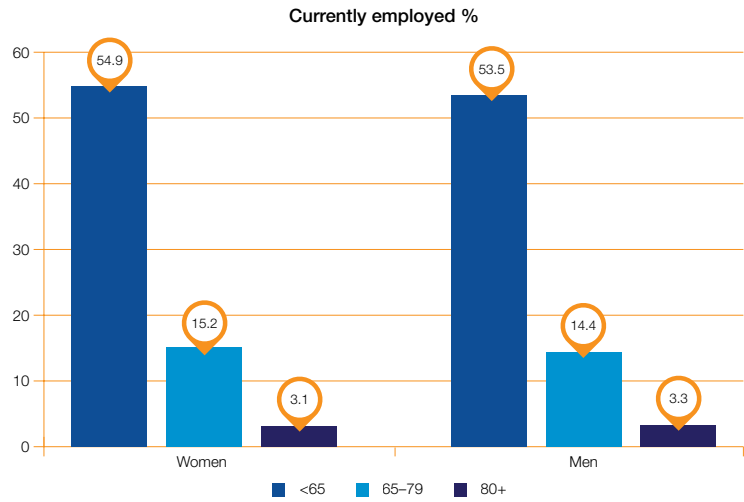


We expect health to get worse with age, and one-third of respondents over 80 rated their health as fair to poor, with less people in this age group rating their health as excellent. It is worth noting the positive side as well, that two-thirds of people 80+ reported good or excellent health.

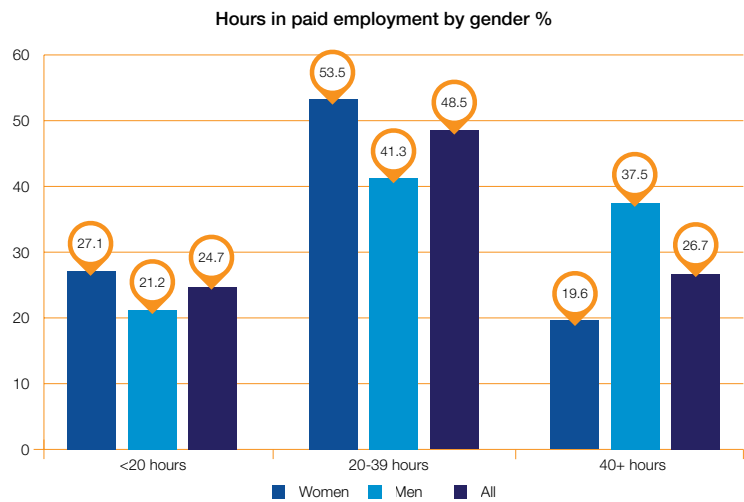


## What you told us about work

More than half of those aged between 50 and 64 years are working. There is a rapid drop in rates to around 15 per cent between ages 65 to 79, and very few thereafter. There has been a generational change for women, whose mothers were often excluded from work after marriage and having children. Women are now more able to work, and want to work after the children have grown into adulthood.



Employed women were, however, working less hours than working men. Of employed men, nearly 40 per cent were working over 40 hours a week. The relatively high proportions of working women in full-time jobs is also notable.



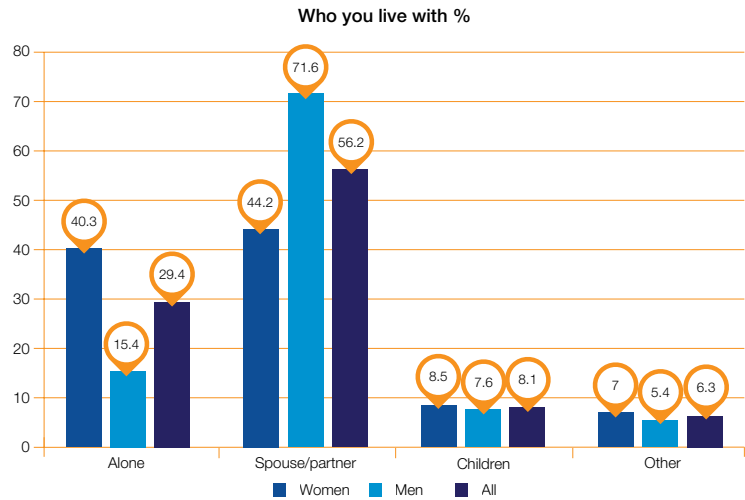


## Who you live with

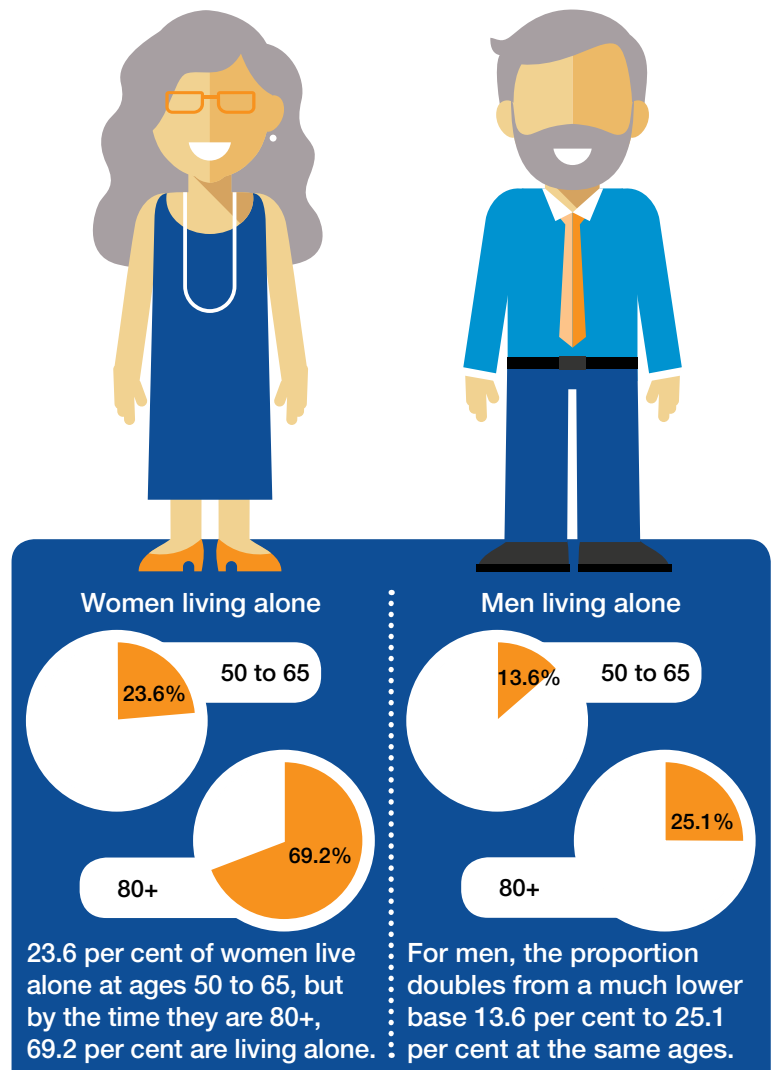
Women are at higher risk of living alone as they age. While 70 per cent of women 80+ live alone, only 25 per cent of men 80+ live alone. This means that men have about double the chance of being able to live with a surviving spouse or partner than do women.

While these risks are well known among women, the changing societal context for women poses new issues for this trend. Not the least of these are the long-term effects of multiple divorces on their later life finances.

Women may live alone but 80 per cent have surviving children, 86 per cent have living relatives, and 96 per cent have friends. It is a known pattern that women have stronger relationships with children and friends which can act as a buffer from some of the risks of loss of spouses. All these traditional social patterns are however subject to change in a society where traditions are stretched by mobility and changing values. Finally, the availability of surviving close relatives declines with age as the support 'convoy' is affected by growing losses.

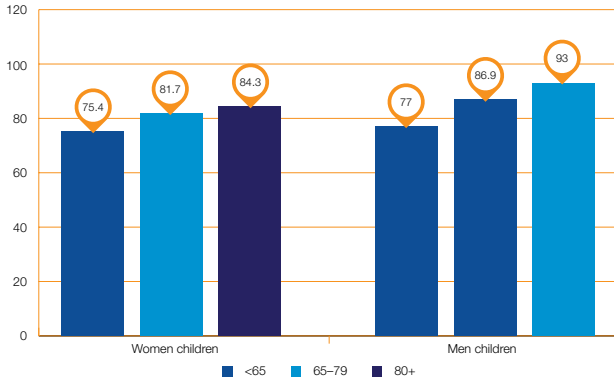


### These risks increase with age for women:

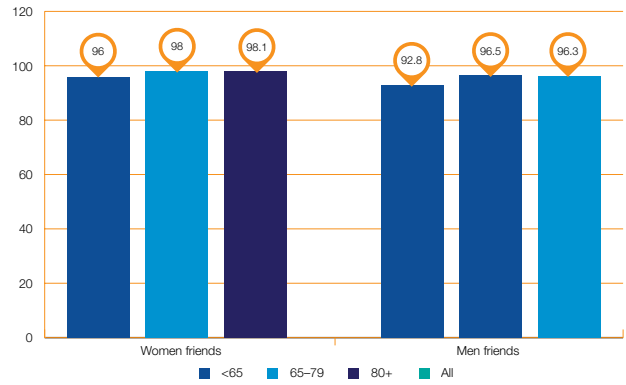


## Your social network

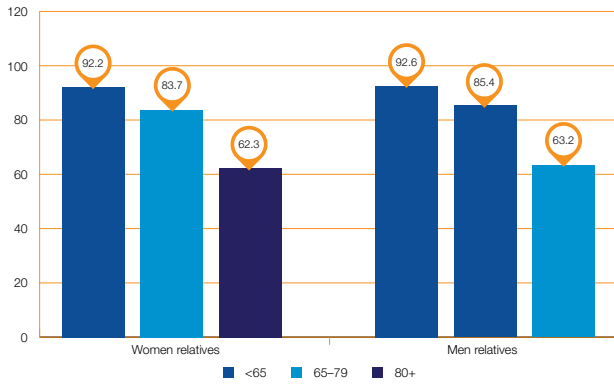
Social Supports – Children %



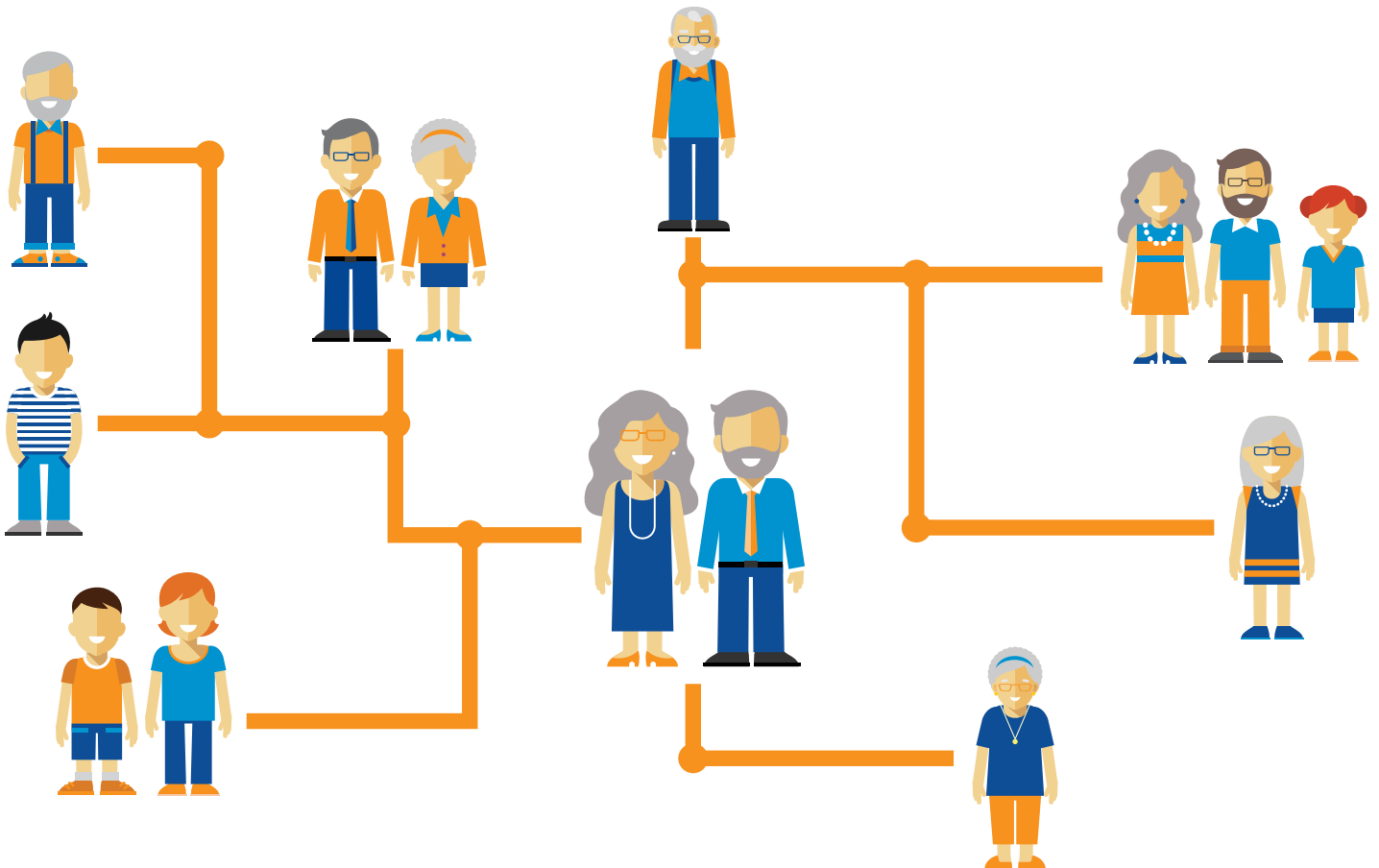
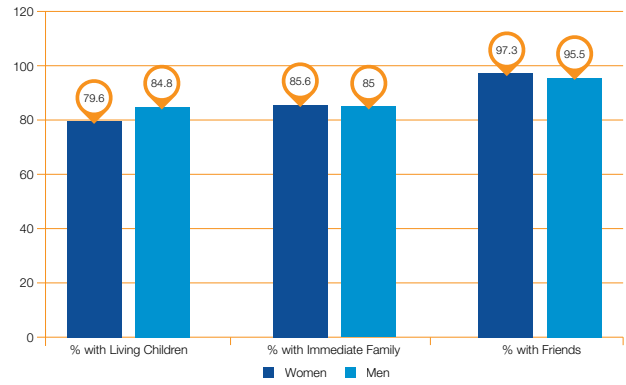
Social Supports – Friends %



Social Supports – Relatives %



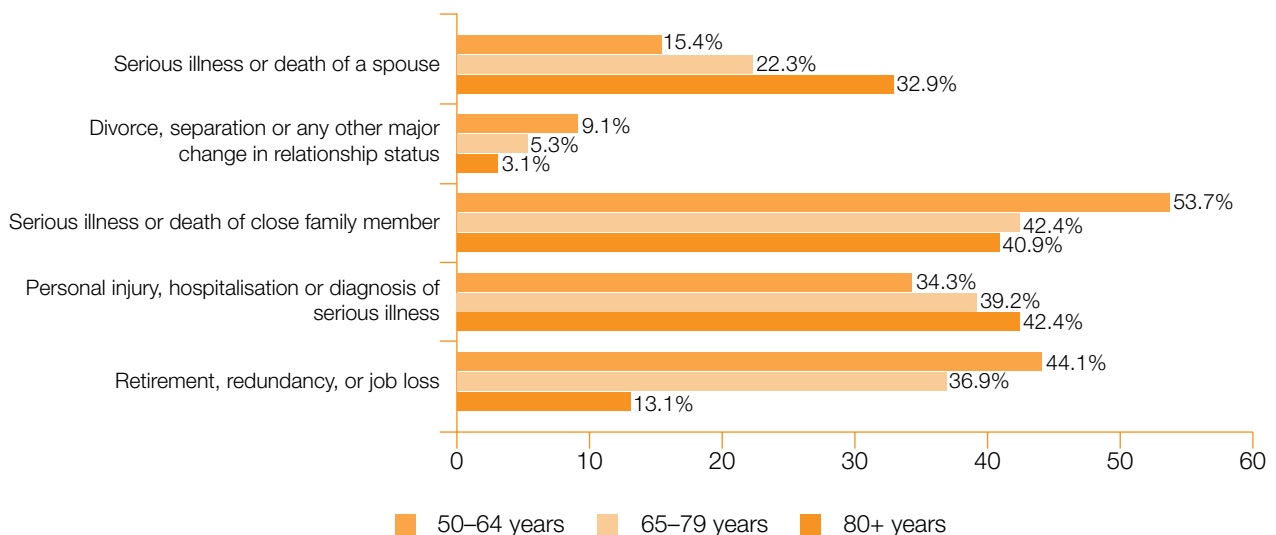
Social Supports – All %



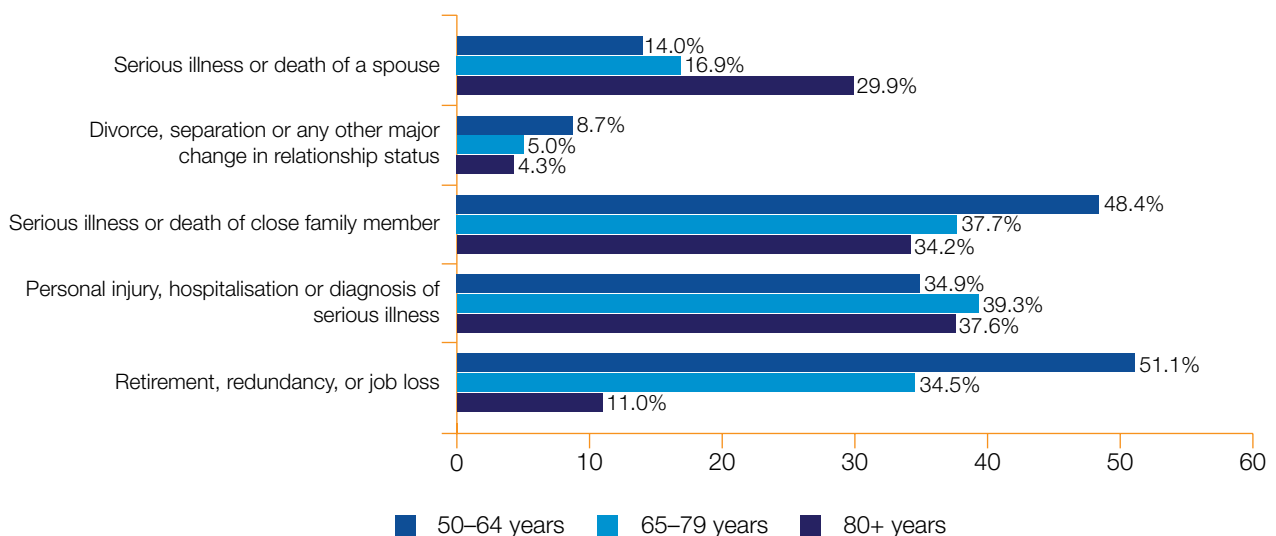
## Your recent life events

Studies have shown a link between life events and illness. Clearly, significant life events are unavoidable. Both men and women experience major life events in later life but the impacts on women may be more pronounced, as a consequence of their longer lives. As women age, they experience serious illness or death of a spouse at a greater rate than men, as well as personal injury and hospitalisation. The experience of some life events increases with age, however, major events also impact those aged 50 to 64 years, particularly serious illness or death of a close family member, and retirement, redundancy or job loss, which is highest for men aged 50 to 64. While the over 50s divorce rate in Australia has doubled since 1990 according to the AIFS, major relationship change is experienced at significantly lower rates than other stressful life events.

### Life Events in the Past 5 Years – Women %

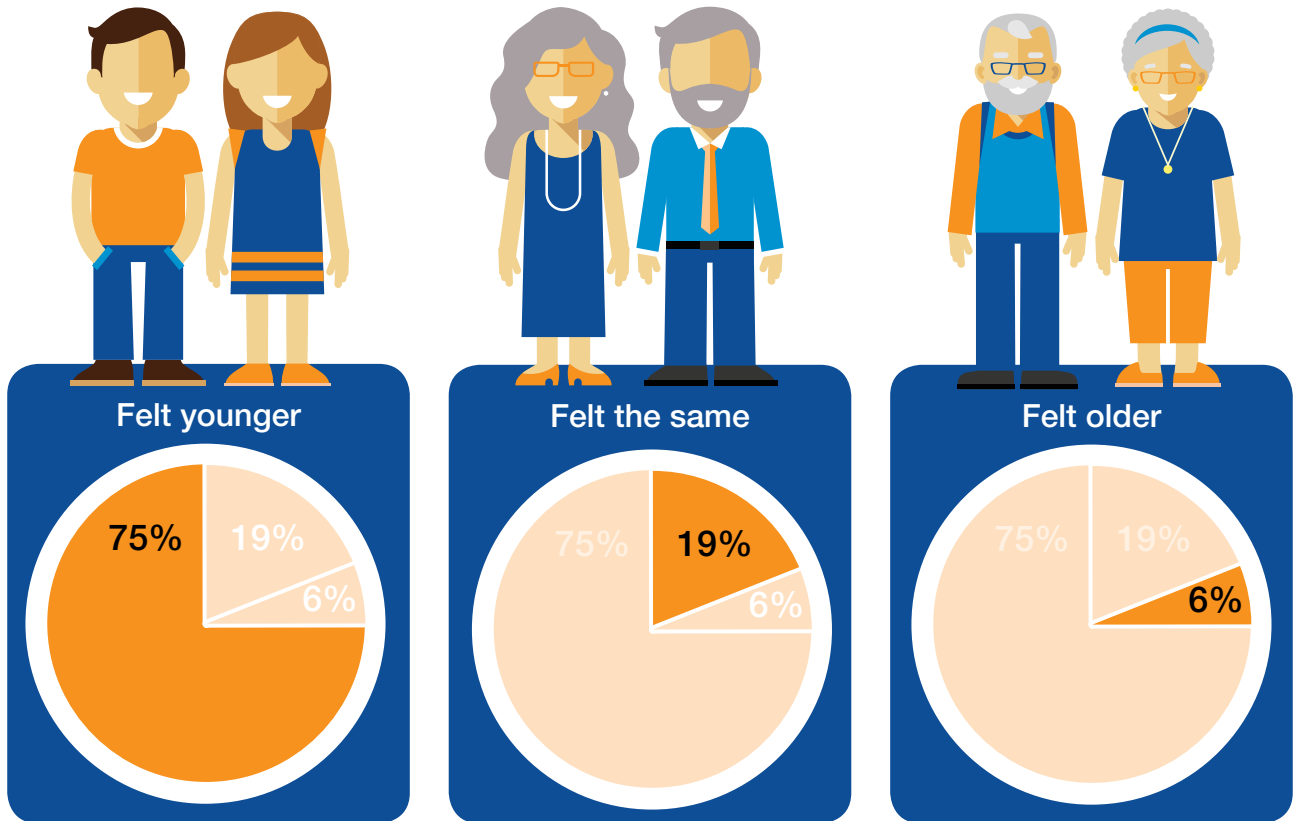


### Life Events in the Past 5 Years – Men %



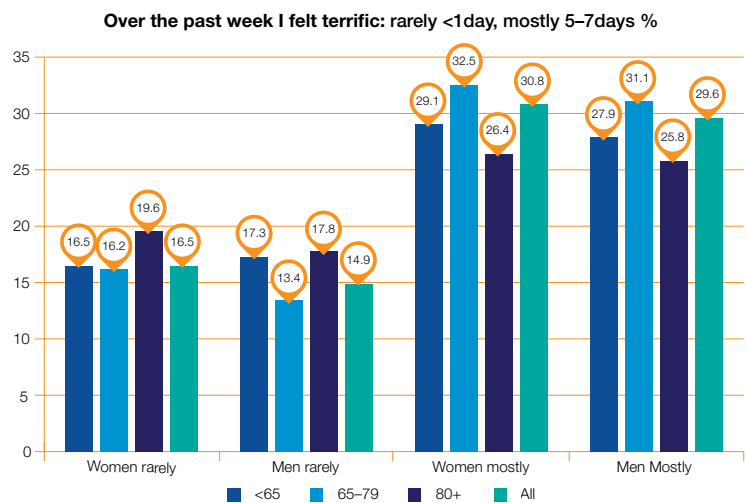
## Feeling younger and terrific

We asked you how old you were, but also how old you feel. Three quarters reported feeling younger than their actual age and the older they were the greater the years felt younger.



Further analysis of the phenomenon of feeling younger will be released in a forthcoming report.

We also asked if you, 'felt terrific'. Roughly a third felt terrific all the last week but this drops to a quarter over age 80. Men aged 65-79 seem to be doing the best of all.



## Feeling lonely, 'down' or purposeless?

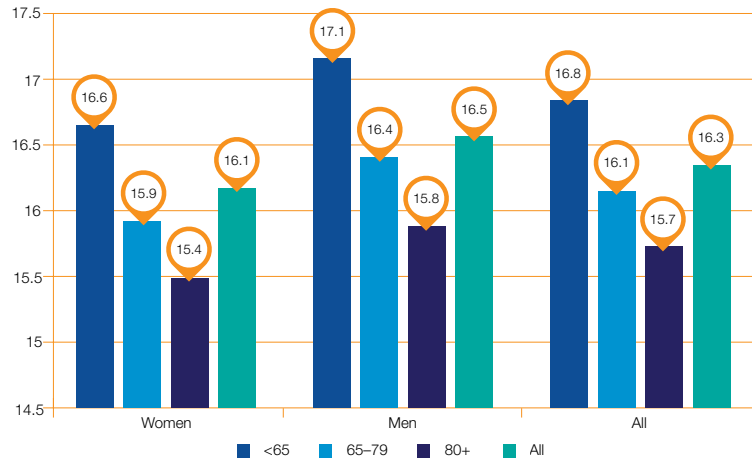
Older groups are more likely to experience loneliness, and women more so than men. These are likely to be consequences of a range of factors including being better able to express feelings, loss of spouse or relatives, and experiencing a greater number of significant life events.

There is considerable debate about whether older people are more depressed than younger people. It was the 50 to 64 age group that had higher depression scores than the older groups. The 80+ age group of women also had higher scores than the 65-79 group and slightly higher than men in that age group.

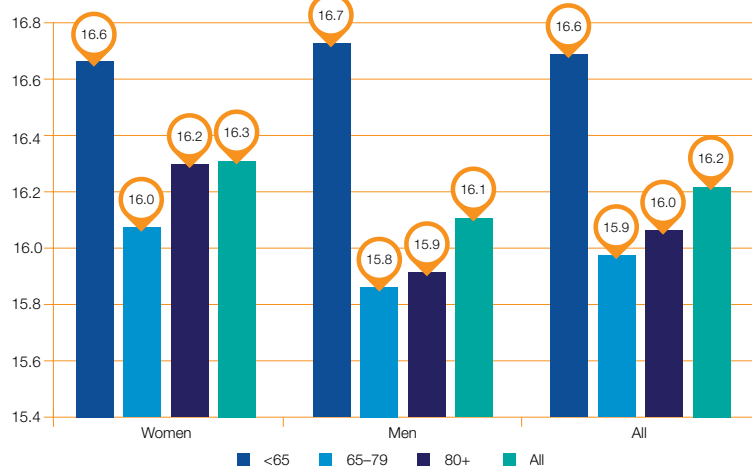
There is growing evidence that 'sense of purpose' is a key factor in healthy ageing and late life wellbeing. Men had lower scores than women in the younger age group, 50 to 64 years. Older people 80+ had less sense of purpose than younger groups. This adds another risk factor to wellbeing of longer living Australians requiring strategies for prevention and interventions, not the least of these being better job opportunities.

Further analysis on the wellbeing of our members will be released in a forthcoming report.

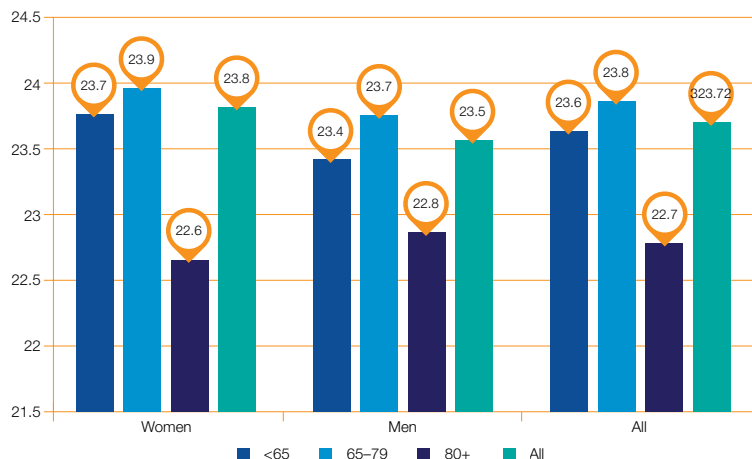
Loneliness scale – 'not lonely' means by age and gender



Depression: – means by age and gender



Sense of purpose in life scale: means by age and gender



## Longevity risks

When asked whether they were aware that 65-year-olds' life expectancy had increased by 6 years over the last 30 years, 86 per cent of respondents said yes.

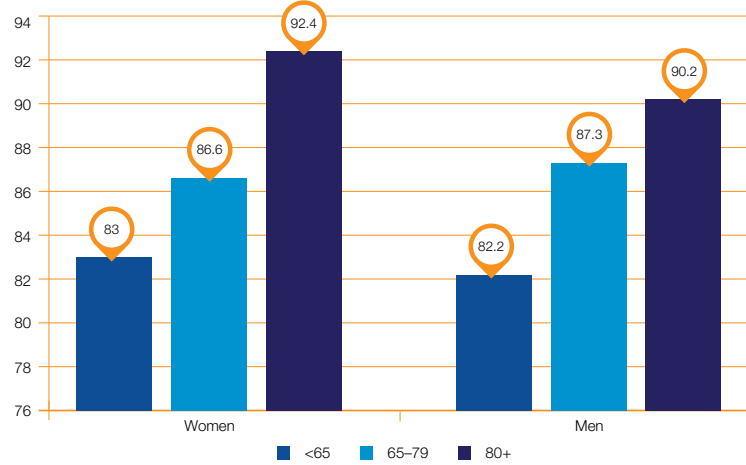
This awareness steps up to over 90 per cent by ages 80+, presumably based on real life experience. If this is the trend with age, we could expect the awareness to be even lower for people younger than age 50, which will lead to less planning for old age at a crucial time.

About 38 per cent were worried about outliving their savings and investments, but women were more likely to be worried than men. This percentage of worried people diminishes with age possibly as people realistically accommodate to their circumstances. At ages 50-64, half of all women are worried about outliving their finances. This is a factor that needs further investigation, in this survey, and more generally.

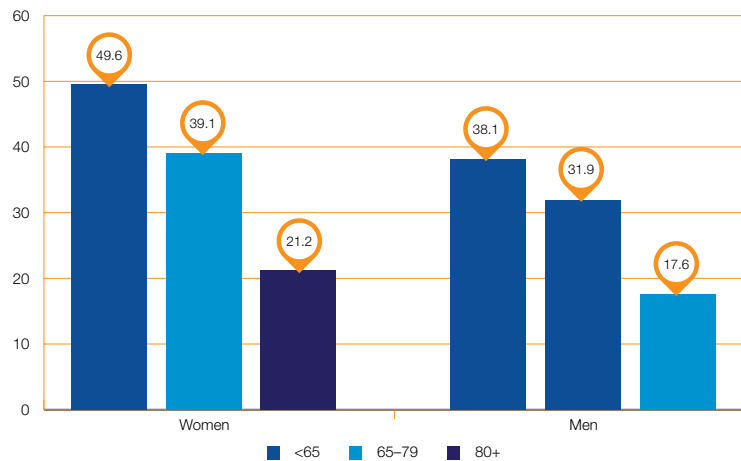
How people would choose to plan for their later years becomes a matter of real interest in a 'longevity society'. About thirty per cent chose to spend more in their early years of retirement, 60 per cent plan to spend about the same throughout and only 4 per cent plan to spend more in their later years.

There is a trend for the 80+ group to plan to spend more later but 70 per cent of women and 80 per cent of men opt for spending the same amount throughout. While it is understandable that the younger group, age 50 to 64, would plan to spend more earlier in life, it does reveal a leisure preference over later care needs. This preference appears to shift to spending on care when people reach ages 80+. As opposed to greater leisure in earlier years, the option for better quality care, services and independence of government support is a choice that should be more attractive than it appears to be.

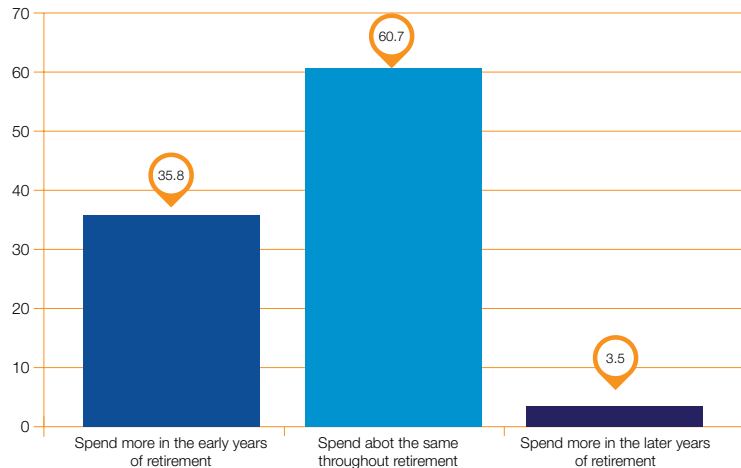
Awareness of increasing life expectancy %



Worried about outliving finances %



Spending patterns of Australian retirees %



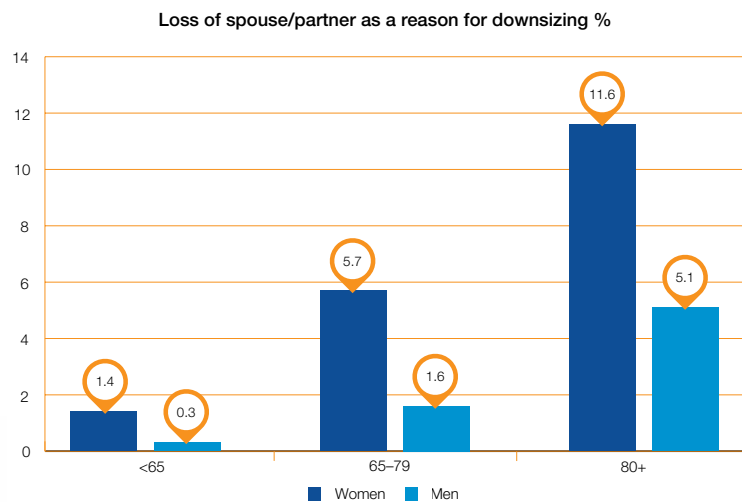
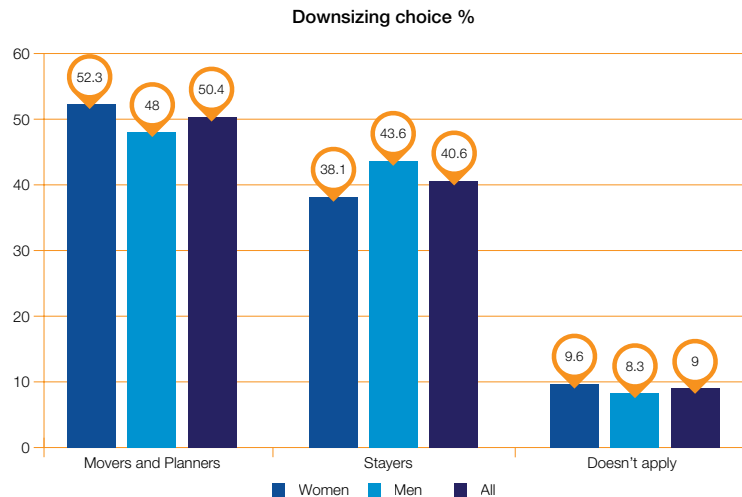
## Downsizing: Movers, planners and stayers

The word ‘downsizing’, common in business talk, is now being used to discuss housing choices. For homeowners, three categories were considered in this survey: movers (those who had already downsized), planners (those who had plans to downsize in the future), and stayers (those who intend to stay put).

Women were more likely than men to be movers or planners. The largest difference between women and men is in ages 65 to 79 where 54 per cent of women are in that category compared to 47 per cent for men.

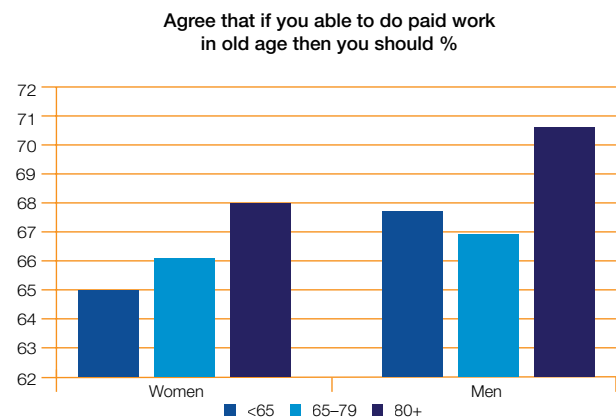
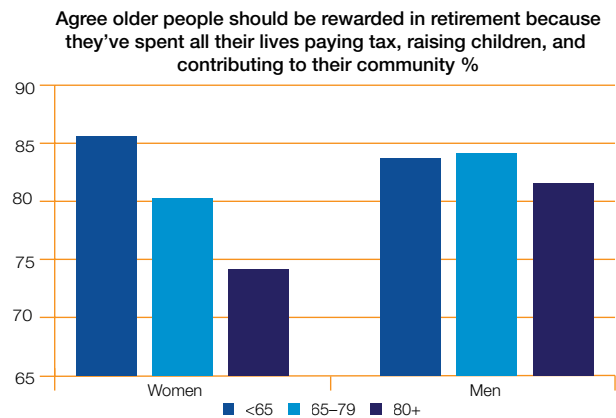
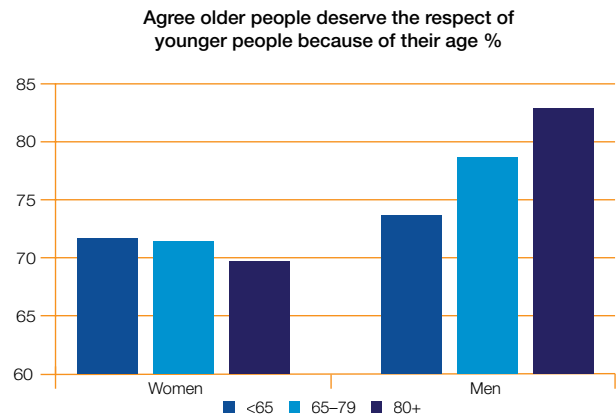
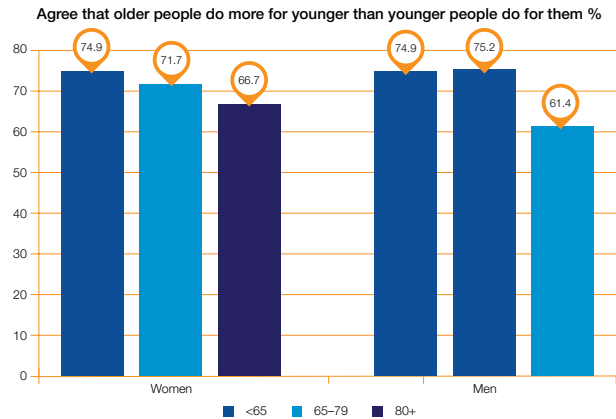
One of the reasons for downsizing might be living alone, particularly through loss of a spouse as people age.

Further analysis of this issue for our members will be released in our forthcoming report: ‘Downsizing’.



## Your opinions about the generations

The survey asked members to give their opinions about some common attitudes and beliefs about older people, their independence and self-sufficiency in later life, and the perceived level of support and conflict between the generations. Further analysis of these issues, including comments from our members, will be included in a forthcoming report.





## WHAT YOU TOLD US IN INTERVIEWS ABOUT AGED CARE

National Seniors members who called the Financial Information Desk in the last 6 months of 2016 about aged care were called for a follow-up interview to see whether they found the information they needed to make decisions.

### In a nutshell:

1. Consumers tend to access care late, under duress, and quite often feel traumatised by their experiences;
2. There is a need for advocacy from someone with knowledge of the sector both in finding information and completing the assets test;
3. Consumers find My Aged Care complicated and confusing, and the process is time-consuming and frustrating;
4. Financial advisers are not considered helpful, and many people assume that aged care is not part of their domain;
5. There were a range of issues raised about the fairness of consumer contributions; and
6. Incidental to the interviews, consumers raised concerns about the quality of care provided by residential aged care.

### Issue 1: Late access of services

Consumers tend to access the aged care sector late when care is urgently required and the need for care decisions are imminent. Several participants mentioned accessing the sector on behalf of their dying parents and making decisions they now regret. Some emphasised the responsibility they felt in making decisions on behalf of family members who were relying on their advice. There was a sense that the process of finding the information necessary to make decisions was rushed, and late access caused them to feel pressured and uncertain about what to do. Access of the sector often occurs when consumers feel vulnerable or upset about what is happening. One man, for example, commented that:

*I called My Aged Care too but I can't quite remember what they said. There was a lot going on, of course, with my wife.*

Some respondents accessed the system so late that they felt the decision was made for them by the circumstances, for example, residential aged care was required and only one nursing home option was available to them, or death of their family member occurred. One woman who accessed the sector on behalf of her parents said:

*I was really in a tough spot. Through National Seniors, I was able to make decisions that I would never have been able to make. I was able to get on with my life. At the time, I was completely overwhelmed and I was lucky my boss was so understanding. My father was completely freaking out as well. I was able to get my parents into a better situation and make decisions about the family home. No one else was as helpful.*

Only one survey participant had early access to the system via a home care package and was confident that she was well-placed for any further care she might need in the future:

*I'm in the register and should be able to call and easily access help.*

It should be noted that this woman had already accessed aged care on behalf of her husband, however, and was less positive about the experience of getting care in place for him. Another woman who didn't call National Seniors for information until she could no longer look after her husband herself, couldn't even remember making the original call, so stressful was the situation at that time. One respondent said emphatically that people shouldn't have to make decisions like this when they're dying.

A woman who had shared her story in detail and expressed her anguish, was apologetic about having nothing positive to say:

*I'm sorry to say all this. You called the wrong person. It's just so frustrating and I'm still getting over it as you can see.*

For one family, making aged care decisions under extreme duress, followed by the death of their family member, left the family in dispute which still hadn't been resolved.

## Issue 2: The need for advocacy

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Consumers accessing the aged care sector have an urgent need for information and coaching. They express the need for help from someone with knowledge of the sector both in finding information and completing the assets test. For many National Seniors members, the National Seniors Financial Information Desk fills this vital role. Others mentioned the RSL and the Department of Veterans' Affairs:

*Finding someone to be an advocate was difficult. The RSL have a service, I've heard, but I tried to find someone to help me with the forms. That's when I rang National Seniors. It's so difficult. It took ages, weeks and weeks. It's 40 pages long with 200 plus questions. Some questions were similar but couched in different terms.*

Nearly all National Seniors members who called the Financial Information Desk found the service invaluable, the staff experienced and knowledgeable, and the process of seeking information worthwhile. Only one, who had extended discussions with National Seniors found it was no use at all and didn't address his issues. This caller also tried using at least two financial advisers and found them unhelpful as well. Another member commented, however, that:

*National Seniors came to the rescue. I got the information and was able to make decisions. That's why I signed up to National Seniors because they offer the financial desk and because of the independence of their information. You need a starting point for further research of your own.*

Through the experience of interacting with members and hearing their concerns via surveys and forums, National Seniors aims to provide advocacy for senior Australians on these issues.

## Issue 3: Using My Aged Care

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My Aged Care was described by many participants as being complicated and confusing. They found it hard to find information on the website and when consumers then tried to call My Aged Care, many said no one got back to them. Some had tried multiple times:

*I did four financials for My Aged Care, one with registered mail, one faxed, and two ordinary post, in order to get an answer.*

*I rang the government three times and they never got back to me.*

National Seniors contacted Centrelink on behalf of one woman who'd experienced great difficulty getting through on the phone and asked if someone would call her. She said:

*You can't normally get through and they never call you back. There's no other way to penetrate the system from the outside. I feel sorry for anyone trying to get information through the official channels. It's far too complicated. Everyone I spoke to agreed. Even Centrelink people agreed when I said it to them.*

On the extreme end, participants described the process of accessing My Aged Care as a maze and a struggle. Some expressed being shocked and upset by what was required. One respondent called the process mysterious, and this was echoed by another, who said:

*A lot of stuff is shrouded in mystery, almost as if you're not allowed to know about it. Until you stumble across it you don't know what exists.*

Another participant who accessed aged care for her mother and has no children of her own said she was frightened about what will happen to her with no one to spend the time organising care on her behalf:

*The system is so badly patched together. It's a catastrophe waiting to happen. I've heard of old people ending up living in cars. Anyone with an education or language problem or if you don't have money, what can they do?*

A man who called the aged care sector 'mind-blowing' agreed with this assessment:

*I don't know how people get on without younger family members or someone who has the time to work it out. It's not fair and it's very time-consuming. It's not fair on the elderly or those that don't have help. It stinks for those who aren't millionaires.*

On the positive side, one participant said that she found the Centrelink staff she had contact with, were wonderful. Another said that, though information was hard to find on the My Aged Care website, once she delved into it she did find the information she needed. A third said the website was only moderately easy. He described his computer skills as average or better and said the process was 'okay.' One woman, expressed her opinion that the changes to aged care in recent years are for the better.

## Issue 4: Using financial advisors

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The data included several experiences with financial advisors in accessing the aged care sector. One participant went to a financial advisor for reassurance because she couldn't believe how much she was required to pay:

*I thought I'd missed something. The financial adviser said I'd done everything right but I needed reassurance because it's such a lot of money and it's not my money, it's hers so I wanted to make sure I was doing the right thing.*

A few participants said their financial advisors were no help at all, with one calling the financial planner she consulted, who was trained in aged care, 'hopeless.' Another had confidence in financial advisors generally but felt that it cost him more money than it saved. Another group said that they believed aged care was not the portfolio of financial advisors.

## Issue 5: Consumer contributions

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Many participants in the survey raised the issue of fairness, with a false perception that pensioners don't pay for residential aged care, while superannuants must sell the family home, often with great reluctance, and even then, they don't have enough money to cover the bond. The perception that the system is unfavourable towards those who aren't wealthy is evident in the data. People are generally shocked when, after selling the family home or unit, there is still thousands of dollars in interest to pay and a daily payment to make. One woman stated that, although the government is guaranteeing the bond money, people wait for far too long to get their money back. She gave an example of a friend who was still waiting for her mother's bond to be returned, six months after her mother passed away.

Once again, on this issue, people expressed strong emotions, and it's perhaps on this theme that it's most clarifying to let our National Seniors members speak for themselves:

*Our family home wasn't even enough to pay ONE of my parent's bonds.*

*In my husband's nursing home, there's only seven people paying their way and all the others in there are pensioners. But I'm not complaining. I was a good saver, thank goodness.*

*To have to sell the house to go into a nursing home, I find repulsive. For my father, his home was his castle. I wish the rules were changed to give people dignity when they're dying. It infuriates me. When we put my father to rest, I felt like we'd done him an injustice. He wasn't a rich man but he owned his home. He wanted to pass it on. He shouldn't have had to sell it.*

*It's chronic. I was amazed that this was needed. I'm quite shocked that this is how it is. It is such a huge thing. I called on my daughter for money, that's how bad it is.*

## Issue 6: Residential aged care

Regarding residential aged care, several survey participants commented on the lack of choice available to them. This was particularly true in rural areas. A few said they didn't get the outcome they wanted, or their family members were unhappy. One said the nursing home her husband was in appeared to be short staffed:

*It's only when you visit that the attention is good. Even when I'm there, he waits for half an hour when he pushes the button just to get help getting out of bed but they're probably looking after people who are worse off.*

One extremely negative view, expressed reluctantly, was that the care and attitude to residents was poor:

*The nursing homes were disgusting, some of them. I've never said that to anybody. The hospital attitudes to the aged was just, he's old let him die.*

The issue of having Registered Nurses on duty was also raised, with a woman saying the contract they signed promised that an RN would be in charge at all times. This certainly hadn't been the case in practice, and the woman had made a point of writing to the people in charge to signal her dissatisfaction with the situation.



## WHAT YOU TOLD US IN FORUM DISCUSSIONS

Two Productive Ageing Forum discussions are reported here: Katanning, WA, 22 May 2017, and West Ryde, NSW, 24 May 2017.

### Issue 1: Aged care

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#### **Ageing in place**

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'Ageing in place' means independent living and control of lifestyle choices, with an emotional attachment to location rather than to the family home itself. There's a push to create ageing in place opportunities in regional areas, including integrated housing and improved community care, to allow older people to stay in place and live independently. Not only can the loss of older residents from small towns render them unviable, when older people are forced to move to access services and care, taking them out of communities they've participated in and contributed to for decades, they may experience increased loneliness and social isolation.

#### **Age-friendly strategies**

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The recent submission to the Western Australian State Budget by the National Seniors Policy Advisory Group for WA (2017) supported funding to local governments to adopt an age-friendly approach to their planning and called for a continuation of these initiatives:

*Previous research has shown that 36 per cent of the over 50s live in a home that is not suitable for ageing. Only 38 per cent of over 50s have taken steps to prepare themselves for getting older.*

#### **MPS**

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MPS, the Multi-Purpose Services Program, is a joint initiative of the Australian Government and state and territory governments that provides integrated health and aged care services for some small regional and remote communities. It allows services to exist in regions that could not viably support stand-alone hospitals or aged care homes. MPS reporting is complex, and funding jointly provided by federal and state governments can be difficult to work with. Some hospitals are funded through the MPS (about 40 in WA). This requires them to provide various services of which one is residential care but also small acute care or emergency and home care. MPS vary in size in various towns.

#### **Indigenous aged care**

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Indigenous residents require care at 50 plus compared to the rest of the population at 70 plus, and they have different requirements. Some providers recognise that they are failing to provide the care needed for Aboriginal people. According to Ageing in the Bush:

*Adoption of a site-managed housing model for older Aboriginal people offers the potential to resolve issues that are extremely pressing for the safe welfare and care of older Aboriginal people in WA.*

#### **Respite care**

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Ageing in place can mean that partners are caring for the needs of their spouses, and this increases the need for respite care. In Katanning, for example, there is only one bed available for respite care, which is in constant demand. There is little chance of acquiring respite care for those with low care needs with this kind of unmet demand. Ageing in the Bush, a report for the WA Regional Development Council (2014), calls for aged care organisations to commit to the establishment of cottage respite in rural areas.

### Consumer directed care

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The budget remains complex for users and many express frustration with assessments that take place via My Aged Care. Family members cannot always help and if there is no family it can be difficult to find out what funding is available:

*I don't have children. Going through the system on behalf of my parents makes me frightened about what will happen to me because I don't have anyone to do this for me when I get old. You can't get through to My Aged Care and they never call you back.*

Aged care reforms will work well if there are a lot of providers and well-informed consumers to make the most of the services provided. In the city, provider teams work together well, but it works differently in rural communities as there are only a few providers and sometimes only one.

### Home Care Packages

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Many people perceive that home care is being promised but is not available. There is not enough transparency and customers aren't always given accurate information. One forum attendee believed that the 'informed consumer' is a fallacy. In practice, there are too many rules and consumers cannot hope to understand them. Service providers recognise the great complexity for consumers; the changes are difficult to keep up with and wait times are long.

People feel that the costs are increasing for the consumer yet services are being removed. Many consumers are cutting down on their care to keep within the package they have. With the new Consumer Directed Care, it seems that more money is going to the service providers for administration costs rather than into care. Providers are sometimes charging 30-50% service fees. Competition can lower costs in city areas in which there are many providers, but for the regions where there may only be one provider, the costs stay high.

### My Aged Care

When My Aged Care works, it works well. More education needs to be done to help people understand how to ask for assistance. People are too stoic in communicating their needs. My Aged Care and the government want seniors to stay at home. They can't afford for everyone to be in a nursing home. Seniors need to learn how to translate their needs. People fear home care because they're worried that it brings them a step closer to residential care but home care packages are a mechanism to help them stay at home.

Advocacy is an issue with My Aged Care because people have problems accessing services. They must ring the national centre, wait, and deal with sometimes unsympathetic staff who rush them through the set questions. People can be denied access if they tick the wrong box, then assessment services need to assess them. There is some discrimination through the process, e.g. for those who are hard of hearing, have English as a second language, or are aged over 85. There is a need to coach clients on what to say and to explain their rights for care to them. Service providers say that, on the whole, My Aged Care is a good system when it works but consumers must learn to say what they need.

There are reports that when the over 90s ask for help via My Aged Care for the first time they are told that if they haven't required help up until now, why start? There is a poor attitude to providing help for this age group. One forum member was positive about his experience of the system, however:

*I just want to say that you can have success with My Aged Care. We went through Ladies of Consolation. They subsidised a hand rail for the steps at the front of our house; they got the price of having our lawns down from \$60 a week to \$17; and they got us a subsidised cleaner. My Aged Care does work but you have to persevere.*

The national waiting list needs to be addressed. Service provider advice is to trust My Aged Care but raise your concerns. The system is receptive to change. When complaints are made, changes occur within 6 months.

***National Seniors CEO, Dagmar Parsons, is on the Aged Care Sector Committee to represent National Seniors members. National Seniors Research Director recently took our CDC Report to the Minister, which included our members' views on how CDC is working for them.***

## Issue 2: Private health insurance

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Consumers are generally unsatisfied with their private health insurance and don't feel they're getting value for money. They get such a small amount back on wellbeing care, e.g. chiropractors. When older people need private health insurance coverage after contributing to funds all their life, it doesn't cover enough.

The Sydney-based Benevolent Society is convening a round-table meeting in September/October with private health providers and stakeholder groups to try to get an outcome.

***This is on the National Seniors agenda for future advocacy, and National Seniors are also working on this issue through the insurance business.***

## Issue 3: Adequacy of the Age Pension

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The Benevolent Society is conducting ongoing research in this area and produced a major report presented at the National Press Club on 14 September 2016:

*It is clear that the Age Pension is inadequate. It is unacceptable that people who have contributed to society all their lives are forced to live at or below the poverty line.*

## Issue 4: Transport, driving and public access issues

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There are public transport issues for seniors. Accessibility and timetabling need to be improved, ideally with it being free between 9am and 4pm. Parking near railway stations is highly important for older people. Access to transport outside of public transport is an issue even in Sydney. Isolation is a problem in country areas. Roads can be an issue for seniors in rural communities, especially for older people who live in different towns to their family members.



The National Seniors WA Policy Advisory Group recently advocated for changes to the Country Age Pension Fuel Card Scheme:

*Many seniors prefer not to drive to the metropolitan areas as they are unfamiliar with the road networks and would prefer to travel by public transport. At this time the fuel card is restricted for use only in country areas. Increasing flexibility would benefit many country seniors.*

In regards to accessibility for seniors, sometimes the little things are important, e.g. stair railings, and parking near supermarkets, for which the elderly get no priority unless they have a disability.

There are issues with the medical test for drivers once they reach 75, including the cost of the medical certificate and the need to have an eye specialist test within a 6-month window before the test each year if you're over 85. However, there is a need to recognise that old drivers are not all good drivers. Greater access to driving courses would be helpful, e.g. provided by the NRMA or local council. Clearly, the loss of a Driver's License can have an impact on loneliness.

## Issue 5: Housing

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Housing is an important issue for seniors in rural areas, as is succession planning on rural properties. Housing close to services and transport can be far too expensive for older people, especially in urban areas. Affordable and secure housing for older people includes the provision that they don't lose access to housing due to rental increases or because of the inadequacy of the Age Pension. Rising house prices in the major cities and the impact of rate increases can be devastating for those in fixed income retirement streams. Service providers are seeing a rise in elder abuse related to this issue (see below).

## Issue 6: Wellbeing education

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Wellbeing education could be improved with access through local councils, e.g. tai chi in the park to build core strength to prevent falls, thus increasing mobility. Many programs such as this are inexpensive but funding for coordinators is required.

## Issue 7: Computer literacy

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Some believe that seniors should not be expected to go online for information but must be engaged with face-to-face, and provided with printed material that has a large enough font for them to read. Social media and web-based community news and government information does not reach all elderly people as their computer literacy is poor. However, forum audience members expressed quite strongly that seniors desire support to increase their computer literacy. Associations such as the Australian Seniors Computer Clubs Association and Computer Pals for Seniors were mentioned as examples of those providing programs and training in computer skills and the CEO of National Seniors Australia acknowledged that National Seniors is in discussion with these.

The federal government recently pledged \$50 million to digital literacy and National Seniors Australia is currently involved in discussions with the Department of Social Services regarding the provision of programs.

***Digital literacy and cyber safety was a budget measure addressed by National Seniors in their recent Federal Pre-Budget Submission.***

## Issue 8: NSW Seniors card

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There have been recent changes to the NSW Seniors Card with the 2016-17 NSW Budget program expansion. The National Seniors NSW Policy Advisory Group is advocating for the eligibility threshold of 20 hours work per week be lifted to 30.

## Issue 9: Age discrimination

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There has been an Age Discrimination Commissioner for five years now, working in concert with human rights commission stakeholder groups such as The Benevolent Society to change social norms and the internalised messages people have about ageing. Tax, insurance, and private health insurance all have 'ageism' embedded into them. People need to be made aware of what's not fair.

The Benevolent Society has commissioned research into what drives ageism and why people accept age discrimination. There are opinions that underpin attitudes that need changing so that policy changes can be achieved, making sure that the broader community is totally inclusive, regardless of age and stage of life:

*Pervasive negative stereotypes affect the way older adults see themselves; how older people view other older people; people's ability to recover from disease; even their health behaviours, including their decisions to engage in social or physical activity or even seek medical help (The Benevolent Society, Ageing Well Campaign, 2017).*

## Issue 10: Women

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Women can be affected by a history of less time in the workforce. They are more likely to take extended leave for the purposes of childcare, retire earlier for carer commitments, and earn less along the way. Some women are thus entering retirement in the worst position possible.

A research paper by the Australian Institute of Family Studies into financial living standards after divorce (2000), found that older women were the most disadvantaged financial group with more than half of those surveyed having low incomes, where low income was defined as below the Henderson poverty line, even when stringent thresholds of disadvantage were used. The study found that marital separation tended to expose the vulnerability of women that was hidden by marriage.

***National Seniors have this on the research agenda for the coming year.***

## Issue 11: Loneliness, and fostering inclusive communities

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The NSW Ageing Strategy recognises loneliness as a growing concern. The Creative Ageing Local Government Grants Program 2014 was an initiative designed to get seniors involved in activities such as the arts. There is also a current push from many community groups to adapt the UK Campaign to End Loneliness in Australia:

*Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity (Campaign to End Loneliness).*

Volunteers are diminishing in numbers and there is a great need in rural areas to find a solution on engaging volunteers. Service providers have noticed a lack of socialisation for men who can be reluctant to join social groups that have been developed for women.

## Issue 12: The qualifications of nursing home staff

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Recently, the legal requirement to have registered nurses working around the clock in nursing homes has been abandoned by the NSW government. This has prompted questions about the qualifications of nursing home staff. Training in aged care begins with a Certificate II at TAFE that can be completed by senior high school students. The minimum requirement for work in the Aged Care sector is a Certificate III in Community Care with specialisation in Aged Care, and, in fact, no one can legally work in the aged care sector without a qualification. The Certificate IV moves to more advanced education criteria and there are also people working in the sector who've attained a Diploma of Nursing.

There are a very high number of applicants for all positions advertised in aged care at good quality providers, however, there are issues of the quality of candidates and their experience. Many nurses in aged care say they are losing their skills but, in fact, they are using different skills and building new ones. This is an implicit indicator of 'ageism', but sometimes aged care work is also very complex.

## Issue 13: Elder abuse

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Financial abuse is an increasing problem with older people being pressured to loan family members' money or sell the family home. This is clearly linked with the rapid price increases in Sydney real estate.

***National Seniors made a substantial submission to the Elder Abuse Inquiry in 2016 with 71 recommendations, including some that specifically targeted financial abuse:***

*Financial service providers are in a unique position to educate older Australians about the risks of financial elder abuse. Financial service providers are also in a unique position to detect instances of financial elder abuse.*

## Issue 14: The provision of child care by grandparents

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Grandparents can be willing, or are expected to, provide childcare to their grandchildren. Conflict can arise if seniors are wanting or needing to be in the workforce.

***National Seniors's recent Federal Pre-Budget Submission addressed this issue:***

*National Seniors believes that recognition of the role of grandparents in filling the gaps in the formal childcare system must be acknowledged. Grandparents should not be forced to compromise their own financial security because the current childcare system fails to provide parents with adequate care options.*

## APPENDIX 1: DATA

### Annual Survey (NSSS)

#### 1 Design

The National Seniors Social Survey (NSSS) (Wave 6) was cross-sectional in design and conducted by National Seniors Research Director Professor John McCallum using a questionnaire survey of National Seniors' members aged 50 and over. The study was approved by the Bellberry Human Research Ethics Committee of South Australia on 17 May 2017, application number 2017-04-293.

#### 2 Data

Data in this report were collected using the National Seniors Social Survey (NSSS) (Wave 6), designed by National Seniors Research staff. The survey was conducted from 24 May 2017 to 11 June 2017. The NSSS (Wave 6) asked participants about their experiences, intentions and attitudes across a range of areas including health and social wellbeing, finance, work, and retirement.

The survey was a self-complete instrument, delivered online for the first time, and collected using the survey instrument, Survey Monkey. It consisted of the following modules:

##### **About yourself**

A range of questions used to obtain information from respondents about their demographic and socio-economic characteristics.

##### **Work and retirement**

This module asked participants about their work situation, such as their employment or retirement status, reasons for not being in paid work, and work preferences.

##### **Finances and decision-making**

Questions that asked about expected levels of savings and investments in retirement, general financial literacy, strategies for dealing with financial distress, attitudes towards investments, and the use of trusted intermediaries in financial, health and lifestyle decision-making.

##### **Savings and finances in retirement**

This module contained questions about anxiety regarding retirement savings and investments, the desire to leave an inheritance for the next generation, access to retirement funds, knowledge about increases to life expectancy, financial planning for increased lifespan, and preferences regarding retirement annuities.

##### **Social activity and health**

Participants were asked about their social activities, social networks and engagement with others, loneliness, the social cohesion of their community, their life satisfaction, mood, and life purpose, the impact of life events, and the level of intergenerational conflict and support.

#### 3 Method

A total of 53,058 National Seniors members residing in all states and territories of Australia with an email address were invited to complete the survey. The survey invitation was emailed, and contained a link to the survey instrument.

The age breakdown of National Seniors members as of May 2017, compared with the 2016 Census data is as follows:

	NSSS Frequency	NSSS Percent	All National Seniors members	Census 2016
50-59	793	13.8	18.64	37.4
60-69	2497	43.2	39.96	31.3
70-79	1996	34.6	28.78	19.4
80+	484	8.4	12.62	11.9
Total Answers	5770	Total National Seniors members with email approval	53,058	

Table 1: National Seniors members compared with 2016 Census data.

#### 4 Analysis

A total of 5,819 surveys were completed, a response rate of 11 per cent. The software package SPSS was used to analyse the data.

Data was collected to be compared with major international studies of ageing populations, including the Health and Retirement Study (HRS) from the US, and the English Longitudinal Study of Ageing (ELSA) from the UK. The NSSS (Wave 6), therefore, introduced similar psychosocial and lifestyle questions, including:

- The CESD-10 instrument to measure depression (The Center for Epidemiologic Studies, n.d.)
- Self-reported health evaluations (McCallum, Shadbolt, & Wang, 1994)
- Measures for social participation and engagement (Hultsch, Hertzog, Small, & Dixon, 1999)
- Assessment of social network and social integration (Schuster, Kessler, & Aseltine, 1990)
- The loneliness score (Hughes et.al. 2004)
- A measure for neighbourhood social disorder and cohesion (Kelley-Moore, Cagney, Skarupski, Everson-Rose, & Mendes de Leon, 2016)
- Subjective age (Rubin & Berntsen, 2006) (Montepare, 2009)
- The purpose in life dimension (Ryff, 1995)
- A modified Holmes and Rahe Life Events Stress Scale.

The NSSS (Wave 6) also sought to measure financial literacy based on the OECD financial literacy score.

## 5 Sample

Basic characteristics of the NSSS sample, 2012-2017 (%):

	2012	2013	2014	2015	2017
<b>Age (unweighted)</b>					
50-64	48.0	42.2	44.7	43.9	33.3
65-79	40.9	42.8	43.8	43.3	58.3
80+	11.2	15.0	11.6	12.8	8.4
<b>Gender (unweighted)</b>					
Female	54.3	55.9	53.3	54.2	56.2
Male	45.7	44.1	46.7	45.8	43.8
<b>State (unweighted)</b>					
NSW	29.9	28.8	29.5	30.7	21.8
VIC	25.8	25.8	25.9	24.7	14.9
QLD	17.1	18.1	17.4	18.7	42.2
SA	9.6	9.5	9.3	9.3	4.5
WA	10.3	11.1	10.1	11.2	8.9
TAS	4.1	4.1	3.5	3.0	2.5
ACT	2.2	2.0	2.3	2.0	3.7
NT	1.0	0.6	0.6	0.4	1.5
<b>Education (weighted)</b>					(unweighted)
Not completed high school	52.1	50.1	49.0	42.3	32.2
Completed high school	47.9	49.9	51.0	57.7	67.8
<b>Other qualification</b>					(unweighted)
Yes	-	-	-	-	77.5
No	-	-	-	-	22.5
<b>Highest level of qualification</b>					(unweighted)
Certificate	-	-	-	-	24.8
Diploma	-	-	-	-	26.1
Bachelor degree	-	-	-	-	26.5
Masters/Doctorate	-	-	-	-	13.2
Other	-	-	-	-	9.4
<b>Employment</b>	(weighted)				(unweighted)
Currently in the paid workforce	43.2	41.5	40.3	40.5	27.0
Not currently in the paid workforce	56.8	58.5	59.7	59.5	73.0
<b>Place of residence</b>	(weighted)				(unweighted)
Capital city	48.7	47.8	50.5	48.6	48.0
Major regional centre (above 80,000)	-	-	-	-	20.1
Regional centre (above 25,000)	-	-	-	-	12.8
Town (above 3000)	-	-	-	-	11.0
Village or rural property	-	-	-	-	8.1
Not capital city	51.3	52.2	49.5	51.4	-
<b>Country of birth</b>	(weighted)				(unweighted)
Australia	77.6	80.9	80.8	79.6	75.0
Other	22.5	19.1	19.2	20.4	25.0
<b>Marital Status</b>	(weighted)				(unweighted)
Married/de facto/living with partner	62.3	63.7	63.6	63.5	63.8
Divorced/separated/never married/widowed	36.4	35.8	36.4	36.7	33.0
Other	1.4	0.5	0.0		3.2
<b>Total</b>					100%

Table 2: Basic characteristics of NSSS sample, 2012-2017 (%)

## Member interviews

### 1 Design

This was a case-study survey to collect information about a specific demographic: those people aged over 50 who had previously sought information about the aged care sector from National Seniors via the Financial Information Desk. While the study was a quality improvement exercise for National Seniors, the Commonwealth Department of Health was informed about the survey findings.

### 2 Data

Data in this report was collected using semi-structured qualitative research interviews. First and second call attempts were made on Thursday, 11 May 2017; third (final) calls were made on Monday, 22 May 2017. Of a total of 1,293 calls made to National Seniors in the last six months of 2016, 61 calls and follow-up emails handled by National Seniors in this time-period were categorised as dealing with 'Residential Aged Care'. Excluding follow-up calls and emails, an upper limit of 32 members were available to be sampled for this survey. Interviews were completed using 'range-finding,' such that, interviews continued until the same issues were continually mentioned.

Of the calls to National Seniors regarding the aged care sector eligible for this sample, 73 per cent were made by women. It is likely that callers to National Seniors, particularly those who agreed to interviews, 'had something to say.' There is no claim that the views are representative. They do raise issues for attention in quality improvement.

### 3 Method

Call recipients were invited to participate in the survey. Six direct, open-ended questions guided the interview and allowed for flexibility so that responses could be pursued in more detail where necessary or questions omitted when they weren't relevant to the individual circumstances of participants. In some cases, it was only necessary to identify the overall survey purpose, whether National Seniors' members found it easy or difficult to access information on aged care, and participants then offered their experiences, beliefs, and feelings, in detail and without being prompted.

Survey questions were designed to yield as much information as possible and to allow a story to emerge:

1. Besides National Seniors, where else did you seek information?
2. Did you use the My Aged Care website as well?
3. What information did you get?
4. Was it helpful/were you able to make a better-informed decision?
5. What was the outcome/decision?
6. Would you like to add anything else?

Ten call respondents declined to take part in the survey. Of these, three had finalised their aged care decision or were still trying to work it out and didn't want to discuss the issue; four were happy to take part but gave apologies as they were currently too busy, with two on the way to visit their spouse in a nursing home. A further two were unable to participate; one member had passed away and the other was having calls screened by a guardian.

## 4 Analysis

Interview transcripts were read to identify preliminary themes, and confluent and diverging issues. Systematic text condensation was conducted for thematic analysis of meaning and content. This allowed the outcome of multi-vocal stories across the sample so that individual experiences that concurred provide a context for what is happening in the aged care sector without excluding those voices that challenge the study conclusion. Saturation is not assumed and there are some limitations associated with the data and method for the purposes of analysis. The sample size is small, and though range-finding allowed a pattern to emerge, this is not considered a total and final picture. This kind of analysis provides knowledge about individual experiences of accessing the aged care sector and clearly identifies some issues, and areas of interest.

## Forum discussions

### 1 Design

Two Productive Ageing Forums were coordinated and chaired by National Seniors Australia Director of Research, Professor John McCallum, the first in Katanning, Western Australia on Monday, 22 May, and the second in West Ryde, Sydney, on Wednesday, 24 May. Both forums included a panel discussion with audience involvement, stimulated by short panellist statements that served to highlight the policy issues of government and community groups actively working in areas of interest to seniors, particularly in aged care. The objective was to interact directly with seniors and stimulate policy discussion with two distinctly different audiences: a small rural community and a suburban city area.

### 2 Data

#### Katanning panel

Katanning is located in the Upper Great Southern area and is at the heart of one of the most productive agricultural regions in Western Australia. Katanning is situated 4 hours south of Perth and 2 hours north of Albany. Katanning Shire is a regional centre and provides services to a combined population of approximately 12,500.

<i>Peter Rundle</i>	Western Australian Member for Roe; 'Ageing in the Bush' Reports of the WA Regional Development Council
<i>Lester Coyne</i>	Regional Aboriginal Health Consultant
<i>Hazel MacKenzie</i>	Aged and Sub-Acute Care Manager; former Director of Nursing, Katanning
<i>June MacDonald</i>	Chair, National Seniors Australia WA Policy Advisory Group

#### West Ryde panel

<i>Dr Irene Stein</i>	General Manager, SummitCare Smithfield and aged care researcher; Chair, National Seniors Australia NSW Policy Advisory Group
<i>Michelle Bell</i>	CEO KNC, formerly 'Ku-ring-gai Neighbourhood Centre' now operating across NSW and QLD
<i>Keryn Curtiss</i>	Adviser Ageing, The Benevolent Society, service provider and advocacy
<i>Valerie Pratt</i>	Consumer; National Seniors Board of Directors



### **3 Method**

The Katanning Productive Ageing Forum took place at Katanning Leisure Centre; Sydney was held at Ryde Eastwood Leagues Club. Both forums were well attended and reflected the different locations natural policy interests. The Sydney audience was less than the Katanning in number due to organisational difficulties, but this allowed more in-depth policy discussion. The speakers and audience comments in open policy forums were recorded and transcribed. Both forums provided up-to-date information on topics of importance to senior Australians. Many local community organisations, including local and state government representatives in Katanning, were represented and interacted with speakers and policymakers. Interactions of audiences with expert speakers were very lively in both locations.

### **4 Analysis**

Forum transcripts were read to identify preliminary themes. Systematic text condensation was conducted for thematic analysis of meaning and content.

## APPENDIX 2: WHAT NATIONAL SENIORS RESEARCH DOES

National Seniors Research gives voice to members and provides Membership, Marketing, and Advocacy staff with rigorously researched documents and analysis of members' views, reviews of international literature and subsequent opportunities for development of research findings into care and support activities. The end purpose of National Seniors Research is to advance the social welfare of ageing Australians.

The research office conducts surveys, focus groups, and discussion panels, web-based literature reviews, and produces internal documents and published reports, which are disseminated widely, particularly to members, as well as to the public. It provides independent research services to government and some industry partners in which it retains its control over membership privacy and the independence of its products. National Seniors Research will continue to collect data from annual surveys, qualitative interviews of members, and forum discussions, for the purposes of advocating for our members and providing government and other interested groups with evidence for policy decisions.

An ageing population requires a strong focus on healthy ageing and wellness. If Australians are to age well, it is necessary for policy and infrastructure to be based on the real experiences of older Australians. National Seniors Research provides evidence on how National Seniors members are faring across a range of areas. It contributes to the current discussion in Australia on enhancing the ageing experience of our population.

National Seniors Research activities work within international and national frameworks endorsed by Australia. The World Health Organization (WHO) defines healthy ageing as 'the process of developing and maintaining the functional ability that enables well-being in older age'. The framework for this is outlined in the WHO Global Strategy on Ageing and Health, and the Regional Framework for Action on Ageing and Health in the Western Pacific covering four key topics: age-friendly environments; healthy ageing focused on function; reorienting health systems; and strengthening research evidence. National Seniors Research plays a role in 'strengthening research evidence', and has direct contacts with WHO Western Pacific Region Office.

Within Australia the Productivity Commission Report: Caring for Older Australians (June 2011) is currently being updated by David Tune, Chair of the Aged Care Sector Committee, on which the National Seniors CEO is a member. The Living Longer, Living Better Aged Care Reform Package followed the earlier Productivity Commission Report, and more reforms will follow the new review. Two major Roadmaps also set important directions for research: The Aged Care Roadmap and the Technology Roadmap for the Australian Aged Care Sector. National Seniors Research Director represents the CEO on the Modernising Health and Aged Care Payments Services Program, preparing major changes to payment systems in aged care. National Seniors Research works to support and reform major new initiatives with a current emphasis on Consumer Directed Care.

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## Current publications:

McCallum, J & Rees, K (2017) *Consumer Directed Care in Australia: Early stage analysis and future directions*. Brisbane: National Seniors. (35 pages)

Lamont, A. & Sargent-Cox, K. (2017) *Healthy Ageing: The State of the Evidence and available resources*. Brisbane: National Seniors. (51 pages)

McCallum, J. & Rees, K. (2017) 'Silver Economy' Consumer Co-design: An Australian Perspective. In *Innovation in Active, Healthy and Smart Ageing Sector* edited by Guangsheng Guo and Jianbing Liu: Beijing Science & Technology Publishing Press 2017 pp 273-283.

National Seniors and Challenger (2017) *Seniors More Savvy about Retirement Income*. Brisbane: National Seniors. (19 pages)

## Forthcoming reports:

Be Heard: Snapshots of members' views. A report to members from the CEO

Use of informed intermediaries: Consumer information sources for mechanisms of choice

Growing older, feeling younger

Downsizing: Movers, planners, stayers

GPO Box 1450, Brisbane Qld 4001   P: 1300 76 50 50   F: 07 3229 0356  
E: [info@nationalseniors.com.au](mailto:info@nationalseniors.com.au)   W: [nationalseniors.com.au](http://nationalseniors.com.au)

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