1

The Profile of Older People in Australia and New Zealand

Jane Anderson-Wurf

LEARNING OBJECTIVES

After reading this chapter, you will:

- discuss the diverse and individual nature of ageing including the concept of heterogeneity
- value social participation, good health and security as essential pillars to ageing well
- identify housing options for older people and options for care and accommodation as their needs change
- discuss the profile of carers for frail, older people
- explore some of the challenges and opportunities of an older population in Australia and New Zealand.

Introduction

In this chapter, you will learn about older people, like Ron and Ruth, and ways the current generation of older people is challenging previously held myths and stereotypes of growing old and being old in Australia and New Zealand. Never before has there been such a heterogeneous group of people entering old age; this makes working with and supporting older people an exciting challenge for registered nurses and other health professionals. This chapter provides an overview of the diversity of older people in Australia and New Zealand and is the basis for many of the subsequent chapters. Being aware of how older people perceive their ageing, where older people live, what they do, how they contribute to society and the diversity in their **cultural backgrounds** provides a holistic picture so that you can develop an appreciation of this group and the best way to work with them.

Cultural background » the ethnic, religious, racial, gender, linguistic or other socioeconomic factors and values that shape an individual's upbringing; a cultural background can be shaped at the family, societal or organisational level

1.1 GETTING TO KNOW THE COUPLE: RON AND RUTH'S STORY

Ron and his wife are retired farmers who sold their property and moved into a large country town. They bought a three-bedroom home in the suburbs as they often have their children and grandchildren come to stay. Apart from a few minor aches and pains, both Ron, 67, and Ruth, 69, are in good health and physically very active after years living on the farm. However, Ron was initially a bit depressed and had some difficulty finding things to occupy his time; he was not settling into 'town life' after managing a big property. He has recently started a part-time job as a yard manager in a small manufacturing business and is now much happier to be active and settling better into the new lifestyle. Ruth has joined a local painting class at the Senior Citizens and volunteers as a driver to deliver Meals on Wheels one day per week, as well as looking after the grandchildren on a regular basis. They both like camping and intend to travel around Australia in their camping van now that they are not tied down to farm commitments ▶

FOCUS QUESTIONS

Before, during and after reading this chapter, ask yourself these reflective questions:

- What do you think of when you hear the words 'aged', 'ageing', 'elderly' or 'old'?
- What age do you think is 'old'?
- How many 'old' people do you know?
- What do you think you will be like when you are 'old'—any different from how you are now and, if so, in what ways?
- Might someone think you are 'old' now?
- What are some of the stereotypes about elderly people? Would you say they are mostly positive or negative?

Australia's population is steadily ageing and by 2026 the number of people aged over 65 years is anticipated to be over five million or 20 per cent of the population (Commonwealth of Australia, 2015). In New Zealand, the 'over 65 years' cohort has nearly doubled since 1981, increasing from 14.3 per cent of the population to an anticipated 23.8 per cent by 2043 (Statistics New Zealand, 2013). One of the issues confronting governments and social planners is the best way to meet the needs of older people living in Australia and New Zealand to ensure that ageing is a positive

xperience. The future generations of older people living in Australia and New Zealand are likely to be healthier, wealthier and better educated than previous generations. This chapter provides a snapshot of older people living in Australia and New Zealand: who they are, what they do and where they live. In addition, it outlines the range of aged-care services that are available to support older people and the types of carers.

How old is 'old'?

The concept of 'old age' or 'growing old' is regularly discussed both in the general community and by government policy-makers, yet a concise definition as to when old age begins has yet to be determined. Prior to the 20th century, definitions of old age were based on ability and function rather than chronological age.

> *The aged were those who were infirm, frail, and suffering incapacities of body and mind to the extent that they could no longer fully support or take care of themselves, and who also gave the appearance of being old.*
>
> (Roebuck, 1979, p. 417).

Unlike other developmental life stages such as infancy or puberty, clear physiological markers do not define old age. As a result, the definition often accepted by investigators studying ageing has relied upon a more behavioural approach based upon the government definition of 'retirement age' or 'pension age' (Roebuck, 1979). The United Nations defines an 'older' person as someone who is more than 60 years of age (United Nations, 2013).

oa George's comments on how old is old? "Some people are old in their 40's..."

The definition of what it is to be 'old' is a socially constructed concept defined by cultural norms. In the developed world, retirement from paid work often signals the beginning of old age at around 60–65 years. In the developing world, chronological time has little or no importance in the meaning of old age (Gorman, 1999). An Australian study using in-depth qualitative interviews with 18 people aged between 65 and 89 years (Minichiello, Browne & Kendig, 2000) revealed that they viewed oldness as a state of being and more about how a person viewed themselves rather than in chronological terms. However, being considered 'old' was viewed with negative stereotypes such as:

> *not trying, withdrawn, isolated, irritating, self-oriented, living outside the mainstream, unattractive, uninteresting, frail, senile, silly, over the hill, narrow-minded, a burden, lonely, vulnerable, dowdy, and unproductive.*
>
> (Minichiello et al., 2000, p. 259)

More recently, the framing of ageing as a positive experience has emerged and the World Health Organization (WHO) promotes 'active ageing' as the 'process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (World Health Organization, 2008, p. 10).

FOCUS QUESTIONS

- What are your current thoughts about your own ageing and old age?
- At what age should individuals start thinking about ageing?
- Can we influence our ageing experience?

Ageing population

Decreasing mortality » a lowering in the number of deaths per thousand of population

The United Nations (UN) report *World Population Ageing 2013* (2013, p. 3) defines ageing as 'the process that results in rising proportions of older people in the total population'. Population ageing occurs due to the combination of **decreasing mortality** and a decline in fertility, resulting in people all over the world living longer. Ageing is a process that begins at birth, continues throughout life and is an individual experience that may vary within different cultures. It is a dynamic process as more babies are born each year and people are living longer, causing the number of older people to continue to increase.

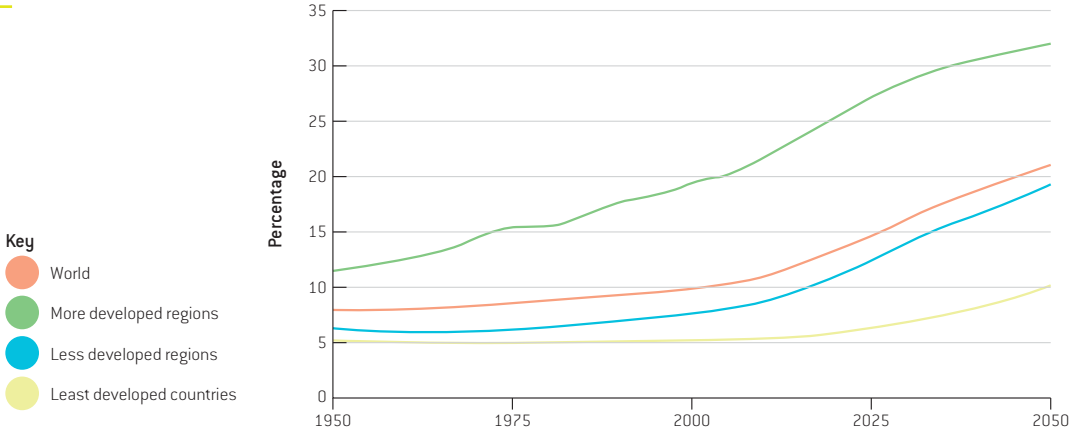
The importance of the ageing of the population was recognised in 1996 when the government of Brazil, in collaboration with the Programme on Ageing of the World Health Organization, convened in Brasilia to develop an agenda for the future. The meeting of multi-disciplinary experts from Brazil and 21 other countries produced the 'Brasilia Declaration on Ageing', which agreed upon three principles:

- *Ageing is a development issue;*
- *Ageing is universal affecting every individual, family, community and society; and*
- *Ageing is a normal dynamic process, not a disease.*

(United Nations, 2013)

Ageing is taking place *in* the world's adult population and *within* the older population itself. The proportion of people aged 80 years or over within the older population increased from 7 per cent in 1950 to 14 per cent in 2013 (United Nations, 2013). According to the United Nations (2013) projection, this proportion of 'oldest-old' within older people is expected to reach 19 per cent in 2050 and 28 per cent in 2100. If this projection is realised, there will be 830 million people aged 80 years or over by the end of the century, seven times as many as in 2013 (United Nations, 2013). Figure 1.1 shows a comparison in the projected trend in world population growth of people aged over 60 years. A greater percentage of people will be living to an older age in both developed and developing countries.

FIGURE 1.1
PROPORTION OF POPULATION AGED 60 YEARS OR OVER: WORLD AND DEVELOPMENT REGIONS 1950–2050



(United Nations, Department of Economic and Social Affairs, Population Division, 2013, p.12)

Ageing has profound consequences on a broad range of economic, political and social processes. It presents **fiscal and economic challenges** and changes the gender composition of the population, as women tend to live longer than men. The increase in numbers of older people has triggered much debate in Australia and New Zealand as governments endeavour to balance the funding of health care and aged services with diminishing workforce participation (Warburton & Savy, 2012).

Fiscal and economic challenges » the amount of government spending and taxation needed to meet the demand of caring for the increasing number of older people

Who are older people in Australia and New Zealand?

Like other developed countries, the rate of ageing of Australia's population has been steadily increasing since the 1970s. At the time of Federation in 1901, older people constituted only 4.0 per cent of the population, but this slowly increased to 8.5 per cent in 1961 and was 14 per cent in 2011 (Australian Bureau of Statistics, 2012a). In 2011, women formed 15 per cent of the population aged over 65 years, slightly more than 13 per cent of older men (Australian Bureau of Statistics, 2012a).

Overall, the 2011 census revealed that three million people aged over 65 years were resident in Australia. Of these, 1.4 million were men and 1.6 million were women. More than half of older people were married (57 per cent) and a quarter were widowed (26 per cent), However, significantly more older men (71 per cent) were married compared with 46 per cent of women (Australian Bureau of Statistics, 2012a). In New Zealand, 51.6 per cent of the 65–74 years age bracket were female and this percentage increased to 64.3 per cent in the over-85 years group. Of the 65–74 years age group, 71.4 per cent were partnered with this decreasing to 29.4 per cent in the over-85 group (Statistics New Zealand, 2013).

Aboriginal and Torres Strait Islander peoples made up only 0.7 per cent of the total older population in Australia, reflecting the shorter **life expectancy** in these populations. Since conditions associated with ageing often affect Indigenous people at a younger age than non-Indigenous people, consideration of the Indigenous population from the age of 50 years is taken into account during planning processes for aged care (Australian Institute of Health and Welfare, 2015). Aboriginal and Torres Strait Islander people with complex care needs who wish to remain at home are able to do so with assistance. In 2013 there were 2,035 Indigenous people receiving some type of government care package to assist them to remain at home.

Life expectancy » the average number of years a person is expected to live using statistical analyses of factors such as health, nutrition, occupation and heredity

For the 0.8 per cent of Indigenous people who were living in residential care, over one-quarter were aged less than 65 years (27 per cent compared with 3.4 per cent of non-Indigenous) and 21 per cent were aged over 85 (compared with 58 per cent non-Indigenous). The incidence of early dementia is more prevalent among Indigenous populations with 26 per cent of Indigenous residents aged under 55 years diagnosed with dementia, increasing to 61 per cent of those aged 75 and over (Australian Institute of Health and Welfare, 2015).

The largest **ethnic group** in New Zealand, according to the Census of 2013, was people from Europe. Those over 65 years comprised 17.1 per cent of people who identified as European.

Ethnic group » a community or population made up of people who share a common cultural background or descent

In other major ethnic groups in New Zealand, those in the 65 and over age group are much less ethnically diverse than younger age groups:

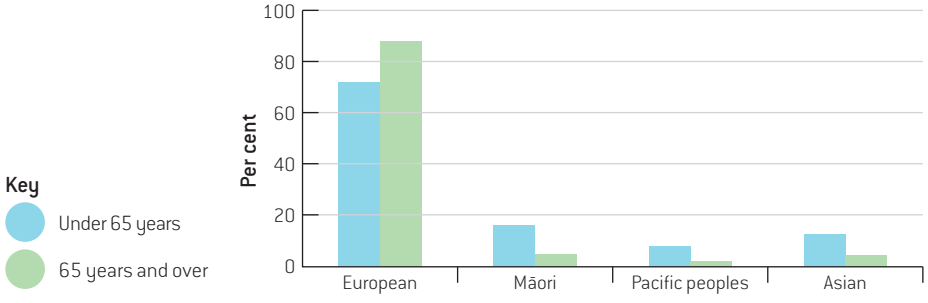
- *the Māori ethnic group makes up 5.6 per cent (32,181 people) of the 65+ population, compared with 16.5 per cent of the under-65*
- *the Asian ethnic group makes up 4.7 per cent (27,312 people) of the 65+ population, compared with 12.9 per cent of the under-65*
- *the Pacific peoples ethnic group makes up 2.4 per cent (13,944 people) of the 65+ population, compared with 8.2 per cent of the under-65—less than half the size of the population in the Māori ethnic group.*

(Statistics New Zealand, 2013, p. 14)

Figure 1.2 demonstrates the wide variance in the ethnic groups in New Zealand for both younger and older cohorts. Note the larger percentage of older people with European backgrounds and the relatively smaller proportion of older people in the other cultural groups.

In 2011, 36 per cent of older Australians and 25 per cent of New Zealanders were born in other countries. Cultural background and the language spoken in childhood can become significant factors in accessing support services and care in ageing populations, as issues surrounding communication can arise. Small percentages of older people either speak English poorly or do not speak English at all. This language barrier can create difficulties in social interaction, with inability to gain assistance with personal needs, follow instructions about medications and remain safe and comfortable.

FIGURE 1.2
BROAD AGE GROUP AND SELECTED ETHNIC GROUP (PEOPLE REPORTING MORE THAN ONE ETHNIC GROUP WERE COUNTED IN EACH STATED CATEGORY)



(Statistics New Zealand, 2013)

LIFE EXPECTANCY

Current older Australians live longer and are generally in better health than older people in previous generations. However, limited activity and various long-term health conditions can accompany the ageing process, causing a substantial proportion of older people living in Australia to have conditions that increase and complicate their care needs, affecting their quality of life (Australian Institute of Health and Welfare, 2013). The Australian Bureau of Statistics 2011–12 *Australian Health Survey* showed that, although older people were more likely to report having poor health, most considered themselves to be in good health. Of older people living in households, three-quarters (76 per cent) of those aged 65–74 and two-thirds (67 per cent) of those aged 75 and over rated their health as good, very good or excellent (Australian Bureau of Statistics, 2012b).

Australia boasts one of the longest life expectancies of the world (Commonwealth of Australia, 2015). Male life expectancy ranked first, equal with Iceland, and fifth for females behind Japan, Spain, France and Italy. As a greater percentage of the population lives longer, it is important that provisions be made for supporting the needs of this increasing sector of the population.

The Commonwealth of Australia's *Intergenerational Report* (Commonwealth of Australia, 2015) provides an analysis of what might happen to Australia in the next 40 years based on data from recent trends (Figure 1.3).

The report predicts that in Australia by 2054–55:

- Average life expectancy for men will be 95.1 years.
- Average life expectancy for women will be 96.6 years.
- 4.9 per cent of the population will be aged over 85 years.
- The number of people aged over 65 years will have doubled from 2015.
- The percentage of people in the workforce aged 65 years and over is projected to be 17.3 per cent (up from 12.9 per cent today).

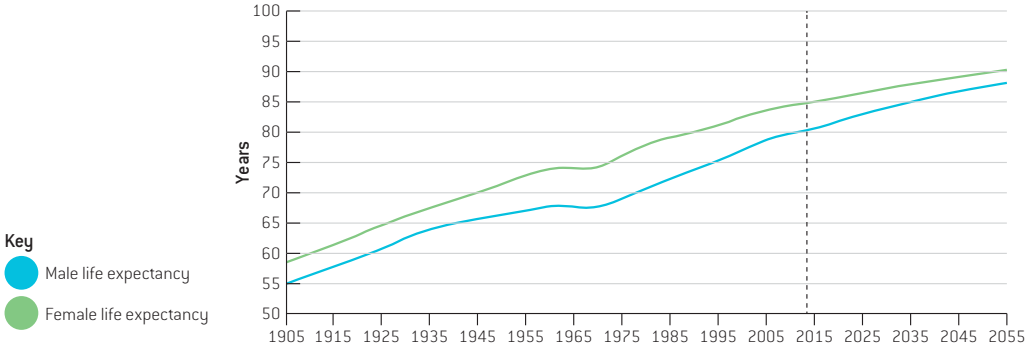


FIGURE 1.3
AUSTRALIAN MALE AND FEMALE LIFE EXPECTANCY, 1905–2055

(Commonwealth of Australia, 2015, p. 6)

For children born in New Zealand, a female born between the years 2012–14 can expect to live to 83.2 years and a male 79.5 years—a difference of 3.7 years. This is an increase compared with the statistics of the 1980–82 period, where a female could expect to live to 76.4 years and males 70.4 years (Statistics New Zealand, 2013).

About one in seven people in Australia is aged 65 years or older but some variation in numbers exists between states, with South Australia and Tasmania having the highest percentages of older people. Overall, the proportion of older people who live in major urban areas (i.e. population over 100,000 people) is greater than in smaller cities and towns—69 per cent versus 23 per cent. As the population ages, there is a shift away from rural areas to major urban areas due to a range of complex factors, but illness and availability of health and aged-care services are particularly relevant for oldest age groups (Australian Bureau of Statistics, 2012c).

Future ageing—'baby boomers'

The end of World War II heralded the phenomenon of the 'baby boomer' generation. In 1945, Australia's service men and women returned home and family life resumed after an interruption of almost six years of wartime conflict. Nine months later saw the start of a population explosion as childbirth rates soared; more than four million Australians were born between the years 1946 and 1961. New Zealand's population increased by nearly 400,000 by the end of the 1950s, attributable to the 'baby boomers' and the migration from northern Europe (Labrum, 2009).

Combined with an increase in European migration to Australia, the baby boomers changed Australia, New Zealand and the world in the second half of the 20th century. This group has had a substantial impact upon Australian and New Zealand society, and the impact of large numbers of baby boomers retiring from the workforce will have considerable impact upon resources and future planning. Governments need to cope with the increase in demand for age pensions. As a generation, baby boomers are reportedly healthier, more active, better educated and have higher expectations than previous generations (Hunter, 2012).

Population geographers » people who scientifically examine the increase and decrease in population, people's movements over time, general settlement patterns and other aspects such as occupation and how people form the geographic character of a place

Population geographers can accurately predict the the numbers and characteristics of the older population of the 2020s and 2030s due to the number of 'baby boomers' currently aged in their 50s and 60s. Four demographic aspects of the ageing of Australia's population need to be considered when planning for efficient and equitable provision of residential care and home care in the future (Hugo, 2014):

- The numbers of older people will increase rapidly as the 'shockwave' of baby boomers will all move past age 65. The number of people aged 65+ in Australia will increase by 84.8 per cent, from 3.1 million older people in 2011 to 5.7 million in 2031.
- The proportion of older people (65+) will increase from 13.8 per cent of the total population in 2011 to 18.7 per cent in 2031.
- Baby boomers differ greatly from previous generations economically, socially, and in their values, attitudes, expectations and, most importantly, their health, all of which will have an impact upon their care needs.
- The locations where older people live will be different as more than a third of aged Australians live outside the capital cities. There is a move to coastal retirement areas and many country towns have an above average concentration of older people.

Active ageing—what do older people do?

Theoretical framework » a theory or theories that provide structure for understanding a concept and perceiving phenomena in a particular way

Contemporary framework » the most current theories that try to explain a phenomenon such as ageing

Rather than the traditional concept of ageing as a time of burden, fearfulness, passivity and dependency, there has been a paradigm shift so that ageing is embraced as a time of opportunity. Several **theoretical frameworks** are proposed to explain this paradigm shift. All these theories emphasise 'the importance of maintaining and fostering the physical and mental well-being of people as they age' (Buys & Miller, 2006). The **contemporary frameworks** are outlined in

Table 1.1, but the most predominant theoretical framework used in ageing research is that of **active ageing** as defined by WHO in 2008.

Active ageing » ageing so that people stay in charge of their own lives for as long as possible as they age and, where possible, contribute to the economy and society in order to enhance their quality of life

TABLE 1.1 DEFINITIONS OF CONTEMPORARY THEORETICAL FRAMEWORKS OF AGEING

FRAMEWORK	DEFINITION
Active ageing	'The process of optimizing opportunities for physical, social and mental well-being throughout the life course, in order to extend healthy life expectancy, productivity and quality of life in older age' (World Health Organization, 2002, p. 12)
Healthy ageing	'The ability to continue to function mentally, physically, socially, and economically as the body slows down its processes' (Hansen-Kyle, 2005, p. 46)
Productive ageing	'Any activity by an older individual that produces goods or services, or develops the capacity to produce them, whether they are to be paid for or not' (Bass, Caro & Chen, 1993, p. 6)
Successful ageing	'Low probability of disease and disease-related disability: high cognitive and physical functioning and active engagement with life' (Minkler & Fadem, 2002, p. 229)

The WHO (2002, p. 45) vision of 'active ageing' is based upon the three key pillars: *participation*, *health* and *security*. This allows for:

> *people to realise their potential for physical, social, and mental well-being throughout the life course to participate in society according to their needs , desires and capacities, while providing them with adequate protection , security and care when they require assistance.*

The definition of active ageing conveys a more inclusive message than just healthy ageing; it reflects the valuable contribution older people make to their families, communities and society in general. This perspective also recognises the importance of treating all people as *individuals*, as older people are a heterogeneous population and individual diversity increases with age. Therefore, it is important that supportive environments and healthy choices be fostered at all stages of life.

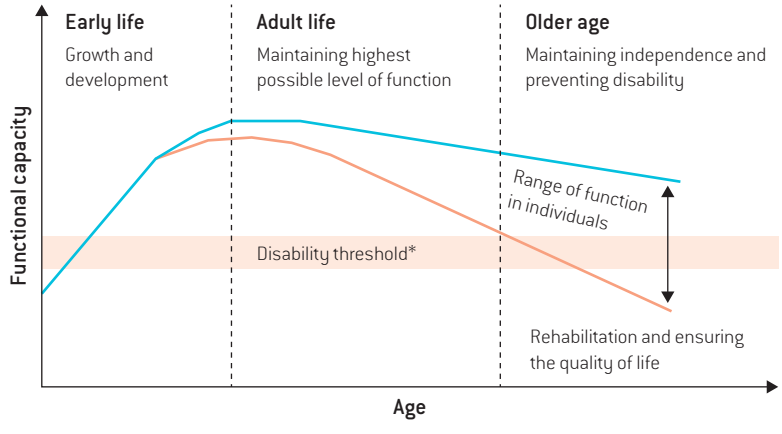


FIGURE 1.4 RELATIONSHIP BETWEEN FUNCTIONAL CAPACITY AND AGE

(Kalache & Kickbusch, 1997)

An Australian study investigated what 'active ageing' meant to a group of respondents from a national seniors' organisation (Buys & Millar, 2006). It found that active social participation, interactions and involvement were higher priorities than health or security. Some examples of the responses from older people in the Buys & Millar (2006) study are presented in Table 1.2.

TABLE 1.2 RESPONSES RELATED TO ACTIVE, SOCIAL PARTICIPATION IN THE RESEARCH BY BUYS AND MILLAR (2006)

PILLAR	KEY POINT	COMMENT
Health	Physical health	'My greatest fear is that I may develop dementia and so I try to stick to a healthy diet, do some exercise, keep mentally active and keep my friends.' 'I enjoy active life in what my limits are.'
	Mental health	'Having the mental capacity to enjoy relationships with family and friends and to enable myself to continue to learn throughout my life.'
Participation	Social interaction	'The ability and time to develop friendships and to be able to nurture existing friendships and relationships especially family and in particular my grandson.'
	Involvement	'It means having a reason to get up in the morning.'
	Giving back	'Helping others in the community is extremely rewarding something I didn't take up till I was over 50.'
	Personal development	'Doing things that I/we have wanted to do but never had the time due to work.'
	Work	'To me being actively engaged in life means enjoying my work.'
Security	Home	'Being able to live in my home and keep house and gardens in order.'
	Life events	'Finding personal peace after the loss of my husband.'
	Independence	'I am able to make my own choices—able to keep my independence.'

Also see Chapter 4 on the personal perspective of ageing in a complex world and Chapter 12 about the impact of physiological changes on homeostasis.

PARTICIPATION IN EMPLOYMENT

Over the past 40 years, there has been a significant increase in the proportion of Australian people actively engaged in the workforce. The number of women in the workforce is growing and is anticipated to be 70 per cent by 2054–55. Older people have been able to extend their participation in the labour force because of the improvements leading to longer life expectancy, the rise of less physically demanding work and new technologies. Between the years 1978–79 and 2013–14, the participation of people aged 55–64 years increased from 45.6 per cent to 63.8 per cent (Commonwealth of Australia, 2015). In addition, participation rates of people aged 65 years and over in the workforce are expected to increase to 17.3 per cent by 2054, up from 12.9 per cent currently: 'This represents a significant opportunity for Australia to benefit more from the wisdom and experience of people aged over 65' (Commonwealth of Australia, 2015, p. ix).

In 1908, the non-contributory 'old age' pension was introduced in Australia with the expectation that men would retire at 65 years and women at 60 years. However, in recent years

other factors (including health, financial security, personal reasons, current economic conditions and demand for labour) have also affected individuals' decisions to retire. The anticipated economic impact of an ageing population triggered the Commonwealth Government of Australia to abolish **compulsory retirement age** of 65 years in 1999 and to actively encourage older people to remain in the workforce (Australian Bureau of Statistics, 2012c).

Compulsory retirement age » the age when you must cease paid employment according to law

Reflecting the Australian figures related to paid employment of older people, there is an increasing number of New Zealand residents engaged in employment. In the 2013 Census, 129,513 people (22.1 per cent) in this age group were in full-time or part-time employment. For men aged over 65 years, '28.8 per cent were employed in 2013—up from 23.6 per cent in 2006 and 17.2 per cent in 2001. The proportion of women in this age group who were employed increased, but the overall proportions were smaller—16.5 per cent in 2013, up from 11.4 per cent in 2006 and 6.9 per cent in 2001' (Statistics New Zealand, 2013, p. 23).

A summary of the types of occupations that people aged 65 and older engage in are presented in Table 1.3.

TABLE 1.3 PRINCIPAL OCCUPATIONS OF AUSTRALIANS AGED 65 YEARS AND OVER

MEN	WOMEN
211,00 total of employed men over 65	**116,00 total employed women over 65**

» 26 per cent of them were managers
» 21 per cent were professionals
» 14 per cent were technicians and trades workers
» 11 per cent were machinery operators and drivers
» 11 per cent were labourers—largest group were cleaners
» Leading occupations of these:
  » 14,000 were livestock farmers
  » 4,300 were accountants
	» 28 per cent were clerical and administrative workers
	» 21 per cent were professionals
	» 8 per cent were managers
	» 10 per cent were community and personal service workers
	» Just under 10 per cent were labourers—largest group were cleaners
	» Leading occupations of these:
	  » 4,800 were secretaries
	  » 4,900 were nurses
	» 6,500 were livestock farmers

(Adapted from Australian Bureau of Statistics Census data, 2012b)

These Australian figures reflect the situation in New Zealand: the majority of those employed and over 65 years of age are in managerial positions, clerical workers and labourers. The majority of women who remain in the workforce in New Zealand hold administrative and clerical positions (Statistics New Zealand, 2013).

Also see Chapter 9 on employment and volunteering.

FOCUS QUESTION

If older people continue to be a vital part of the workforce, what considerations need to be given to:

- work health and safety regulations?
- physical age-related changes?
- mental health?
- transportation?

LIFELONG LEARNING

Lifelong learning » learning that occurs all through life, in both formal and informal situations, that is flexible, diverse and available at different times and in different places

For many older adults, the cessation of work heralds the start of many new opportunities to engage in activities they have desired to do but never before had the time or opportunity. The benefits of **lifelong learning** extend beyond the immediate advantages of improved skills, new opportunities and mental stimulation. They include greater social and physical well-being, better memory, greater self-esteem, and more social networks and friendships. For older people in particular, learning activities provide the opportunity to keep up with social and technological change. It is for these reasons that lifelong learning is considered integral to the 'active ageing' approach (Fitzgerald, 1996).

Learning does not have to be restricted to 'formal' learning situations where people enrol in courses of study, but can be in informal groups such as a book club, playing cards or bridge on a regular basis, meeting friends for coffee, and discussing local affairs. For some older adults, entering the **Third Age** opens up opportunities for them to pursue new interests or pick up hobbies they have not had time to pursue (Formosa, 2012).

Third Age » approximately between ages of 65 and 80 years, following retirement, and a time when there are fewer responsibilities, coupled with greater freedom to pursue self-fulfilment

Two opportunities for lifelong learning are explained in the following sections. The first, U3A, is an opportunity for older people to learn concepts, theories and skills in a casual environment with other people their age. The second, Men's Sheds, is an Australian phenomenon providing opportunities for men. Both of these examples offer older people a chance to engage in lifelong learning.

U3A (University of the Third Age): U3A is an international movement founded in 1973, and promotes and practices lifelong learning by providing low-cost educational opportunities in a relaxed and informal environment. No prior educational qualifications are required and there are no tests or examinations. The movement is unique in that each group chooses its program content and its success is due to the willing participation of members in varying degrees. As of 2013, Australia had developed 250 U3As with approximately 85,000 members.

Men's Shed: This is community-based, non-profit, non-commercial organisation that is accessible to all men. The primary activity is the provision of a safe and friendly environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men. A major objective is to advance the well-being and health of their male members (Wilson, Cordier, Doma, Misan & Vas, 2015).

Video 1.1: Ray talks about the importance of men's sheds in his video.

FOCUS QUESTIONS

- Why do you think older people would want to continue learning when it is not required?
- How would attending the Men's Shed enhance the physical, social, psychological and spiritual health of older men?

GIVING BACK

Volunteer » a person who gives their time for no monetary payment

Volunteers make a valuable contribution to society both economically and socially and older people are an important source of volunteer participation. According to the Australian Bureau of

Statistics 2010 *General Social Survey*, 31 per cent of people aged 65 and over had participated in voluntary work in the previous 12 months, with similar volunteering rates for older men (32 per cent) and women (31 per cent) (Australian Institute of Health and Welfare, 2013). Older people have a lot to offer society as volunteers as they are very committed, bring life experiences and skills, and have the time to commit.

Another aspect of giving back is the older person as carer. Many older people provide **informal unpaid care** to others, perhaps through caring for a spouse or partner, a child, a relative or grandchildren. The person may or may not be living with them in the same household.

Informal unpaid care » regular and sustained care and assistance provided, without pay, for family members and friends in need of support due to physical, cognitive or mental conditions

Also see Chapter 5 on family and carers.

RECREATION

Interviews with older Australians about their perceptions of ageing have revealed that maintaining good physical health is regarded as a priority in ageing well, along with **social connections** (Everingham, Lui, Bartlett, Warburton & Cuthill, 2010). Regular exercise is considered to be a key factor in keeping older people healthy. The Australian Department of Health recommends that older people 'should be active every day in as many ways as possible, doing a range of physical activities that incorporate fitness, strength, balance and flexibility' (Australian Department of Health, 2013). Older people can actively engage in physical activity in many different ways (see Table 1.4).

Social connections » participating and contributing to interactions with others within a community

TABLE 1.4 DIFFERENT WAYS OLDER PEOPLE CAN ACTIVELY ENGAGE IN PHYSICAL ACTIVITY

Incidental activity	Routine activities that can be performed as part of everyday life (for example, housework, walking to the local shop instead of driving, gardening and raking leaves, and vacuuming)
Leisure pursuits	Golf, lawn bowls, bocce, woodwork, and various types of dancing (for example, ballroom dancing and line dancing)
Structured activities	Walking groups, strength training, tai chi or other group exercise activities, hydrotherapy classes (exercise in water) and yoga
Supervised physical activity	Exercise programs specifically designed by a physiotherapist or exercise physiologist targeting individuals with medical conditions such as heart problems, including following heart surgery; chronic respiratory problems; neurological problems such as stroke and Parkinson's disease; moderately severe arthritis; mental health issues such dementia; and those with a high risk of falls

(Adapted from Australian Department of Health, 2013)

In 2012 BUPA surveyed 1,000 Australians aged 50 or over about their attitudes to ageing, understanding of dementia, attitudes to aged-care reforms and the role of GPs in the aged-care industry (BUPA, 2012). The survey found that the aspect of ageing considered most important was the ability to feel a sense of freedom and not be encumbered by decision-making and responsibilities. While many respondents expressed the wish to be surrounded and supported by their families as they aged, 21 per cent of those surveyed did not consider being a baby sitter for their grandchildren as a part of ageing.

Also see Chapter 10 on leisure and recreation.

FOCUS QUESTIONS

- Is it important that every older person be treated as an individual with independent needs and desires?
- What does the BUPA lifestyle survey tell you about opinions of older people?

Living arrangements—where do older people live?

Despite the common misconception that many older people live in aged-care facilities, the majority of older Australians in 2011 (94 per cent) lived in **private dwellings**, mostly with their spouse or partner (Australian Bureau of Statistics, 2012c). An additional 4 per cent lived in non-private dwellings such as **retirement villages** and 5.5 per cent required cared accommodation. Older people either lived alone (25 per cent) or, if not living with a partner, lived with other relatives such as a sibling or with their children (8.2 per cent).

In New Zealand, of those over 65 years living in private dwellings, 51.1 per cent are couples while 28.8 per cent live alone (see Table 1.5).

Of those of the same age group who live in non-private dwellings:

- 88.8 per cent were in residential care for older people
- 3.1 per cent were living in hospitals
- 2.4 per cent were living in residential and **community care** facilities.

Others lived in hotels and motels, boarding houses and motor/camping grounds (Statistics New Zealand, 2013).

Private dwellings » any self-contained structures intended for people to live in and which are habitable on Census night: houses, motels, flats and residences in caravan/residential parks, camping grounds, marinas, manufactured home estates and retirement villages

Retirement village » purpose-built accommodation for people aged over 55 who wish to live independently

Community care » programs designed to support older people to live in their own homes

TABLE 1.5 LIVING ARRANGEMENTS OF OLDER PEOPLE, 2013, IN NEW ZEALAND

HOUSEHOLD COMPOSITION	PER CENT
Couple only	51.1
Couple only and other person(s)	2.3
Couple with child(ren)	5.0
Couple with child(ren) and other person(s)	1.9
One parent with child(ren)	3.1
One parent with child(ren) and other person(s)	1.3
Two-family household (with or without other people)	3.7
Three or more family household (with or without other people)	0.3
Household of related people	0.8
Household of related and unrelated people	0.1
Household of unrelated people	1.6
One-person household	28.8

(Statistics New Zealand, 2013)

WHERE WILL OLDER PEOPLE LIVE IN THE FUTURE?

The World Health Organization stresses the impact of **appropriate housing** and access to community and social services upon people's independence and quality of life. Appropriate housing is valued very strongly by older people as they wish to age comfortably and safely within a community with a sense of belonging (Aged and Community Services Australia, 2015).

Appropriate housing » a dwelling that provides security, stability, privacy, safety and control

TYPES OF HOUSING

Retirement villages: People often confuse retirement villages with aged-care residential facilities. A retirement village is currently one of the main options for people wishing to live independently in purpose-built accommodation, but they do not provide nursing care. There are over 2,200 retirement communities across Australia, providing accommodation to over 170,000 Australians over the age of 55 (McCrindle & Madden, 2013). They are generally operated by not-for-profit, church and charitable entities or by commercial businesses, and residents need to purchase entry. Although retirement villages are legislated for and marketed to people aged 55 and over, most people do not move into this type of accommodation until they are in their mid-70s. A recent survey of operators and residents at Australian villages found that the average age on entry was around 73, while the average age of all residents was 79 years. A major proportion of retirement village residents are single or widowed, with a greater proportion of women (Aged and Community Services Australia, 2015).

The Productive Ageing Centre found that the top five factors for relocating into a retirement village are:

- assistance in case of declining health
- family does not have to look after you
- convenient location to facilities
- assistance with household and gardening chores
- less stress (National Seniors Australia, 2013).

Independent living units: Sometimes known as 'self-care units', these are typically self-contained living units within a community. Similar to retirement villages, to be eligible for residency in an independent living unit, older people need to be able to care for themselves as they would in their own home (Aged and Community Services Australia, 2015).

Community housing: Community-housing schemes target lower-income-earning older people, often by drawing on pooled resources. They exist in a number of different forms, including congregate housing, housing associations and housing cooperatives. Eligibility varies between types. Most require tenants to meet eligibility criteria set by the government as well as any specific eligibility requirements required by the particular community-housing organisation. The care and support component varies between and within each type, but usually involves an on-site housekeeper or support person, maintenance and some communal facilities (Aged and Community Services Australia, 2015).

Mobile home communities: Mobile home communities are typically parks with caravans and mobile or relocatable homes for permanent and temporary residents. They rarely include a care

component. However, operators of mobile home communities are increasingly targeting older people and offering communal services and facilities to meet their needs (Aged and Community Services Australia, 2015).

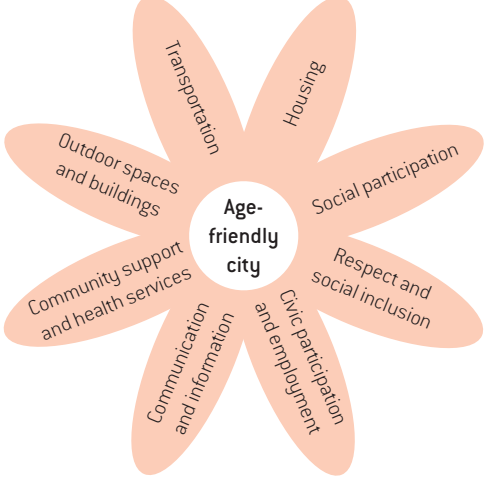
Assisted living villages: Assisted living villages are for people who cannot live completely independently, but do not require the level of care offered in residential aged care. Most assisted living villages are owned and operated by private, for-profit providers. Residents pay a weekly rental fee and other services, such as personal care and support with everyday living care available for an additional cost. The cost to residents is usually set at 85 per cent of the standard single age pension plus the full rate of the Commonwealth rent assistance payment; however, this varies between providers (Aged and Community Services Australia, 2015).

Age-specific boarding houses: Boarding houses, rooming houses and private hotels provide inexpensive accommodation to people of all ages on low incomes. Although there is some research that suggests that there are proportionately high numbers of low-income older people living in boarding houses, there is little evidence about boarding houses specifically targeting older people (Aged and Community Services Australia, 2015).

AGE-FRIENDLY CITIES

The World Health Organization (2007, p. 1) Age Friendly Cities Initiative encourages 'active ageing by optimising opportunities for health, participation and security in order to enhance the quality of life as people age' (see Figure 1.5). Older people spend a large portion of their time at home or in the surrounding neighbourhood so it is important for well-being that the physical environment encourages positive physical and mental health (Kendig & Phillipson, 2014).

FIGURE 1.5
CONCEPTUAL MODEL FOR AGE-FRIENDLY CITIES



(World Health Organization, 2007, p. 9)

The need for age-friendly cities is based on the following predictions:

- By 2030, two-thirds of the world's population will be living in cities.
- By 2030, one-quarter of urban populations in high-income countries will be aged 60 and over.
- 80 per cent of the time of people aged over 70 is spent at home; hence the importance of a high-quality physical environment.
- Fear of crime/feelings of insecurity (despite low levels of victimisation) may limit participation in 'normal daily life'; 33–50 per cent of older people may feel unsafe moving around their neighbourhood at night (De Donder et al., 2010).
- Older people have the 'right' to appropriate and supportive urban space.
- It is important to address the needs of the increasing number of people with dementia, who greatly benefit from stimulating external environments (Burton & Mitchell, 2006).

Growing older can facilitate changes in living arrangements, precipitated by factors such as death of a spouse, ill health or disability. Generally, older Australians want to retain their independence for as long as possible while maintaining their social and community connections. However, the 2012 Australian Census data showed 42 per cent or 1.4 million older people needed assistance with at least one activity due to their age or some type of disability. Older Australians required assistance with home maintenance, housework, healthcare, transport and mobility issues. Figure 1.6 outlines the percentages of people over age 65 who required assistance and the types of support required to keep older Australians living in their own homes.

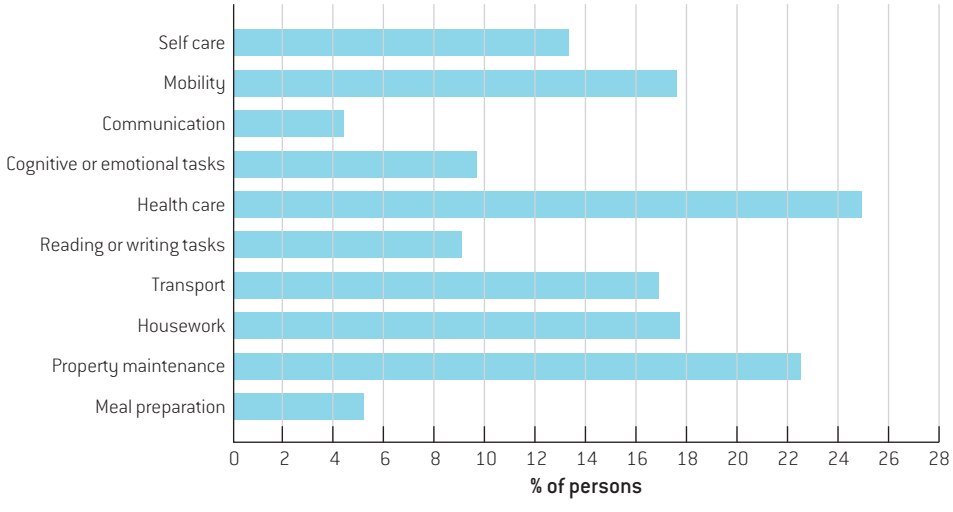


FIGURE 1.6 TYPES OF ACTIVITIES WHERE ASSISTANCE IS REQUIRED

(Australian Bureau of Statistics, 2012c)

Aged-care services

According to the Productivity Commission (2011), the majority of older Australians will require some type of support services in their later years. The type of service, intensity and duration will vary according to assessment of their individual needs, with most care and support provided by partners, family, friends and neighbours. **Informal carers** (Australian Bureau of Statistics, 2012c) provide up to 80 per cent of care in the community. Figure 1.7 outlines the continuum of services available to support older people.

Informal carer » an older person, family member or friend who provides care

FIGURE 1.7
TYPES OF AGED-CARE PROVISION IN AUSTRALIA

(Productivity Commission, 2011, p. xxiv)

FOCUS QUESTION

- The majority of people age within their own homes with no additional aged-care services. For the older person and for the community, what are the advantages and challenges of older people remaining in their own home?

CURRENT MODELS OF CARE IN THE AGED-CARE SYSTEM IN AUSTRALIA

The models of care lie along a continuum of care service delivery for older people across the health system and beyond. These aged-care services are provided by a variety of people who can be classified into four main groups: informal, formal, medical and allied health, and volunteers. In 2012, 2.7 million people identified themselves as carers, and around 350,000 paid workers were employed by 2,100 aged-care providers (Australian Bureau of Statistics, 2012c).

Informal carers: Family, friends and informal carers provide the greatest proportion of services to older people. A strong and sustainable community of informal carers is an important foundation for caring for older people living in Australia and New Zealand as they provide links to social networks, enhance quality of life and are adjunct to formal aged-care services.

Demographic trends indicate that the number of informal carers will continue to reduce over time, in combination with an increasing demand for aged-care services. This will cause a dilemma as to who will step in to fill the informal carer role, and the ways the costs to the aged-care system will be influenced. The projected increase in the number of older people requiring some form of assistance to maintain their independence and an anticipated decline in the number of informal carers means there will be an increasing demand for trained aged-care workers in the future (Productivity Commission, 2010).

Also see Chapter 5 on family relationships and informal caregiving

Consumer-directed care: Older people report that they want to play an active role in deciding where they want to live and to choose the types of care they receive. Evidence shows that consumer choice improves well-being, including higher life satisfaction, greater life expectancy, independence and better continuity of care. Commencing in 2015, consumer-directed care aims to support people receiving services to make decisions about the type of assistance and support they receive, so that they can tailor help to fit their way of living (Productivity Commission, 2011).

Formal carers: As people become frailer, their need for support can gradually increases. **Formal carers** in personal and healthcare services perform the majority of services provided by the aged-care system. Community care is designed to support older people to remain in their own homes for as long as possible, while residential care is provided within aged-care facilities. A range of services and care packages is available to support older residents as their care needs increase and become more complex (Hunter, 2012).

Formal carer » a paid, trained staff member providing care in facilities designed for older residents who require greater support, either in community-care or residential-care facilities

Community care: The biggest provider of formal community care is the Home and Community Care program, which in 2007–08 assisted more than 628,200 people over the age of 65 with the greatest amount of support provided for personal care assistance (Australian Institute of Health and Welfare, 2009). The aged and community care sector focuses on maximising, restoring and maintaining the independence and well-being of individual people, (Ellis, 2008). The Australian

Government has recognised the need for older people to maintain a healthy lifestyle for as long as possible, in addition to maintaining a good quality of life; this will help to moderate the demand for health and aged-care services.

The Australian Government, through the Department of Social Services, funds residential-care services and a range of support packages to assist older residents living in their own home (see Table 1.6). There are four levels of care packages available, with services ranging from personal care such as help with showering or mobility; support services such as home modifications, transport needs, access to social activities; and clinical care. An older person who wishes to access in-home support needs to be assessed by an **Aged Care Assessment Team (ACAT)** or, in Victoria, an **Aged Care Assessment Service (ACAS)** to determine the amount of support required to meet their individual needs (see Figure 1.8 for the types of care recommended following assessment). The assessment team can recommend one of the four different levels of support. The main difference between the home care levels is the *amount* of care and services that can be provided to the consumer, rather than the *type* of care at each package level.

Aged Care Assessment Team (ACAT) » a health team that provides assessment and approval to access services under the ***Aged Care Act 1997*** (Cth)

Aged Care Assessment Service (ACAS) » a health team in Victoria that provides assessment and approval to access services under the *Aged Care Act 1997* (Cth)

Transitional care » a program offered to older people following discharge from hospital to improve independence and confidence following a hospital stay

TABLE 1.6 LEVELS OF AGED-CARE SUPPORT FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF SOCIAL SERVICES

CARE LEVEL	TYPE OF SUPPORT	EXAMPLE OF CARE PROVIDED AND ELIGIBILITY
Level 1	Supports people with basic needs	Personal care, household or domestic assistance, social support, meals, shopping, rehabilitation
Level 2	Supports people with low-level care needs (equivalent to the former Community Aged Care Packages)	In addition to care provided for level 1, a person deemed to require level 2 care may also receive equipment on loan. The person is eligible to enter a hostel (low-level care facility).
Level 3	Supports people with intermediate care needs	Personal care, household assistance, meals and medications, nursing or allied health input, support with memory or behavioural changes, or assistance with aids and appliances A person would be eligible to enter a nursing home or dementia care unit, but the person prefers to remain at home.
Level 4	Supports people with high-level care needs (equivalent to the former Extended Aged Care at Home and Extended Aged Care at Home Dementia packages)	Equivalent to high-level residential care to support people with complex health care needs and nursing care A person would be eligible to enter a nursing home, but the person prefers to remain at home.

(Adapted from Department of Social Services, 2016)

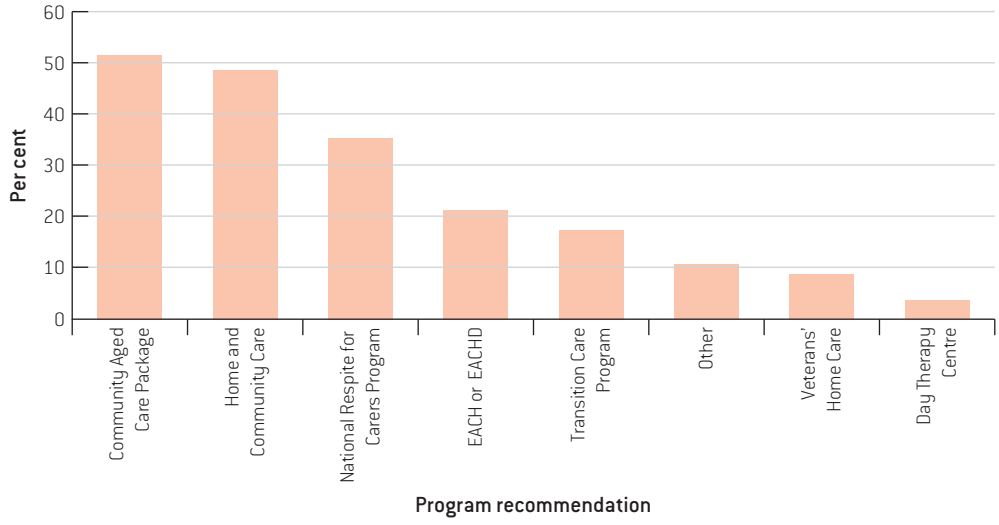


FIGURE 1.8
COMMUNITY-BASED PROGRAM RECOMMENDATIONS, 2010–11

Notes
1. Clients aged 65 and over are included, as well as Indigenous clients aged 50 to 64.
2. Clients who were recommended to receive support from multiple programs are counted separately under each applicable program.
3. 'Other' refers to the receipt of any other formal support or assistance provided or delivered by agencies (for example, transport and housing).

Source: AIHW analysis of unpublished Aged Care Assessment Program data from DoHA.

(Australian Institute of Health and Welfare, 2013, p. 262)

Transitional care: The Transition Care Program is a jointly funded initiative between the Commonwealth and states and territories, and commenced in 2004. It improves older people's independence and confidence after a hospital stay. **Transitional care** provides goal-oriented, time-limited and therapy-focused care to help older people at the conclusion of a hospital stay and aims to help older people leaving hospital to return home rather than prematurely enter residential care. Transitional care provides care in a home-like residential setting or in the community. The average duration of care is seven weeks, with a maximum duration of 12 weeks. In some circumstances, it can be extended by a further six weeks.

Centre-based support: Centre-based support in facilities such as community centres, neighbourhood centres and community health centres develops or maintains the capacity for people to live independently. They include structured group activities and social interaction (including outings and day trips) and can also provide a much needed break or 'respite' for family or friends who provide care and support to their loved ones (Ellis, 2008).

Centre-based support is also available through day therapy centres, which offer physiotherapy, occupational and speech therapy, podiatry and other therapy services to older people in a community setting. These therapies and services assist individuals and groups to maintain or recover a level of independence that allows them to remain either in the community or in low-level residential care.

Residential care: Residential-care services offer full-time care for older residents who can no longer care for themselves. These facilities may be privately owned or operated by church organisations, local councils and not-for-profit organisations. In some smaller rural areas, NSW Health works in partnership with the Commonwealth Government to operate multi-purpose services that include a proportion of high-care aged-care beds. The Australian government accredits, regulates and subsidises residential aged-care facilities.

The New Zealand residential aged-care system is outlined in Chapter 2.

Facilities with high-care beds provide 24-hour a day nursing care and assistance to people who have chronic physical or mental health conditions that require a high level of care. Some facilities also offer dementia care units and palliative care services. Low-care facilities (or hostels) provide accommodation, meals, cleaning, laundry and 'on call' supervision for people who are more independent than residents in nursing homes. Residential-care facilities are gradually moving toward 'ageing in place, which enables a person to stay within the one facility as their care requirements change over time. This reduces the need for residents to move facilities to access higher levels of care. Group homes and serviced apartments provide meals in a communal dining area and 'on call' service overnight in case of emergency (Department of Social Services, 2016).

Conclusion

The increase in life expectancy of Australians and New Zealanders due to better health, wealth and education means that the concept of 'ageing' and its implications needs to be reassessed in order to meet the needs of older individuals in society. Previously, upon reaching retirement age of 60 years, people were considered 'old' and negative stereotypes, where the community at large viewed older people as burdens to society on a one-way trajectory to nursing home care, dominated. The reality is that older people are very individual in their needs and most people remain healthy and active after retirement. 'Active ageing' reflects the valuable contribution that older people make to their families, communities and society in general, and facilitates individuality of choice in housing, employment, recreation and lifelong learning.

Advancing age does affect health and welfare, but there are many care options available to older people with a variety of types of housing, and levels of in-home care and support offered to maintain an individual's independence. Governments and planners are increasingly aware of the need for age-friendly cities and to provide opportunities for socialisation and choice for older consumers. For older people who develop complex health needs, residential facilities need to be well planned and well resourced with an appropriately trained health-care team who understand the multifaceted requirements of older residents.

Revision questions

1. How does the concept of heterogeneity relate to ageing?
2. Consider the consequences of stereotyping older people for you as a registered nurse and for the older person.
3. Ageing is a complex phenomenon. What does this mean for you as a registered nurse?
4. Revisit the questions at the start of the chapter to reflect on how your answers have changed.

REFERENCES

Aged and Community Services Australia. (2015). *The Future of Housing for Older Australians Position Paper.* Canberra: Author.

Australian Bureau of Statistics. (ABSa). (2012a). *Reflecting a Nation: Stories from the 2011 Census, 2012–2013. Who are Australia's Older People*? Canberra: Author.

Australian Bureau of Statistics. (2012b). *Recommendations on Physical Activity for Health for Healthy Older Australians*. www.abs.gov.au

Australian Bureau of Statistics (ABSb). (2012c). *Reflecting a Nation: Stories from the 2011 Census, 2012–2013. Where and How do Australia's Older People Live*? Canberra: Author.

Australian Department of Health. (2013). *Recommendations on Physical Activity for Health for Older Australians.* www.health.gov.au/internet/main/publishing.nsf/content/phd-physical-rec-older-guidelines

Australian Institute of Health and Welfare. (2009). *Australia's Welfare*. Canberra: Author.

Australian Institute of Health and Welfare. (2013). *Australia's Welfare 2013*. Cat. no. AUS 174. No.11. Canberra: Author.

Australian Institute of Health and Welfare. (2015). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2015*. Cat. no. IHW 147. Canberra: Author.

Bass, S., Caro, F. & Chen, Y. (Eds.) (1993). *Achieving a Productive Ageing Society*. Westport, CT: Auburn House.

BUPA. (2012). *BUPA National Aged Care Consumer Survey*. www.bupaagedcare.com.au/our-approach/Bupa%27s-viewpoint.

Burton, E. & Mitchell, L. (2006). *Inclusive Urban Design*. Oxford: Architectural Press.

Buys, L. & Miller, E. (2006). The meaning of 'active ageing' to older Australians: Exploring the relative importance of health, participation and security. Paper presented at the 39th Australian Association of Gerontology Conference, Sydney.

Commonwealth of Australia (2015). *Intergenerational Report: Australia in 2055.* Canberra: Author.

De Donder, L., Verté, D., De Witte, N., Buffel, T. & Dury, S. (2010). Reflections about interventions and strategies on increasing feelings of safety in later life. *International Journal of Social Sciences and Humanity Studies*, 2, 1.

Department of Social Services. (2016). www.myagedcare.gov.au/

Ellis, C. (2008). *Working and Learning in Community Aged Care*. South Australia: Aged and Community Services SA & NT Inc.

Everingham, J., Lui, C.-W., Bartlett, H., Warburton, J. & Cuthill, M. (2010). Rhetoric to action: A study of stakeholder perceptions of aging well in two local communities. *Journal of Gerontological Social Work*, 53, 760–75.

Fitzgerald, I. (1996). *Never Too Late to Learn: a Report on Older People and Lifelong Learning*. Sydney: NSW Committee on Ageing.

Formosa, M. (2012). Education and older adults at the University of the Third Age. *Educational Gerontology*, 38(2), 114–26.

Gorman, M. (1999). Development and the rights of older people (3–21). In J. Randel, et al. (Eds). *The Ageing and Development Report: Poverty, Independence and the World's Older People*. London: Earthscan Publications Ltd.

Hansen-Kyle, L. (2005). A concept analysis of healthy ageing. *Nursing Forum*, 40(2), 45–7.

Hugo, G. (2014). *Aged Care Financing Authority Second Annual Report: The Demographic Facts of Ageing in Australia*. Adelaide: University of Adelaide.

Hunter, S. (2012). *Miller's Nursing for Wellness in Older Adults*. Sydney: Lippincott Willliams & Wilkins.

Kendig, H. & Phillipson, C. (2014). Building age friendly cities: New approaches and evidence. In N. Denison & L. Newby (Eds.), *'If You Could Do One Thing…' Nine Local Actions to Reduce Health Inequalities* (pp. 102–11). London: British Academy Policy Centre.

Kalache, A, & Kickbusch, I. (1997). A global strategy for healthy ageing. *World Health*, 50(4), 4–5.

Labrum, B. (2009). The changing meanings and practices of welfare, 1840s–1990. In G. Byrnes (Ed.), *The New Oxford history of New Zealand*. Melbourne: Oxford University Press.

McCrindle, M. & Madden, C. (2013). *The McCrindle Baynes Villages Census Report 2013*. Sydney: Author.

Minichiello, V., Browne, J. & Kendig, H. (2000). Perceptions and consequences of ageism: views of older people. *Ageing and Society*, 20(03), 253–78.

Minkler, M. & Fadem, P. (2002). Successful ageing: a disability perspective. *Journal of Disability Policy Studies*, 12(4), 229–35.

National Seniors Australia. (2013). National Seniors Productive Ageing Centre. http://nationalseniors.com.au/be-informed/research/productive-ageing-centre

Productivity Commission. (2010). *Caring for Older Australians, Draft Inquiry Report*. Canberra: Author.

Productivity Commission (2011). *Caring for Older Australians: Final Enquiry Report.* Canberra: Author.

Roebuck, J. (1979). When does 'old age' begin? The evolution of the English definition. *Journal of Social History*, 12(3), 416–28. doi:10.1353/jsh/12.3.416

Statistics New Zealand. (2013). *2013 Census Quickstats about People Aged 65 and Over*. www.stats.gov.nz/Census/2013-census/profile-and-summary-reports/quickstats-65-plus.aspx.

United Nations, Department of Economic and Social Affairs, Population Division. (2013). *World Population Ageing 2013*. ST/ESA/SER.A/348. New York, NY: Author.

Warburton, J. & Savy, P. (2012). The aged care sector: Residential and community care. In E. Willis, L. Reynold & H. Keheler (Eds.), *Understanding the Australian Health Care System* (2nd edn). Chatswood: Churchill Livingstone Australia.

Wilson, N., Cordier, R., Doma, K., Misan, G. & Vaz, S. (2015). Men's Sheds function and philosophy: toward a framework for future research and men's health promotion. *Health Promotion Journal of Australia*, 26(2), 133–41. .10.1071/HE14052

World Health Organization. (2002). *Active Ageing: The Concept and Rationale Active Ageing: A Policy Framework*. Spain: Author.

World Health Organization. (2007). *Global Age-Friendly Cities: A Guide*. Geneva: Author.

World Health Organization Ageing, & Life Course Unit. (2008). *WHO Global Report on Falls Prevention in Older Age*. Geneva: Author.