



AUSTRALIAN ASSOCIATION OF  
**GERONTOLOGY**  
**NSW NOTES**

**SUMMER**

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Welcome to 2006. I hope it will prove an interesting and satisfying year for all our members, and that we can all make some contribution to increasing our store of knowledge about the experience of ageing. It will be an exciting year for AAG NSW, with the National Conference to be hosted here in November 2006 at the Wesley Centre in the heart of the city. We do hope you will participate in this conference, for which the chosen theme is "Diversity in Ageing". A Call for Papers, including oral presentations, posters and symposia will be included with the January edition of *AAG National*. In the meantime, please check with the conference website [www.aag.asn.au/conference2006.htm](http://www.aag.asn.au/conference2006.htm) for more details or contact the official conference organisers, East Coast Conferences at [aag@eastcoastconferences.com.au](mailto:aag@eastcoastconferences.com.au) or 1300 368783.

In this edition of *NSW Notes*, you will find papers from the very successful seminar on mature age employment which was convened last September by Prof Sol Encel and reports on the visit by the 2005 RM Gibson Fellow Prof Jon Pynoos from the Andrus Gerontology Center, University of Southern California. You will also find an invitation to attend our 2006 Rural Conference at the Tamworth Regional Entertainment Centre, the home of country music on 23-24 March 2006. Our Hunter Chapter is convening this conference, under the leadership of Prof Julie Byles and Dr Lynne Parkinson from the Centre for Gender, Health and Ageing at the University of Newcastle. They have put together an outstanding program under the theme "*Positive Ageing – something to sing about!*" and I am sure everyone who attends will be richly rewarded.

*Felicity Barr*

**President**

**AAG (NSW Division)**

**COMING AAG EVENTS IN NSW**

**RURAL CONFERENCE**

**23-24 MARCH, 2006**

**NATIONAL CONFERENCE**

**22-24 NOVEMBER 2006**

The following papers and abstracts are from the seminar: **WORK TILL 100? The Labour Market of the Future** held on the 9th September, 2005 at Concord Hospital.

### Chairman's Introduction

When I was a lad – just a few months ago – there was a popular British thriller writer called Peter Cheyney. His heroes regularly got into trouble with alluring women of mystery, so it is not surprising that one of his books was called *Dangerous Curves*. I hadn't thought about Peter Cheyney for many years, but then I started reading the recent report by the Productivity Commission entitled *Economic Implications of an Ageing Australia*. This report is not exactly a thriller in the Peter Cheyney vein, but it is full of dangerous curves – not the kind which got Cheyney's heroes into strife, but graphs which tell us how the population is ageing, the labour force participation rate is falling, and the cost of aged care will go through the roof.

This report joins a long line of similar official reports, roughly one every year since 1992, and the message is much the same in each of them. This is not to mention unofficial reports, which have proliferated even faster, and I must plead guilty to contributing to some of them. I shall quote from the Productivity Commission report, since it is the latest and most up to date. It also contains more curves than its predecessors. Here are some of the examples:

- By the year 2045, one-quarter of Australians will be aged 65 years or more, approximately double the present proportion
- Within this age group, the so-called 'oldest old' will increase even faster
- As more people move into older age groups, the labour force participation rate will drop from 63% at present to 56% by 2045 and hours worked per head will drop by 10%

- The growth of GDP per head will slump sharply, down to 1.25% within 20 years
- Government expenditure on health, aged care and pensions will grow faster than GDP. The cost of health care will be the major factor, rising by 4.5 percentage points of GDP by 2045
- Unless appropriate action is taken, there will be a 'fiscal gap', in other words, the gap between tax revenue and expenditure of 6.4 percentage points by 2045.

Having presented us with these gloomy predictions, the report then drives the message home with its most spectacular curve, which uses the familiar graph of population distribution in the shape of a pyramid. In 1925, population distribution was indeed shaped like a pyramid. By the year 2000, it had developed a number of bulges corresponding to the demographic history of the past 80 years, and by 2045, it is likely to take the shape of a coffin, which curves out and then in near the top. Indeed, this section of the report is entitled 'From Pyramid to Coffin'.

Well, there's a turn-off. I stopped reading at this point, and it required an effort to restore scholarly objectivity. Like all such reports, it has multiple authors, and they don't always speak with one voice. Presumably, there was a joker on the staff who couldn't resist the – coffin analogy. But the report concludes, soothingly, that 'population ageing can only be conceived as a crisis if we let it become one', and furthermore, that timely action would avoid a need for costly or 'big bang' interventions later on.

The title of this forum is, of course, a bit of a giggle, but it was inspired by the actual statements made in the past few years by the Prime Minister and the Treasurer, who are naturally concerned about the relatively low labour force participation rate of men and women aged between 55 and 64. This is currently 53%, slightly less than 60% for men and slightly more than 40% for women. By comparison, the participation rate for this age group is 63% in New Zealand and 63%

also in the United States. Not only that, but the age of exit from the work force actually fell by an average figure of 4 years between 1960 to 1995.

You may recall that Mr Howard has referred several times to what he calls the 'cult of early retirement'. On one occasion, he spoke of the need to retain so-called 'gold collar workers' in the labour force. In case you are wondering where that phrase came from, I understand that it was coined by the fast-food firm of McDonalds, who have a policy of employing older workers. This policy has a typical McDonalds' name attached to it, the 'McMasters Program'. Paradoxically, most people think of McDonalds' restaurants as staffed by very young casuals. The company discovered that they could attract older customers by employing older staff with better social skills. The program does not operate in Australia, but McDonalds has recognised the value of retaining older employees in administrative positions.

The retention of older employees in the labour force has become a major theme in statements of government policy to address the ageing of the population. In March 2002, Mr Kevin Andrews, who was then the Minister for Ageing, published a document entitled the 'National Ageing Strategy'. This policy statement reflects the range of issues identified in a number of reports by the OECD, including the reform of pensions and taxation systems to remove financial incentives to early retirement and financial disincentives to later retirement. The report also follows the OECD's concern with the employability of older workers and the need for training and retraining.

Since 1990, governments have introduced a number of measures which reflect this major theme. National occupational superannuation, introduced in 1992, was one step. A further step was to raise the pension age for women from 60 to 65, which will become fully operative this year. As a result, participation rates for women aged 60 to 65 have

risen significantly. The Pension Bonus Scheme, introduced in 1998, provides for an additional payment of 9% on top of the standard pension for those remaining in beyond age 65. In 2002, this was supplemented by providing for a lump sum payment of \$20,000 in lieu of the pension increase.

Early in 2004, the 'cult of early retirement' was attacked in several speeches by the Prime Minister and the Treasurer. Mr Costello, in particular, foresaw that full-time retirement would disappear and would be replaced by a combination of part-time work and part-time retirement. He announced a number of changes to the superannuation system, such as the liberalisation of restrictions on superannuation contributions for persons continuing in employment between the ages of 65 and 74. He also announced tax incentives which would encourage workers to access their superannuation assets while remaining employed, and to invest some of these funds. Part-time work, combined with a part-pension, would keep people working longer.

Unlike some European countries, which have raised the age of eligibility for old-age pensions, our Government, like the British government, has firmly denied any intention to raise the pension age beyond 65. Experience suggests, however, that politicians' denials should be treated with some scepticism.

While government proposes, it is employers who dispose. In general, employers show little inclination to employ or retrain older workers. When companies downsize, older workers are the most vulnerable to retrenchment. As a result, there is a disproportionately high rate of long-term unemployment among men over 55, and it has actually increased despite a fall in the overall rate of unemployment. Although discrimination in employment on the grounds of age became illegal in the 1990s, there is no doubt that discrimination is alive and well. Two years ago, the Business Council of Aus-

## 4 WORK TILL 100? The Labour Market of the Future

tralia published two reports entitled 'Age Can Work', one of which I wrote. The second report contains a code of conduct for employers, but so far it does not seem to have made much impact. Similarly, the Australian Chamber of Commerce and Industry has suggested that the Government pay employers a "learning bonus" to encourage older workers to retrain. The Government's response was to introduce tax cuts for workers over 55, and to appoint a Minister for Workforce Participation, charged with the task of increasing participation rates among older workers. We invited that Minister, Mr Peter Dutton, to address this forum, but he declined our invitation, as did Mr Andrews, who retains his interest in the subject although he is no longer Minister for Ageing. We do, however, have an official from Mr Andrews' department to speak to us today.

We have a varied panel of speakers to discuss a wide range of topics associated with the issues of mature-age employment and unemployment. Being myself a mature-age worker, I look forward to learning a lot more about the subject today, and I am sure that goes for all of us.

**Emertius Professor Sol Encel**  
**SPRC, UNSW Kensington**

### Age Balance at Westpac

Westpac Bank looked at its history of employment and decided to make changes. It was decided that they would look at a program of reintroducing the 45+ age group back into their work force, providing suitable jobs and training, and over a period of a year or two, over 900 of this age group are back on their work teams.

This discussion looked at "why" they decided to employ older aged people and their

decision to go down the path of looking at 45+ as an area of untapped resource.

**Madeleine Seletto**  
**Business Unit Consultant Westpac**  
**For further information please email:**  
**mseletto@westpac.com.au**

### Living longer – Working longer: The Health Picture

With population ageing and increasing average lifespan at birth, there is good evidence for "healthy ageing" and compression of morbidity or disability in younger-old people – those 60 to 75 years of age – but not in the older-old. This paper will discuss the distal and proximal causes of "healthy ageing" in the young old and contrast "healthy ageing" with "ageing with disability" in the old-old, those aged 85 years and over, with the following conclusions:

- Longevity is likely to be more of a boon, than doom and gloom
- Future drivers of costs are likely to be high technology health care for the younger-old, rather than good Residential Aged Care or Community Services for the older-old
- A number of future drivers of employment and productivity are likely to include a high technology health industry
- Healthy ageing in the younger-old will mean we could work to 80 years of age, in a brave new world of more attractive part-time jobs, but it may not be an economic necessity as the politicians are telling us
- However, we will need to conquer the neurodegenerative diseases if we want to work, or to enjoy life, to 100
- Education across the lifespan is one key to healthy ageing of the older-old

**Professor G A (Tony) Broe**  
**AAG National President & Scientific**  
**Director, Ageing Research Centre,**  
**Prince of Wales Hospital**

**The Policy Imperative for Mature Age Employment**

With population ageing a phenomenon being felt around the world, decreasing fertility rates and labour force participation rates declining further each year, Government, businesses and the community need to set in place policies to retain their mature age workers to combat significant skill shortages and loss of operational knowledge and experience.

Demographic projections show that the working population will grow at a rate less than one tenth its current pace for the decade of the 2020's. With many older workers leaving the workforce between the ages of 55 and 65 on average and increasing life expectancies, some people could be facing 30 year retirements, placing a huge strain on Government spending.

DEWR has recently conducted a survey of a broad section of its workers and has discovered some possible strategies to retaining mature age workers in their workforce. They have also conducted research on other employers' strategies to retain older workers and will include these findings in today's presentation. Other findings to be presented are the correlation between work and health in older workers and dispelling some of the myths surrounding mature age workers.

To conclude, a summary of policies and strategies will be presented as a guide for Government, business and the community to consider for retention of mature age workers.

**Diane McEwan**  
**Assistant Secretary, Mature Age Policy Group, Department of Employment & Workplace Relations**

**Room for Volunteering?**

The presentation explores what motivates older people to volunteer. There is a difference between the current older generation and the Baby Boomers about to come through into the older age category. Essentially current aged volunteers are motivated by a sense of civic duty or moral code. Baby Boomers are eager to contribute to the community (possibly from a sense of guilt relating to the 'me' generation) and enjoy new experiences and challenges

A typology for older volunteers is described with 'Nurturers', 'Adventurers', 'Socialisers' and 'Workers'.

Barriers to volunteering are also explored in the categories of personal, contextual, systemic and organisational. Also some ideas about how the barriers can be overcome.

The presentation concludes with some thoughts about how all of these factors impact on the future of volunteering.

**Stephen Duns**  
**CEO, The Centre for Volunteering**  
**Powerpoint presentation [www.aag.asn.au](http://www.aag.asn.au)**

**Ageing and the future Labour Force**

The ageing population will see a doubling of the retired population over the next 40 years but very little growth in the working age population. This is projected to produce a slowdown in the labour supply growth rate, a lowering of the labour force participation rate and an increase in the part-time proportion. As there will be fewer young people coming through and lower unemployment, it will be harder to attract and keep staff. This means the retention of older workers will become more important.

Currently half of males and three quarters of females retire early, this trend needs to be reversed. With less young workers coming into the labour force, employers need them and their experience. With an ageing population there will be greater demands on the aged pension, and on health & aged care services, the Government also needs them to continue working – and paying taxes

**Dr Simon Kelly**  
**National Centre for Social & Econometric Modelling**  
Powerpoint presentation [www.aag.asn.au](http://www.aag.asn.au)

### Capabilities of older workers

#### Who are “older workers”?

For the purpose of this paper, *older workers* are defined as *those between 45 and 64, plus the few over 65, who want to remain in or rejoin the paid workforce.*

There are two main groups of unemployed older workers:

- the white-collar workers who are well educated, have recent work experience, and only need some information and minimal updating training to become employable again, and
- the blue-collar, labouring or semi-skilled workers who need to reinvent themselves to become employable in the workplace of the twenty-first century.

This paper will concentrate on discussing some educational approaches which have been successful in offering realistic options to this latter group.

#### What are the main issues and problems that unemployed older workers face?

*The mature age unemployed* encounter all the same issues and problems as all unemployed people but are particularly affected by the following additional factors:

- Many have been recently retrenched from vocational areas they have worked in for more than 20 years, and some of these vocational areas have now disappeared completely as poten-

tial employers.

- They are faced with continual change, while often being criticised as “old, past-it and out-of-touch”
- They are likely to be out of work much longer than any other age group (eg males 45 – 64 are out of work an average of 85.8 weeks, compared with 15.9 weeks for 15 – 19 year-old males)
- Computers and IT are foreign notions to most of them, rather than essential workplace tools.

#### What can most older workers do more effectively than most teenagers?

A combination of experience and enhanced “crystallised intelligence” means that most older workers have advantages in many areas including:

- People skills
- Quality assurance
- Mental arithmetic
- Problem-solving
- Concept understanding and interpretation.

#### How can we educate under-confident older workers effectively?

- a) **Be flexible:** to cater for their different needs and aspirations
- b) **Consult and negotiate** with the students involved: Outreach has found that consulting with students about the content of their short part-time courses has ensured an average retention rate of 85% as well as offering them hope and helping them make decisions and take control of their own learning and their own lives
- c) **Plan strategically:** developing educational programs around local skills shortages and opportunities for greater involvement in their local communities
- d) **Offer a range of short and part-time courses** which encourage students to make decisions, commit themselves to their courses and keep moving along their particular training pathways, while at the same time offering them the time to develop effective study

habits, reflect on what they are learning, and consider their options. Trying a range of short courses also offers the chance for students to discover what they enjoy doing and what they might excel at

- e) **Encourage them to dream** – to form realistic long-term plans as well as short-term survival goals, which are achievable steps towards these dreams
- f) **Encourage them to pursue realistic options:** to consider developing a *portfolio of options* including training, volunteer work, and part-time paid work, preferably in an area of local skills shortages. Out of these various roles, a more permanent niche may emerge
- g) **Build on their strengths:** explore what older workers do better than teenagers, and concentrate on those areas rather than just computers
- h) **Take time:** one reason for the great success of the Outreach *Australians Working Together* project has been the fact that funding has been long-term (4 years) and coordinators have therefore been able to recruit, train and support teams of specialist teachers, develop appropriate educational resources, establish effective local and state-wide networks of community contacts and employers, and build up local credibility with their programs, as *word-of-mouth* has been consistently demonstrated as the most effective way of allaying mature age students' fears and encouraging them to attend classes again.

Most students passed through our part-time program in 2 – 6 months, but a few had to take dramatic new vocational directions to get work, and required a five to six year *personal journey* to find a real niche – a job that offered money, fulfilment and opportunities in the long-term.

**Derek Waddell**  
**TAFE Equity & Outreach**  
**Powerpoint presentation [www.aag.asn.au](http://www.aag.asn.au)**

**Looking ahead –  
the financial picture**

The “Super of the future” is an area of finance which needs to be discussed when looking at an older workforce. The areas needing to be analyzed are the projections of superannuation, groups most at risk of inadequate retirement savings, widows and widowers and divorcees. The big question, of course, is “How much do you need to spend in retirement?”

Other topics covered will be flexibility in retirement, years in retirement, sources of income in retirement (now and in the future) and the affordability of the Aged Pension. This seminar is looking at working into older age and the topic of – sources of income in retirement (role of paid work), attitudes to continuing in paid work, ageism and superannuation are all covered.

**Ross Clare**  
**Assoc. of Superannuation Funds of Aust.**  
**Powerpoint presentation [www.aag.asn.au](http://www.aag.asn.au)**

**Ageing, Work Organisation and OHS**

**Some important issues in workforce ageing are**

- Which ageing workers, which jobs?
- Relationship between ageing and OHS
- Ageing, flexible employment and OHS
- Ageing and work-life conflict
- Work ability and improving OHS of older workers

**And some conclusions are:**

- Older workers require special OHS attention and are differentiated by age, gender, occupation and skill levels etc.
- Flexible work may create OHS, WLC problems and must be responsive to workers' needs.
- Issues are poorly understood, interventions are rarely tested
- More research is required

**Professor Philip Bohle**  
**University of New South Wales**  
**Powerpoint presentation [www.aag.asn.au](http://www.aag.asn.au)**

SYDNEY



WOLLONGONG

**During November 2005 AAG NSW organised seminars in Sydney and Wollongong with Professor Jon Pynoos as the Keynote Speaker. Professor Pynoos was the 2005 R.M. Gibson Travelling Fellow. His presentation was followed by a range of other speakers who gave Australian perspectives on ageing in place. Following are summaries of a number of these presentations.**

**PROFESSOR JON PYNOOS** gave a comprehensive talk on housing modifications to benefit those people wishing to stay in their own homes as long as possible. His entertaining journey showed us how even the simplest change can make all the difference, and the bigger changes make a world of difference.

***“ WE ARE NOT DISABLED BY ACCIDENT OR ILLNESS BUT RATHER BY OUR SURROUNDINGS”***

He made the point that people like to remain in their own dwellings because they have a psychological attachment, feel secure and have ties to the neighbourhood that take a long time to create. They feel familiar with a residential situation and whether it is their home or a new home in an “elder friendly community”, the older person still retains their own independence.

Prof Pynoos explained that Home Modifications refers to converting or adapting the environment to reduce accidents, facilitate caregiving and healthcare, improve access, make daily tasks easier, increase comfort, support social interaction and engagement.

Professor Pynoos suggested that building appropriate housing in the first place would overcome these problems later in life. It was noted that people often postpone alterations and engaging healthcare providers as long as possible because of the associated stigma often waiting till something bad happens so it was recommended that education and enlightenment was the key factor in keeping the aged “staying at home safer, longer and happier.”

**Professor Jon Pynoos**

**Powerpoint presentation on the NSW page of [www.aag.asn.au](http://www.aag.asn.au)**

**Design and Ageing in Place**

As a concept, ageing-in-place has been accepted by the aged care / retirement village industry.

It's important because it values the idea of choice, supports a person's sense of identity and provides a least cost option to government. It also reflects an individual's housing and lifestyle preferences to decide where they want to live and the type and level of service they want to use. Essentially, ageing-in-place is a response to consumer choice, the notion of independence and enjoying well-being and quality of life.

Because of this, ageing-in-place challenges residential aged care providers to be conscious of individual wants rather than putting the needs of the group first.

In the design of retirement villages and residential aged care, environmental features can easily be incorporated to enable residents to stay as care needs increase and assistance may be needed.

While these design elements are considered important, residents cannot age in place and achieve a quality of life unless staff and management have care culture, skills and competence to confidently deliver the range of support required to assist a person to do so.

**Helen Guthrie**  
**Architect,**  
**Project Manager/Uniting Care Ageing**

**Home Modification in NSW:  
Creating a Safer Environment**

**A changing population requires more Home Modification assistance**

***Changing population demographics***

- Growth of older population  
22% of the total population will be 65 + by 2031 (ABS, 2002b).
- Disability rates increasing  
20% of Australians currently have a disability, an increase of 2-3% from the last census (ABS, 2005)

***Governmental policies***

- Ageing in place  
91% of people over 60 live in private accommodation (ABS, 2005).
- Deinstitutionalisation  
93% of people with disabilities live in the community (ABS, 2005).

***Increasing demand***

- \$14,321 million of private monies spent on retrofitting houses (ABS, 2001).
- 36% people with disabilities saying Home Modification needs are unmet (ABS, 2001)

**Care needed to age in the community as injury sustained at home is all too commonplace**

- The World Health Organisation lists home related injuries fifth amongst causes of death (Ranson, 1993).
- 12% of persons indicated that they had sustained an injury at home in the previous month (ABS, 2002b).
- 32% of injuries to people resulted from falls. (ABS, 2003)
- Home injuries result in annual health related expenditure estimated of \$3,029 million (Hill et al., 2000, 2004; Atech Group & Minter Ellison Consulting, 2001).

**Home Modification Service Providers**

1. Private builders
2. Home & Community Care Program
3. Veterans Affairs

4. Motor Accident Authority
5. Court Settlement
6. Department of Housing
7. Charities eg Variety club, Rotary, Country Women's etc

**The National Home & Community Care Program**

- The HACC program, a joint Australian, State and Territory Government initiative was created in 1985 to provide funding for services, which support people who live at home and whose capacity for independent living is at risk of premature or inappropriate admission to long-term residential care.
- The pool of HACC funding comprises approximately 60% Australian Government and 40% State and Local Government contributions.

**The Home Modification Sub-Program**

The objective of the Home Modification sub-program is to provide a range of one-off services to persons with disability, age related impairments and/or carers in order to prevent premature institutionalisation:

***Minor modifications***

- \* Grabrails;
- \* Handrails;
- \* Non slip coatings; and
- \* Widening doorways

***Major modifications***

- \* Ramps;
- \* Redesign of bathrooms and kitchens;
- \* Converting gardens to low maintenance.

**NSW Home Modification Program**

There are 116 services (90 outlets across NSW) at a cost of \$19 million.

**Practice Issues**

- \* Lack of uniformity of service provision
- \* Lack of access to current and relevant information
- \* Issues with availability of 'experts'
- \* Limited resources – financial, people, time
- \* Rural and Remote issues
- \* Equity issues

**MMinfo Project**

- \* The HMMInfo website was launched in November 2003.
- \* To create greater capacity within the Home Modification sector leading to improved residential housing outcomes for older people, people with disabilities and their carers
- \* The HMMInfo project provides a centralised and accessible online vehicle for collating, analysing and sharing information likely to improve home modification practice outcomes.
- \* To achieve this it works in partnership with the Home Modification service sector, peak organizations (both disability, ageing and construction) and State and Commonwealth government policy makers.

**Timber Systematic Review findings**

- \* No known published COF (co-efficient of friction) for timber i.e normal ambulation. let alone abnormal gait, wheelchairs etc.
- \* COF has linear relation to gradient as gradient increases COF decreases.
- \* Water, ice, mould & rot known timber issues
- \* Variety of timber profiles and coating systems available but no data on efficacy
- \* Coated timber composites, steel mesh or brushed concrete products being recommended in preference to reeded timber.

**Tile Coating Systematic Review findings**

- \* A study into the friction requirements for people with mobility impairments was found, people with mobility impairments require a surface COF ~0.6 for level surfaces and ~0.8 for ramps (Buczek et al, 1990)
- \* Smaller tiles provide greater COF due to the tile to grout ratio
- \* Unglazed tiles have a significantly higher COF than glazed tiles
- \* The COF of a tile that has had a coating applied was similar for both glazed

and unglazed tiles

**Grabrail Diameter Systematic Review findings**

- \* Power or cylindrical grip generates maximum gripping force (Achea, 1979;
- \* Dusenberry, 1996; Fothergill, 1992; Pauls, 1985)
- \* There is an optimal diameter for maximum grip force. This occurs when the wrist and forearm are aligned & the thumb and index finger are forming a 'C' when grasping the grabrail. (Achea, 1979; O'Meara, 2004; Pauls, 1985; Templer, 1992).
- \* Grips spans that are too large or small or inappropriate shapes may reduce grip strength (Hedge, 1999; O'Meara, 2004).

**Alerting systems Systematic Review findings**

- \* Flashing lights are more efficient than static lights. Flash rate should be minimum of 1Hz and maximum of 3Hz.
- \* White light is more effective than coloured light.
- \* Strobe lights are most effective but could not be reliably depended upon to consistently wake deaf people sleeping
- \* Within a room or large space the person should be no more than 15m away from the light signal.
- \* Only rooms that have a circumference of less than 15m can be adequately covered by a single strobe light centrally located.

**Home wayfinding lighting for visual impairment systematic review**

- \* An adequate level of illumination for an ambient lighting system to enable safe movement through a building is 20 – 40 lux (Standards Australia, 1990, 1998; Watson, 2002).
- \* A low level of illumination (0.05 – 1.0 lux) was sufficient for a lighting system to enable safe mobility, provided that the lighting system creates a high contrast with the background environment (Aizlewood & Webber, 1995; M. Wright et al., 1996; M. S. Wright et al.,

2002)

### Grabrail Orientations a Systematic Review

- \* Lateral orientation causes asymmetry and increases the compressive forces of the hip, the ankle and knee on the same side of the body as the rail (O'Meara, 2003).
- \* Horizontal grabrail may increase ankle torques where a vertical grabrail may decrease these torques.
- \* Hip torque is reduced with the use of a grabrail (Bahrami et al., 2000; Ongley, 1999; Roland, 1996; Schultz et al., 1992).
- \* Each orientation places the arm in a different position, which causes the joints to move differently.

### Hot Topic Summaries address niche products and legal liability

- \* Thermostatic mixing valves (Addresses Scalding & loss of core body temperature)
- \* Residential lifts (Addresses Under utilisation & misunderstanding of allowable types)
- \* Electrical safety in bathrooms (Addresses Electrocutation & misunderstanding of wet areas and zones)
- \* Home Modifications & Children's Growth (Addresses Changing need & individual measurement)
- \* Fire Egress (Addresses Modification of fire exits, smoke detectors and egress planning)

### Benefits to practitioners

- \* Practice questions can be more easily answered leading to more efficient use of resources
- \* Ease of locating & sharing a variety of materials
- \* Ease of access to & sharing of product information
- \* Reduction in duplication of effort

[www.homemods.info](http://www.homemods.info)

### Catherine Bridge

Faculties of Health Science

## Falls and Ageing In Place

### & Architecture

#### The University of Sydney

#### Fall injury in older people

- Fall injury is the single greatest trauma related cause of hospital admission for people aged 35+ years. Trauma is the fourth leading cause of admission for all causes.
- Total lifetime cost of falls \$644 million (\$333 million direct costs & \$311 million mortality & morbidity costs) in NSW
- Fall injury costs NSW Health nearly double the cost of road trauma

#### Falls and ageing in place

- A fall event is likely to change peoples environmental requirements and ongoing care needs
- Limited evidence that home modifications on their own necessarily prevent falls. A serious fall frequently becomes the precipitating event into permanent residential care for a frail older person
- Baby boomers will redefine the range of services and housing options that we provide in the future
- Multistrategic approaches required to enable ageing in place

#### Fall injury can be prevented and delayed

- There is a need to take a long-term public health approach targeting, in particular, all women who will reach the age of 75 during the next 50 years. While the problem emerges among older people, the root of the problem most likely lies in patterns of physical activity and diet in earlier years that interact with the processes of ageing and the environments in which older people live.
- In addition to the health service costs, there is the hidden cost of the impact on the lives of older people and their relatives and carers. Fear of falling can be debilitating and lead to inaction. The investment in fall injury prevention should be made with a view not only to managing health care costs, but improving the quality of life of older people, by reduc-

**NSW Health Falls Policy**

- In July 2004 the NSW Health Minister announced \$8.5 million for the implementation of the NSW Falls Policy over four years. Thereafter \$3 Million recurrent will be available. The responsibility for the implementation of the NSW Falls Policy is shared by agreement, with the Injury Prevention Policy Branch, NSW Health and the Clinical Excellence Commission (CEC). A NSW Leader Falls Program, Ms Lorraine Lovitt has been appointed to the CEC to provide state-wide co-ordination and support to the Area Health Services in the implementation of their falls plans. Each Area Health Service has received funding to appoint an Area Falls Co-ordinator.

**Goals**

- Develop pro-active approaches to fall injury prevention
- Address the environments in which people live
- Optimise the mix of preventive treatment responses
- Improve service systems for people at risk of falling
- Conduct research on which to base interventions
- Monitor and evaluate fall injury prevention and intervention strategies

**Policy and Guidelines****NSW Health Policy**

*Management Policy to Reduce Fall Injury Among Older People*

<http://www.health.nsw.gov.au/public-health/promotion/injury-prevention/types-of-injury/falls.html>

**The Australian Council for Safety and Quality in Health Care**

*Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals and residential aged care facilities*  
<http://www.safetyandquality.org>

**Lorraine Lovitt**

**NSW Leader Falls Prevention Program  
Clinical Excellence Commission**

**Falls and Ageing in Place****AIM**

“To prevent falls and fractures in older people whilst preserving autonomy and promoting independence”

Research 1960  
J. H. Sheldon – the grandfather of falls  
Stroke & Falls

**Falls Frequency*****Expanding literature on falls******Strongest predictors of falls***

- Advanced age
- History of falls
- ADL limitations
- Impaired cognition
- Stroke
- Parkinson’s disease
- Psychoactive medication use
- Use of more than 4 medications

***Strongest predictors of falls***

- Impaired gait and mobility
- Impaired ability in standing up
- Impaired ability with transfers
- Visual contrast sensitivity
- Depth perception
- Reduced peripheral sensation
- Muscle weakness
- Poor reaction time

***Successful RCTs in falls prevention******We know how to prevent falls***

- Are ED attendees routinely assessed for falls risk
- Are the visually impaired routinely offered an OT home assessment
- Is cataract extraction being accelerated
- Are doctors actively getting people off centrally acting medications
- Are strength and balance training programs expanding to meet need
- Do specialist falls services exist

<p><b>Ageing in Place A Providers Perspective &amp; Approach</b></p>
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**Policy*****NSW management policy to reduce fall injury among older people***

- Opportunity in NSW to implement the evidence
- Whole systems approach
- Supported at state government level
- Area health has responsibility for implementation plan

**Resources*****Future cost projections for NSW  
What resources***

- \$8.5 million over 4 years
- Thereafter \$2.4 M recurring

**Challenges**

- Sloppy slippers
- Gentle and seated exercise
- Handy Andy home modifications
- Glow in the dark toilet seats

**Conclusion**

- We know how to identify high risk populations
- We know how to intervene to prevent falls
- We have a policy which supports implementation of the evidence
- We have a critical mass of enthusiasts to drive this work forward
- We acknowledge limitations in our knowledge
- We must get on and do it!!!!

**Dr Jacqueline CT Close****Staff Specialist POW Hospital****Senior Lecturer UNSW****Senior Research Associate POWMRI**

Ageing in Place is a term that has many interpretations. This presentation outlines an approach to ageing in place followed by a large not for profit aged care provider which provides accommodation and services across a wide spectrum of residential care, community based care, independent retirement living complexes on the south eastern seaboard of NSW.

The organisation's approach is based on the original view of ageing in place developed by geographers based on ageing within one's community – not in the one building.

It has developed a concept definition of "ageing in place" for use within the organisation and a policy which governs its approach to implementation.

The organisation's approach has led to some clear evidence of the appropriateness of the accommodation (housing) being critical to a person's ability to meet the general desire to age at home.

Over 13 years of delivery of CACPs and some 8 years delivery of EACHPs the organisation has found that delivery of such services to people living in PURPOSE BUILT housing both with and without some minor early interventions enter a CACP and EACHP some 6 years later than those living in their own homes, public housing or private rental.

Length of stay is also only 18 months compared to 3 years for the latter group

This experience is replicated in a unique development developed by the NSW Dept of Housing and managed by the organisation where units may be either independent living or low care. Those transferring from Independent Living to low care do so 5/6 years

older than those entering low care directly from their own home or public housing.

This has clear implications for Government and incentives should be created for people to make appropriate housing choices. The issues associated with early interventions or monitoring are also appropriate for more research.

The evidence would seem to support that an appropriate housing choice significantly delays the need for a complex service type.

**Rex Leighton**  
**Corporate Policy Manager**  
**Illawarra Retirement Trust**

### Ageing in Place What is it?

- Ageing in place as a philosophy of care means that residents of an aged care home are able to remain in the same environment as their care needs increase.
- Ageing in place became a philosophy of care in Australia with the introduction of the Aged Care Act 1997.
- Prior to that, care was provided in hostels and nursing homes which functioned as separate facilities with separate funding and resident classification scales.

#### Overview of Demography

- 24,691 people (34.97%) in low care facilities received high care subsidy (RCS 1-4) across Australia for the June quarter 2005
- In NSW, this was 6770 people, or 31.3%
- 2,207 people (2.7%) in high care facilities received low care subsidy (RCS 5-8) across Australia.

- In NSW, this was 742 people, or 2.54%.
- 149,848 residential places in Australia across all RCS categories.
- 101,772 people (or 67.9%) received high care subsidy (RCS 1-4).
- 50,810 residential care places in NSW.
- 35,214 people (69%) assessed as high care (RCS 1-4) across all facilities.

#### Policy Directions Community Care a Real Option

- Planning ratios were formalised in the last budget (August 2005) to 108 per 1000 over the age of 70.
- 88% funded for residential care and 20% community care.
- 20% of the population over 70 receive care services.
- Of these, 11% receive care at home and 8.8% residential.
- New forms of community care (CACP's, EACH, etc) have meant there are now real choices.

#### Policy Options

##### *Funding, Changing Needs for Care, What will Influence Change*

- Consumer/client demand will have far greater influence on service provision.
- Market principles and increased competition will give consumers greater power.
- Separation of funding for accommodation from care.
- Technology will enable more strategic use of information from a client care perspective.

#### Policy Options

##### *Perspective of a Larger Provider*

- Investment in systems that measure client need and the cost of care from the client's perspective.  
 Better co-ordination of community care services including new focus on companion services and fee for service
- Greater investment in learning and development

### Problems and Challenges

- Government Policy around price and cost control.
- Political resistance to more user pays – especially if it means the family home.
- Provider resistance – service focus and capability.
- Staffing issues – supply and structure of workforce.
- Fragmented service delivery – especially in community care and commonwealth state relations.
- Local Government and land use planning for age-friendly communities.

### A New Definition of Ageing in Place

- Ageing in place is a philosophy of care enabling older people to receive the care they need regardless of the accommodation setting in which it is provided.

**Gillian McFee**

**Director**

**Uniting Ageing Care**



### Is it time to renew your membership of the AAG?

The advantages are:

- ◆ networking with a wide cross-section of people from many disciplines of gerontology;
- ◆ seminars, conferences or meetings, which discuss current local, national or international issues;
- ◆ Australian Journal on Ageing at discounted rates;
- ◆ quarterly national newsletter;
- ◆ Association with the RM Gibson Research Fund;
- ◆ Membership directory;
- ◆ Access to national, regional and international conferences and related materials;
- ◆ The opportunity to contribute to submissions to inform the development of policies affecting older people;
- ◆ Student section;
- ◆ Aboriginal and Torres Strait Islander Ageing Committee

Please see our website for details: [www.aag.asn.au](http://www.aag.asn.au)

### DR ELSIE HARWOOD

Born London 22/5/1911 – died Brisbane 31/12/2005

It is with sadness we report that Dr Elsie Harwood died on New Year's Eve.

Dr Harwood was one of the early members of Australian Association of Gerontology

Dr Harwood was born in London and after moving to Australia at the age of 3 was educated in Brisbane receiving a Scholarship which allowed her to attend the University of Queensland. After graduating she spent 6 years teaching at the University and St Margaret's Anglican School in Clayfield. From 1955 Dr Harwood worked as the Senior Lecturer at the Department of Psychology and then Reader in Psychology until her retirement in 1976 when she was appointed Honorary Research Consultant (Gerontology Research).

In 1970 Dr Harwood was appointed as Honorary Medical Psychologist at the Neurosurgical Case Conference at the Mater until 1997.

In 1966 a 20 year project known as "Operation Retirement" was commenced by Dr Harwood, Dr George Naylor and then Lex Irvine. This work provided a guide of what was possible during retirement – especially new learning and re-learning. This research is probably the most important longitudinal study in Australia and had implications worldwide. Dr Harwood was involved in many areas of psychology but will be remembered internationally for her work on geropsychology.

In 1985 Dr Harwood received an Honorary Doctorate of Science and in 1985 was made a Member of the Order of Australia for her contribution to research into ageing.

In 1988 Dr Harwood was honoured by the Australian Association of Gerontology which awarded her the first David Wallace address and medal together with life membership of the Association. Her "Operation Retirement" was reported at several AAG conferences, and was one of great importance in emphasising the positive aspects of ageing, demonstrating the ability of people to continue learning in old age. She was also a strong supporter of music therapy and participated in Music Therapy Conferences in Brisbane.

In 1992 the Australian Psychological Society instituted the Elsie Harwood Award to be given for high academic standard to a final year psychology honours thesis.

The above is extracted from an Obituary written by her nephew Paul Harwood. He also commented that "she influenced and shaped the lives of many and that her death was the end to an era of uncompromising service and dedication to learning and teaching"

## **POSITIVE AGEING - Something to Sing About**

**23-24 March 2006  
Tamworth Regional Entertainment Centre  
Tamworth NSW**

*Each year AAG (NSW Division) organises a conference to bring information on new developments in ageing research, policy, education and service provision to rural areas. This year's conference, in conjunction with the Division's Hunter Chapter, will highlight positive lifestyle and positive ageing, new or alternative approaches to aged care, and specific issues for rural areas and indigenous ageing. It will be of particular interest to AAG members, policy makers, social planners, researchers, students, aged care and health service providers.*

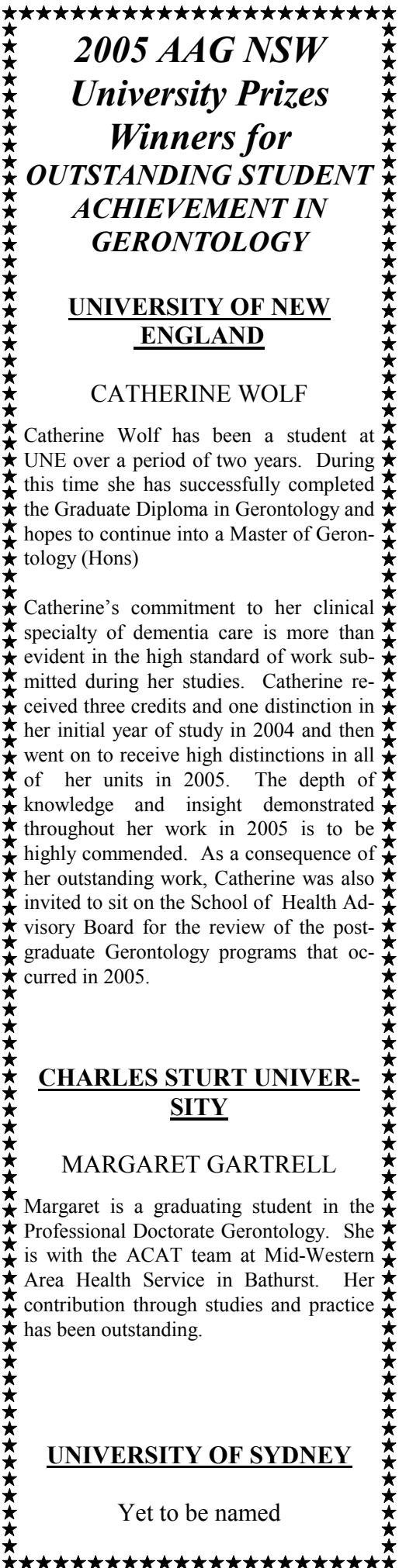
Just to give you an example of the excellent programme being put together, below is the first session of day one. Titled **LIFELONG ENGAGEMENT: jiving to the beat**

- *Close encounters of the third kind: sex and sexual expression in residential aged care* – Michele Chandler, PhD Candidate, University of New England (Winner of AAG University Prize for Student Achievement in Gerontology 2005)
- *Empowering the ageing: something to sing about* – Audrey Guy, PhD Candidate, University of Canberra
- *Gerontology in Gerontology: integrating humour therapy into dementia care* – Helga Merl, Manager and Laughter Boss, Dementia Advisory Service, Northern Sydney Central Coast Health
- *Keeping the doors open: singing for your supper after 50* – Beryl Shaw, Principal, Another Life Services
- *Creative arts, well-being and the older person: the Australian National Choral Festival* – Dr Terrence Hays, Faculty of Education, Health and Professional Studies, University of New England

**Speakers also include Professor Julie Byles, Professor Hal Kendig, Professor Colleen Cartwright, Professor Victor Minichiello to name just a few and some of the topics covered will be assessment, rehabilitation and aged care, highs and lows of ageing, older people and their communities, and many more.**

Our Brochure will be sent to you shortly but in the meantime keep 23-24 March available to spend time at this rewarding Conference.

For further information at this time, please contact  
Julia Atkinson or Jane Howorth  
Conference Coordinators – AAG NSW Rural Conference 2006  
East Coast Conferences  
PO Box 848, Coffs Harbour, NSW 2450  
**Tel: 1300 368 783 or (02) 6650 9800**  
**Fax: (02) 6650 9700**  
E-mail: [info@eastcoastconferences.com.au](mailto:info@eastcoastconferences.com.au)



**2005 AAG NSW  
University Prizes  
Winners for  
OUTSTANDING STUDENT  
ACHIEVEMENT IN  
GERONTOLOGY**

**UNIVERSITY OF NEW  
ENGLAND**

CATHERINE WOLF

Catherine Wolf has been a student at UNE over a period of two years. During this time she has successfully completed the Graduate Diploma in Gerontology and hopes to continue into a Master of Gerontology (Hons)

Catherine's commitment to her clinical specialty of dementia care is more than evident in the high standard of work submitted during her studies. Catherine received three credits and one distinction in her initial year of study in 2004 and then went on to receive high distinctions in all of her units in 2005. The depth of knowledge and insight demonstrated throughout her work in 2005 is to be highly commended. As a consequence of her outstanding work, Catherine was also invited to sit on the School of Health Advisory Board for the review of the post-graduate Gerontology programs that occurred in 2005.

**CHARLES STURT UNIVER-  
SITY**

MARGARET GARTRELL

Margaret is a graduating student in the Professional Doctorate Gerontology. She is with the ACAT team at Mid-Western Area Health Service in Bathurst. Her contribution through studies and practice has been outstanding.

**UNIVERSITY OF SYDNEY**

Yet to be named

**NEWSDESK**

2005 was very busy with many seminars and conferences organised and well supported. From the Rural Conference in Albury – “Crossing the Borders – Multidisciplinary approaches to ageing” to the day seminar “Work Till 100? The Labour Market of the Future” and the two half day seminars on “Ageing in My Place”, the Executive Committee has been very active and committed to carrying out the ideals of the AAG. We received great feedback and enthusiasm regarding the year’s events for the quality of the speakers, the excellent topics, and the great locations. If you weren’t able to attend any in 2005, then I suggest you try and get to at least one this year.

AAG NSW is hosting this year’s National Conference in Sydney on 22-24 November. It is titled “Diversity in Ageing” and I urge everyone to support this fantastic event. Many of us live in Sydney and it would be terrific if you could come along this year and enjoy, learn and network.

On March 23-24, our annual Rural Conference is being held in Tamworth and is aptly named “Positive Ageing – Something to Sing About”. I hear Rural Conferences are a lot of fun with everyone absorbing the wealth of information. Often country aged care workers find it difficult to get to city locations for these information feasts so AAG’s dedication in choosing country locations is thoroughly appreciated.

Two seminars were held in Sydney this year – “Work Till 100? The Labour Market of the Future” was a fascinating look at both the employers and the employees perspectives. Emeritus Prof Sol Encel’s “Introduction” at the beginning of these “Notes” gives a great insight into a fascinating round table topic.

“Ageing in My Place” attracted over 225 interested aged care workers, physiotherapists, occupational therapists, etc who were all keen to get the latest information on how to help older people stay in their own dwellings safely and happily. These half day seminars were held in Sydney and Wollongong. Prof Jon Pynoos from University of California was the drawcard, with his enormous list of publications, books and public speaking credits, and with the other local experts, this seminar was very well received.

A couple of notes of interest about distinguished members, Sue Kurle has been appointed as The University of Sydney’s first Curran Professor of Geriatric Medicine, and AAG Treasurer Chris Shanley has been awarded his Doctor of Education, based on a study of change management in residential aged care. Also we were sad to learn that Dr Elsie Harwood, a Queensland founding member, passed away. Her tribute can be seen on page fifteen.

Thank you to all who have supported and helped during 2005 and we look forward to seeing you at what already promises to be a very inspiring 2006.

Janet Gilchrist  
Executive Officer

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## DIARY DATES & INFORMATION

- 10-12 Feb 2006 Meeting is planned in Melbourne to discuss possible formation of an Interest Group on GLBTI Ageing  
If you interested contact:  
Heather.Birch@duc.vic.gov.au
- ACONs Healthy GLBT Ageing Strategy. The Aids Council of NSW (ACON) has released its draft Gay, Lesbian, Bisexual & Transgender (GLBT) Ageing Strategy. The strategy can be downloaded from the web site below. Comment is invited:  
<http://www.acon.org.au/community/index.cfm?doc id=1627&cat id=112>
- 23-24 Mar 2006 **Rural Conference**  
“Positive Ageing – something to sing about”  
Tamworth Regional Entertainment Centre, Tamworth  
Contact: Jane or Julie  
[info@eastcoastconferences.com.au](mailto:info@eastcoastconferences.com.au)
- 15 June 2006 **Elder Abuse Seminar**  
(Details still being finalised)  
Contact: Barbara Squires  
[barbaras@bensoc.org.au](mailto:barbaras@bensoc.org.au)
- 22-24 Nov 2006 **National Conference**  
“Diversity in Ageing”  
Wesley Conference Centre,  
220 Pitt Street, Sydney  
Contact: Jane or Julie  
[info@eastcoastconferences.com.au](mailto:info@eastcoastconferences.com.au)