COTA

50+ REPORT

with a focus on health and wellbeing

COTA NEW SOUTH WALES

Consumer Survey

2013

Council on the Ageing (NSW) Inc. ABN: 31 090 328 955

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Foreword

In 2013 COTA NSW conducted a consumer survey of people aged 50 years and over. This *50+ Report* reflects the views of the many people who participated in our survey.

The objective of this survey was to investigate consumer attitudes in relation to a number of issues important to older people. Respondents were asked to identify factors that contributed to their ability to age well, and to provide information about their current levels of access to, usage of and satisfaction with health services, including general practitioners, mental health services and hospitals. Additionally, respondents were asked to communicate their views about a range of end of life issues, including palliative care.

We believe some of the responses elicited by this survey merit further investigation. COTA NSW will conduct another major survey in 2014 regarding older people and housing, with the results to be released mid-year.

We wish to convey our appreciation to those who have participated in our consumer research to date and to invite them - and others aged 50 years and over - to further contribute to our understanding of their issues and aspirations.

Ian Day

Chief Executive Officer

COTA NSW

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Executive summary

Australia's demography is changing. According to the Productivity Commission's 2013 report, population growth is expected to slow to an average annual rate of 1.2% over the next 40 years, while projected average life expectancy is expected to grow. Girls born in 2012 are expected to live until 94.4 years and boys are expected to live until 91.6 years. In NSW, 'older people' (defined in our report as people aged 50 years and over) already comprise 32.8% of the population (ABS 2013), and this figure is expected to grow in coming years.

Older people will never again constitute a small proportion of the population. Understanding older people – their views, their experiences, their problems and their aspirations – is vital for any business, policy maker, service provider or community organisation who wants to interact with them. This report provides insights into the attitudes of this large population. It provides an analysis of the experiences and views of more than 1800 people living in NSW. Their views were collected through an online, self-administered questionnaire that further probed issues that had arisen in the consultations we undertake with older people via our Consumer Reference Groups.

Section 1 of this report provides an overview of the living situation of our survey respondents. It looks at home ownership rates, housing situation, age and regional variations and the unique experiences of women. While almost three quarters of respondents fully own their own home, home ownership rates drop in the 80 years and over age group as people move into retirement villages. Not surprisingly, home ownership rates among women are revealed to be slightly lower than among men (74.4% for men compared to 71.8% for women). We noted that older women who participated in our survey are almost twice as likely to live alone than older men, and that our survey pointed to a correlation between living alone and lower self-assessed levels of health and well-being.

Section 2 and Section 3 address the employment status and income sources of older people in NSW. Interestingly, many respondents were ceasing paid employment prior to the 'official' retirement age of 65. While respondents tend to live on multiple sources of income, the government pension is a source of income for two in five respondents. The results also show a strong relationship between health and well-being and financial security/financial stress, with those living on the age pension rating their health and well-being lower than those on other sources of income. Again, women reported increased financial pressure compared to men.

Section 4 examines respondents' health and well-being, and reveals surprisingly positive results. We asked respondents to rate their own sense of health and well-being on a five point scale and 85.6% rate it as 'excellent', 'very good' or 'good'. While health and well-being rates do decline with age, 80% of people in the 80 years and over age group rate their health and well-being highly.

We asked older people to identify the positive and negative factors that influence their ability to age well. In Section 5 we analyse both the positive and negative factors identified by older people and conclude that the five most important factors for ageing well are: health, fitness, activity, lifestyle and diet;

independence; engaging with community, friends and family; financial security and access to health services. We believe that the results in this section will be of great interest to policy makers.

Age discrimination is a key issue for COTA NSW. In Section 6 we asked whether older people had experienced age discrimination. Disturbingly, one in five respondents reported that they had. Respondents most likely to experience age discrimination are in the 60-69 year age group and surprisingly this declines in the older age groups (70-79 years and 80 years and over). Of the people who had experienced age discrimination, more than 50% reported that it occurred in the workplace and a similar number reported that they had experienced it when purchasing products or services. The results in this section of the report are important for both employers and businesses/service providers – particularly as the proportion of older people in NSW continues to grow.

Interaction with members of the public via COTA NSW Consumer Reference Groups prompted us to pose a series of questions about mental health and the associated support services in our survey. Section 7 addresses our respondents' views on these issues. We were pleased to find that four in five respondents said that they would seek help if they were concerned about their mental health. Of those who said they wouldn't seek help or were 'unsure', most identified 'losing control of my own life' as the main barrier to seeking help.

Sections 8 and 9 address participants' experiences with general practitioners and hospital care. Due to decreased mobility associated with ageing, we asked respondents to identify what could be done to improve access to appointments with general practitioners. The top rated factors were 'co-located services', 'better access to community transport' and 'better coordinated public transport'. We asked respondents to rate the most important factors of their hospital experience. Participants identified 'diagnosis, treatment and care clearly explained so I can understand how I can participate in my recovery and/ or self-manage my condition' as the most import factor (46.6%) followed by 'being treated with respect and dignity' (33.7%).

Sections 10 and 11 of this report look at respondents' experience of palliative care and end of life decisions. More than half of the respondents in our survey knew someone needing palliative care, and almost one in five had cared for someone needing palliative care. Just over a quarter of those who know or knew someone receiving palliative care did not feel that it provided 'a comfortable end to the person's life'. When we asked about end of life wishes, a large number of respondents believed that people should have the legal right to control the circumstances of their own death (three in four respondents). Furthermore three in four respondents could envisage a circumstance where they would 'contemplate being helped to die'. Once again, this section of our survey indicated that choice and control are highly important to older people, especially in the final stages of life.

There are important implications arising from the results of this survey. These are addressed in detail in the Conclusion of this report. COTA NSW believes that it is vital that the needs and aspirations of older people be understood. Indeed, any moves to better meet the needs of this population via the development of appropriate policies, programs, goods and services will strengthen our community and our economy.

Methodology

A survey of people aged 40 years and over living in NSW was conducted by COTA NSW in April and May of 2013. While those surveyed were aged 40 years and over (1840 respondents), the sample used for analysis in this report was those aged 50 years and over (1804 respondents and referred to in the report as *'older people'*).

The questionnaire was self-administered on-line through links to a third party provider. Respondents were recruited by email and notifications on various websites. A limitation of the survey is therefore that all respondents required a computer with internet access.

Those in the 60-79 year age group made up the bulk of the sample (83.8%), with the largest age group in the sample being the 60-69 year olds (55.9%). The smallest samples were at the polar ends of the age scale; 50-59 year olds (7.2%) and 80 years and over (9.0%).

The survey produced a representative spread of respondents living in metropolitan and regional areas – 57.4% of respondents 50 years and over living in greater metropolitan Sydney vs. 58.6% of people 50 years and over living in greater metropolitan Sydney (ABS 2011).

The geographic region described in this report as Sydney South, which includes an area from Fairfield past Campbelltown and including the Sutherland Shire (SA4 codes 123, 127, 128) was underrepresented with only 5.0% of respondents compared to 10.2% of people living in the region 50 years and over (ABS 2011).

Women were over-represented in the sample (61.1% women and 38.9% men of respondents compared with 52.2% women and 47.8% men of people 50 years and over in NSW [ABS 2011]).

Table A

Age Groups	Total %	Male %	Female %
50-59 years	**7.2**	5.3	8.3
60-69 years	**55.9**	50.1	59.6
70-79 years	**27.9**	32.5	25.0
80 years and over	**9.0**	12.1	7.1

COTA NSW also conducted five Consumer Reference Group consultations in metropolitan Sydney and regional NSW. These groups consisted of 15 to 25 participants aged 50 years and over. The discussions were generated by five consistent, open-ended questions about participants' health and well-being. The qualitative data from the groups was used to assist in designing the survey and to provide further insight into quantitative results.

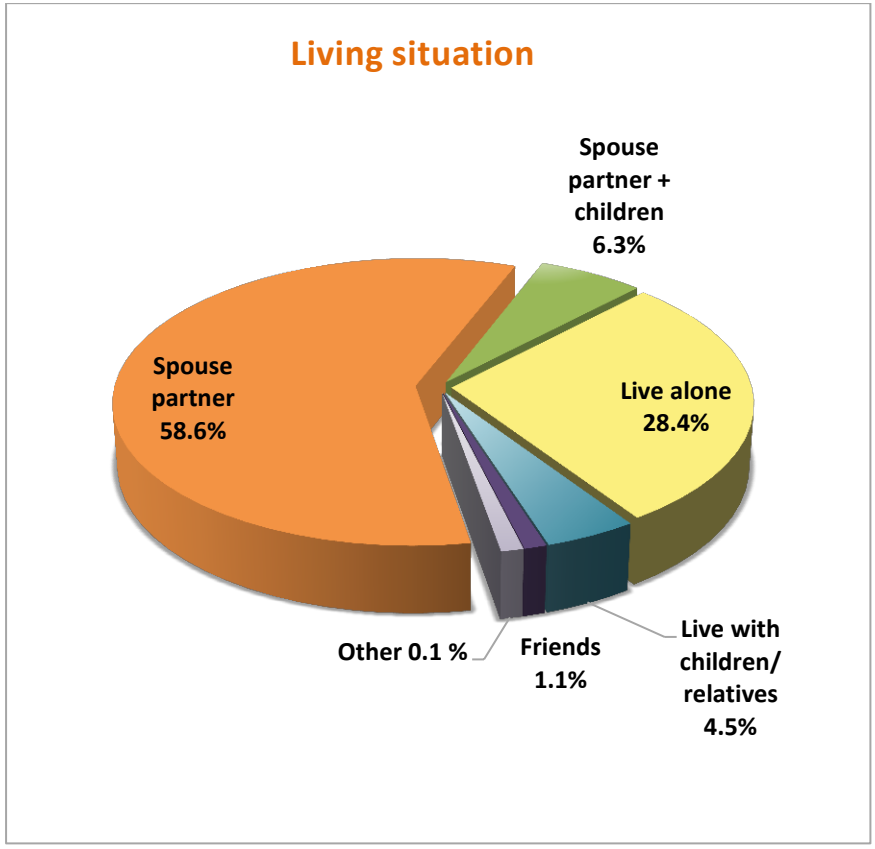
Results and analysis

1.0 Where and how older people are living

1.1 Living situation

Respondents were asked to describe their current living situation.

Figure A



The majority of respondents (64.9%) live with a spouse or partner, or spouse or partner plus children. However over a quarter (28.4%) of respondents live alone. This proportion is expected to grow between now and 2031, according to the Australian Institute of Health and Welfare (AIHW 2013).

In COTA NSW Consumer Reference Groups, respondents reported a strong desire to live alone or stay in their current home, rather than move into a retirement village, an aged care facility or in with relatives (even after their spouse or partner has passed away). This desire appeared to stem from the importance of remaining independent. The Productivity Commission (2013) found that older people generally want to remain in control of how and where they live, and the AIHW (2013) found that older Australians want to remain in their current accommodation rather than move into specialised accommodation.

Gender differences

Table B

Living situation by gender	Male %	Female %
Spouse/partner	71.9	51.1
Spouse/partner plus children/relatives	7.1	6.0
Spouse/partner and Spouse/partner plus children/relatives - combined	***79.0***	***57.1***
Live alone	18.8	35.1
Live with children/relatives	1.3	6.6
Live with friends	0.4	0.7
Other	0.4	0.6

Table B shows that women are almost twice as likely as men to live alone. Over one in three (35.1%) women currently lives alone, compared to just under one in five (18.8%) men. Similarly, women are less likely than men to live with a spouse or partner (57.1% of women compared to 79.0% of men). The Council of Australian Governments (COAG 2013) found similar results for the population aged 65 years and older, with 32% of women aged 65 years and older living alone.

The experience of older women

Given the considerable proportion of older women living alone found in our survey (35.1%), COTA NSW felt it was important to look further into the unique, gender specific issues that older women living alone may face.

Financial insecurity and the risk of social exclusion

Women generally outlive men and tend to live alone after widowhood. For many, widowhood presents women with their first experience of living alone. Although older widows often inherit a family home some women living alone face a rapid decline in financial stability due to social, economic and cultural factors. These circumstances place older women living alone at risk of poverty and housing insecurity (COAG 2013).

Evidence suggests that, in addition to their financial hardship, many older women living alone are isolated and excluded from their communities (Household Income and Labour Dynamics (HILDA) 2013).

Age differences

Figure B

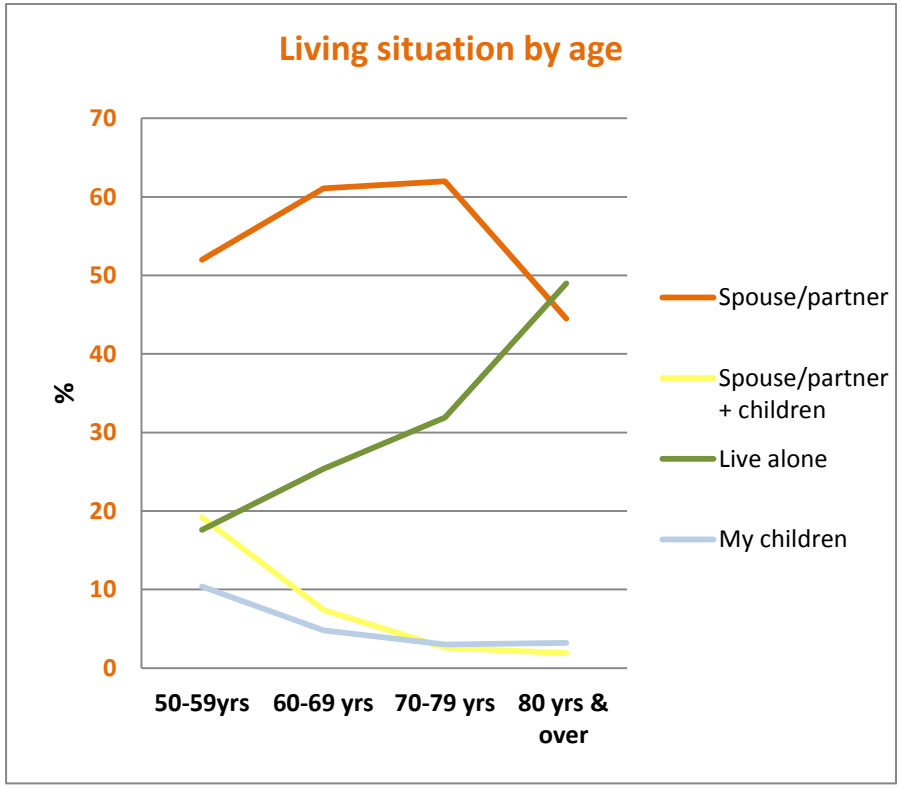


Table C

Living situation by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Spouse/partner	52.0	61.1	62.0	44.5
Spouse/partner plus children/relatives	19.2	7.4	2.6	1.9
Spouse/partner and Spouse/partner plus children/relatives	***71.2***	***68.5***	***64.6***	***46.4***
Live alone	17.6	25.4	31.9	49.0
Live with children/relatives	10.4	4.8	3.0	3.2
Live with friends	0.8	0.8	0.2	1.3
Other	0.0	0.6	0.2	0.0

Although our data is not longitudinal, it provides an indication of changes in living situation as people age. It can be seen from Table C that those in the 60-79 year age group are the most likely of all age groups to live with a spouse or partner (around 60%). This proportion declines considerably in the 80 years and over age group to 44.5%, where it is likely that the spouse or partner has passed away.

Living alone increases with age, from 17.6% in the 50-59 year age group, to 49.0% in the 80 years and over age group.

The largest proportion of respondents living with their children or relatives only was the 50-59 year age group (10.4%). As this is the youngest of the 'older' age groups, respondents are most likely to

be single parents with dependent children, rather than respondents living as a dependent with their children. The proportion of people living with children or relatives declines as they age - to only 3.2% in the 80 years and over age group.

Health and well-being differences

Figure C

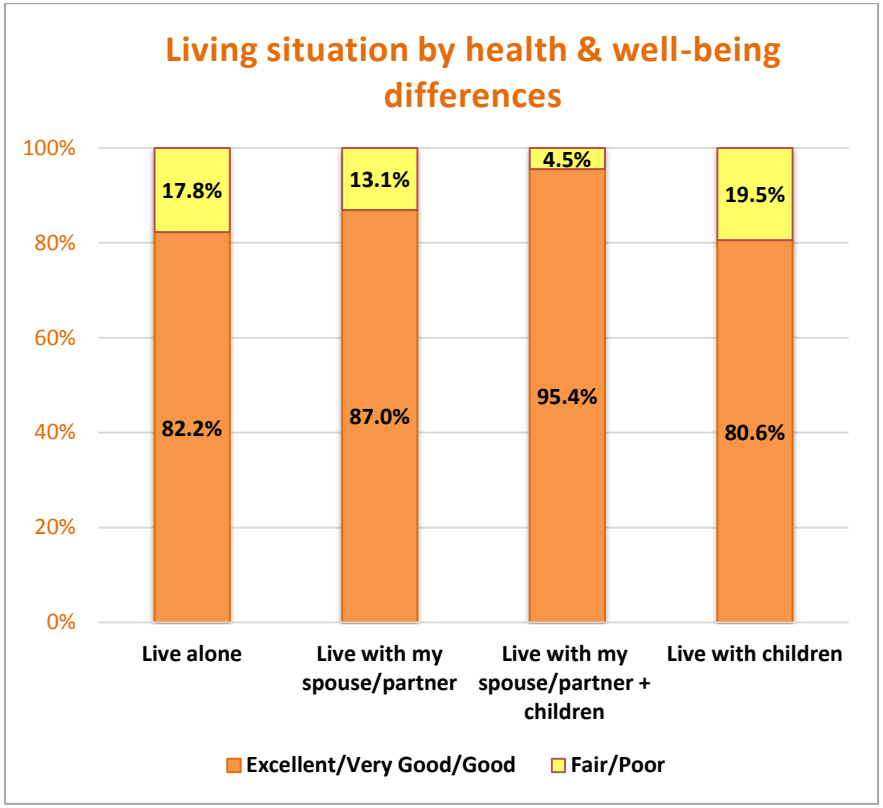


Figure C shows that those that live with a spouse or partner plus with children or relatives reported the highest health and well-being rating, (95.4% rating their health and well-being as 'excellent, very good or good').

Those who live alone or live only with children/relatives have the lowest health and well-being rating, (82.2% and 80.6%). The majority of those living without a spouse /partner in our sample are women.

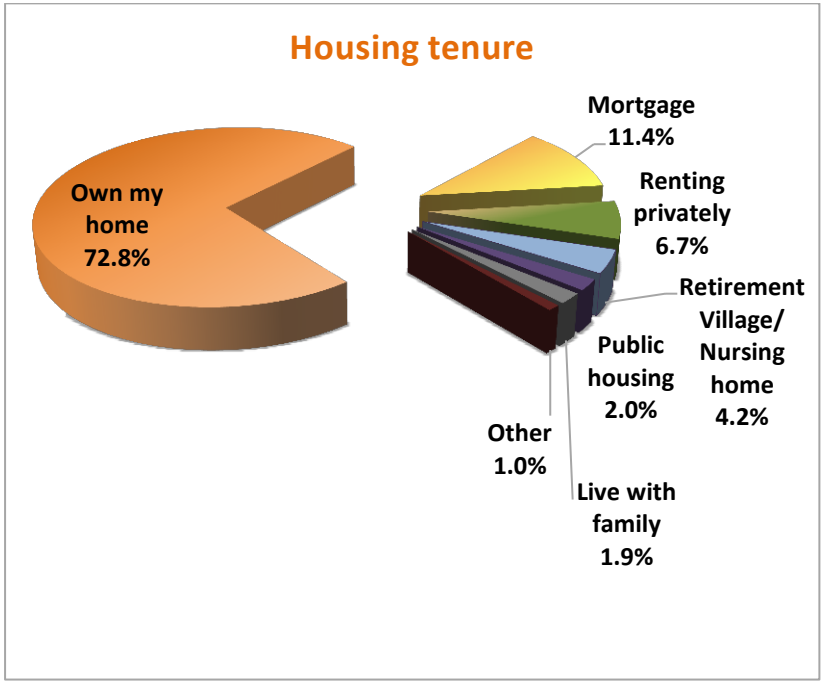
Living situation

- *Over half of respondents live with their spouse or partner.*
- *Almost one third of respondents live alone and this increases with age to almost half of those aged 80 years and over.*
- *Older women are almost twice as likely to live alone than men.*
- *Those that live alone have a lower health and well-being rating than those who live with their spouse or partner, or spouse or partner plus children.*
- *Few older people live with children or relatives (as a dependant) in older age.*

1.2 Housing tenure

Respondents were asked to describe their current housing situation.

Figure D



Around three quarters (72.8%) of respondents fully own their home. While the AIHW (2013) also reports that the majority of older people own their home outright, they do predict that this will decline.

This anticipated decline provides considerable policy implications, as much of government fiscal policy related to the aged pension, aged care and housing tends to be premised on an assumption that people will continue to enjoy high levels of home ownership, and that home equity may be used to fund the future retirement needs of older people.

Around one in ten (11.4%) respondents is paying off their mortgages and 6.7% are renting privately.

Only 1.9% of respondents live with family. This result indicates that living with children or relatives is not considered a desirable or feasible option by many respondents, possibly reflecting the strong desire of older people to remain independent and continue living in their own home.

Gender differences

Table D

Housing tenure by gender	Male %	Female %
Fully own home	74.4	71.8
Paying a mortgage	11.3	11.4
Renting privately	5.7	7.3
Live in retirement village	4.5	3.7
Rent from public housing	1.6	2.3
Live with family	1.1	2.5
Other	1.4	1.1

Men are slightly more likely than women to fully own their own home (74.4%, compared to 71.8% of women) and live in a retirement village (4.5%, compared to 3.7% of women).

Women are more likely than men to rent privately (7.3%, compared to 5.7% of men), and live with family (2.5%, compared

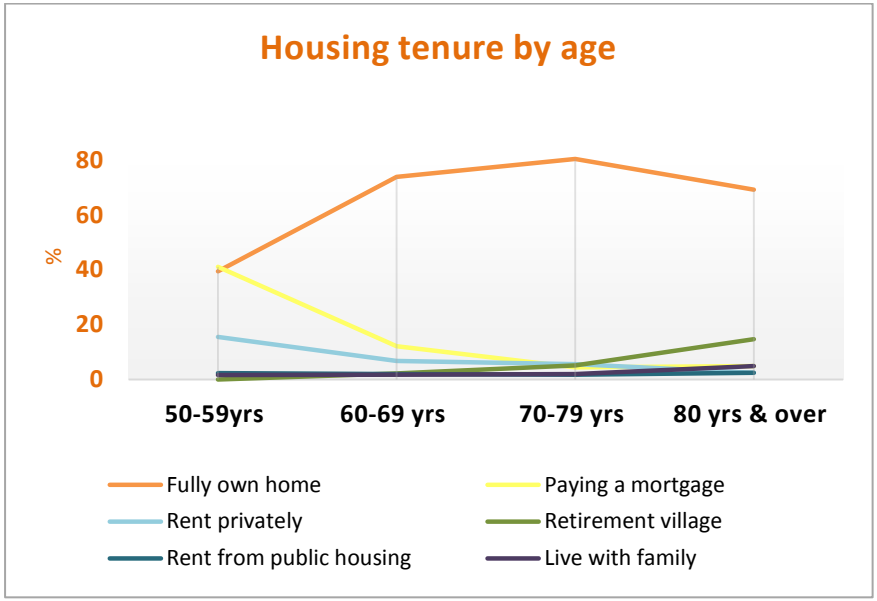
to 1.1% of men). Women are also more likely than men to live in public housing (2.3% of women compared to 1.6% of men).

Further analysis conducted by COTA NSW found that around one in five (21.1%) women who are living alone is paying off their mortgage, compared to approximately one in six (17.7%) men.

Although some of these figures are quite small, they demonstrate considerable proportional differences between the housing situation of men and women.

Age differences

Figure E



When looking at housing tenure by age, almost three in four (73.9%) respondents aged 60-69 years fully own their home and this increases to four in five (80.4%) in the 70-79 year age group. Full home ownership then decreases to 69.3% of the 80 years and over age group as it appears a number of people move into retirement villages.

Table E

Housing tenure by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Fully own home	39.5	73.9	80.4	69.3
Paying a mortgage	41.1	12.1	4.4	4.9
Rent privately	15.5	6.8	5.6	2.5
Live in retirement village	0.0	2.2	5.2	14.7
Rent from public housing	2.3	2.0	1.8	2.5
Live with family	1.6	1.8	2.0	4.9
Other	0.0	1.4	0.6	2.4

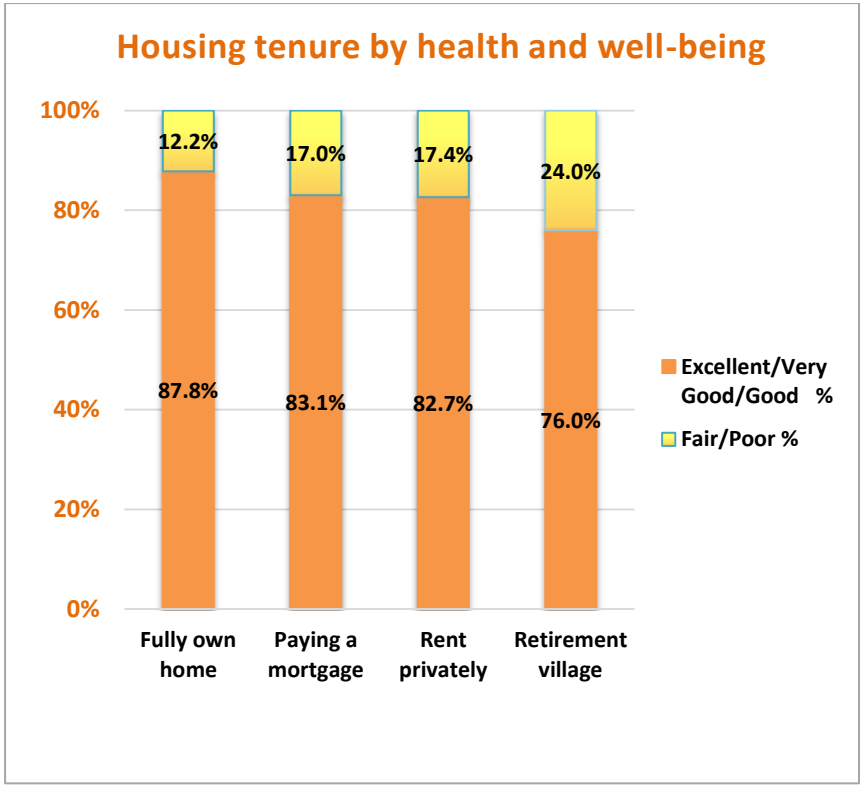
Paying off a mortgage decreases with age, from 41.1% of 50-59 year olds to around 4.5% of those aged 70 years and over. Once respondents have reached the current retirement age of 65, the vast majority have paid off their mortgage.

It is notable that there were no respondents in the 50-59 age group living in a retirement village. While there is an increase in

the incidence of retirement village living as people age the largest increase occurs in the 80 years and over age group.

Health and well-being differences

Figure F



Note: Small sample size for 'Retirement village', n=72.

It is salutary to note that our results show that respondents still paying off a mortgage or renting privately rate their health and well-being considerably lower than those who fully own their home.

The lowest health and well-being rating was amongst those who live in retirement villages, with around one quarter (24%) rating their health and well-being 'fair or poor'.

Given the apparent relationship of housing tenure to older people's health and well-being COTA NSW compared results against different geographic regions.

COTA NSW identified eight geographic regions within NSW (for an explanation of COTA NSW regional definitions, see Appendix I).

Regional differences

Table F

Housing tenure by region	Syd Nth %	Syd East Inner %	Syd West %	Syd Sth %	Hunt Cent Coast %	Sth East %	Nth Coast %	West %
Fully own home	77.5	68.3	66.7	74.3	74.4	73.9	72.3	76.2
Paying a mortgage	9.7	13.1	17.3	7.8	8.0	11.8	12.7	9.0
Rent privately	4.8	9.7	7.6	7.8	4.2	7.1	6.0	7.4
Other	8.0	8.9	8.4	10.1	13.4	7.2	9.0	7.4

Our results show that those living in Sydney-East/Inner Suburbs and Sydney-West are the least likely to fully own their home (68.3% and 66.7% respectively). Full home ownership was most prominent in Sydney-North and Western Region, with over three quarters fully owning their home (77.5% and 76.2% respectively).

There were no other major home ownership differences amongst the other NSW regions.

The highest proportion of respondents still paying off their mortgage lived in Sydney-West (17.3%). Private rentals were highest in the Sydney-East/Inner Suburbs (9.7%).

Housing tenure

- *Almost three quarters of respondents fully own their home.*
- *Around one in ten respondents is still paying off their mortgage.*
- *Women are less likely than men to fully own their home.*
- *Women are more likely than men to live in public housing or live with family.*
- *Full home ownership decreases after the age of 79.*
- *Paying a mortgage appears in most cases to cease at retirement.*
- *Respondents still paying off a mortgage or renting privately have a lower health and well-being rating than those who fully own their home.*
- *Those living in Sydney-West are more likely to be paying off a mortgage than other areas.*
- *Those renting privately are most likely to live in Sydney-East/Inner Suburbs, Sydney-West and Sydney-South.*

2.0 Employment status

Respondents were asked to describe their current employment status.

As reported earlier the survey sample contained an over-representation of retirees compared to the NSW population for similar age groups.

The analysis therefore concentrates on differences within the respondent base.

Gender differences

Table G

Employment status by gender	Male %	Female %
Retired	66.5	57.7
Volunteering	13.0	17.8
Work part time	11.3	15.2
Work full time	5.8	6.1
Unemployed	3.0	2.7
Other	0.5	0.7

Approximately two in three (66.5%) men are retired compared to around one in two women (57.7%). Women are more likely to be working full time or part-time (21.3%) than men (17.1%). As women are more likely to still be paying off a mortgage or renting, this may be influencing their employment decisions and limiting their retirement options.

Age differences

Figure G

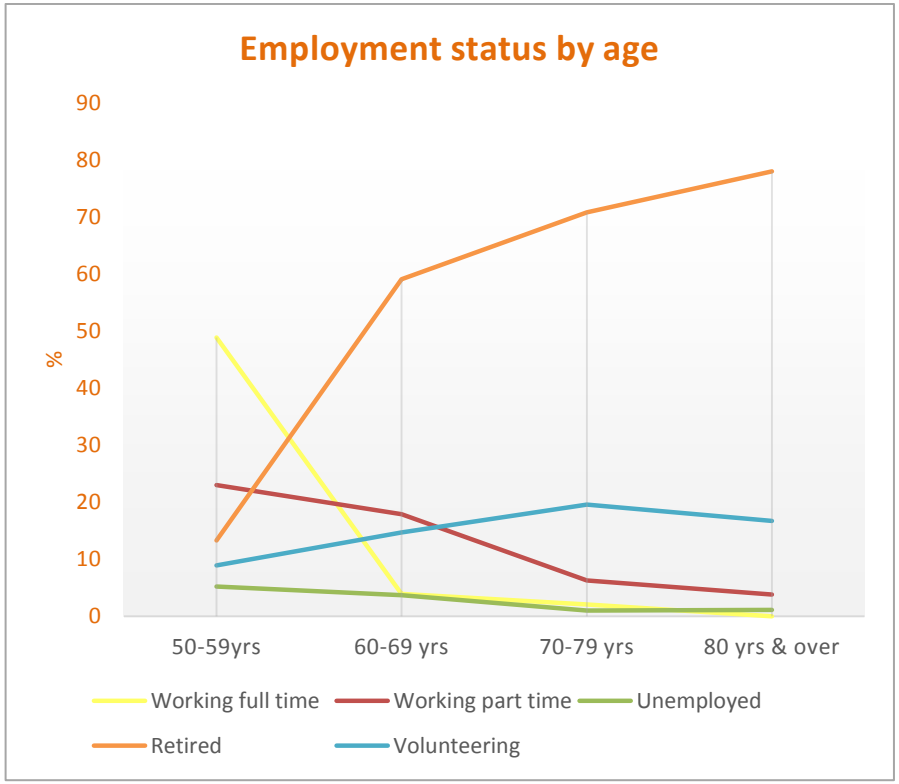


Table H

Employment status by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Working full time	48.9	3.9	2.1	0.0
Working part time	23.0	17.9	6.3	3.8
Unemployed	5.2	3.7	1.0	1.1
Retired	13.3	59.1	70.8	78.0
Volunteering	8.9	14.7	19.6	16.7
Other	0.7	0.7	0.2	0.5

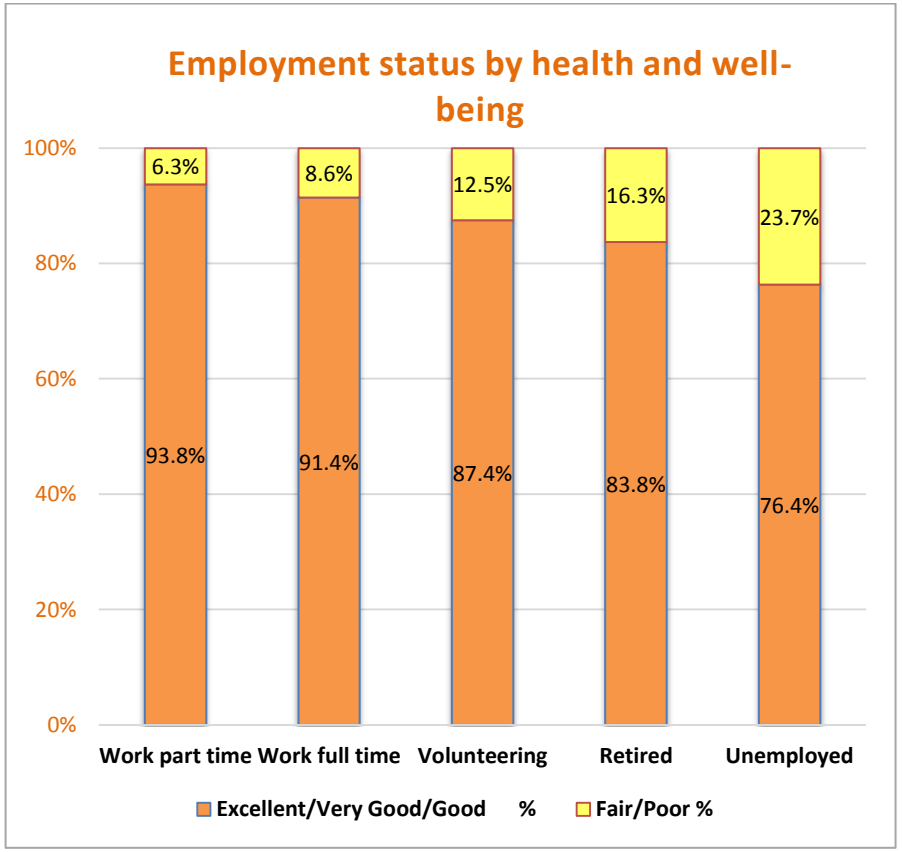
Only one in five (21.8%) of those in the 60-69 year age group are still working (full or part-time) compared with 71.9% of the 50-59 year age group. Just over one in ten (13.3%) 50-59 year olds are already retired and three in five (59.1%) 60-69 year olds are retired. These results indicate that a considerable proportion of respondents are retiring before the current aged pension entitlement of 65 years (increasing to 67 years in 2023).

These results are supported by the latest ABS figures, (2013) which show that the average age of retirement is 59 years for men and 50 years for women. However, the ABS also found that almost one in five people in the labour force aged 45 years or over are not planning to retire until they are at least 70 years.

While a number of respondents report working full time or part time after retirement, the most common work related activity after retirement is volunteering. Females are more likely to volunteer (17.8%) than males (13.0%). Almost one in five people (19.6%) in the 70-79 year age group are volunteering and one in six people (16.7%) are still volunteering in the 80 years and over age group.

Health and well-being differences

Figure H



A major finding evident in Figure H is that those who describe themselves as retired rate their health and well-being lower (83.8% said 'excellent, very good or good'), than full and part-time workers (91.4% and 93.8% respectively).

Further, volunteers rate their health and well-being higher than those who describe themselves as retired, and those who describe themselves as unemployed rate their health and well-being substantially lower than retirees.

Employment status

- *Many respondents are retiring before the retirement age (age pension age) of 65.*
- *Retirees rate their health and well-being lower than those who work.*
- *The fact that retirees' have a lower health and well-being rating may be due to their financial situation.*

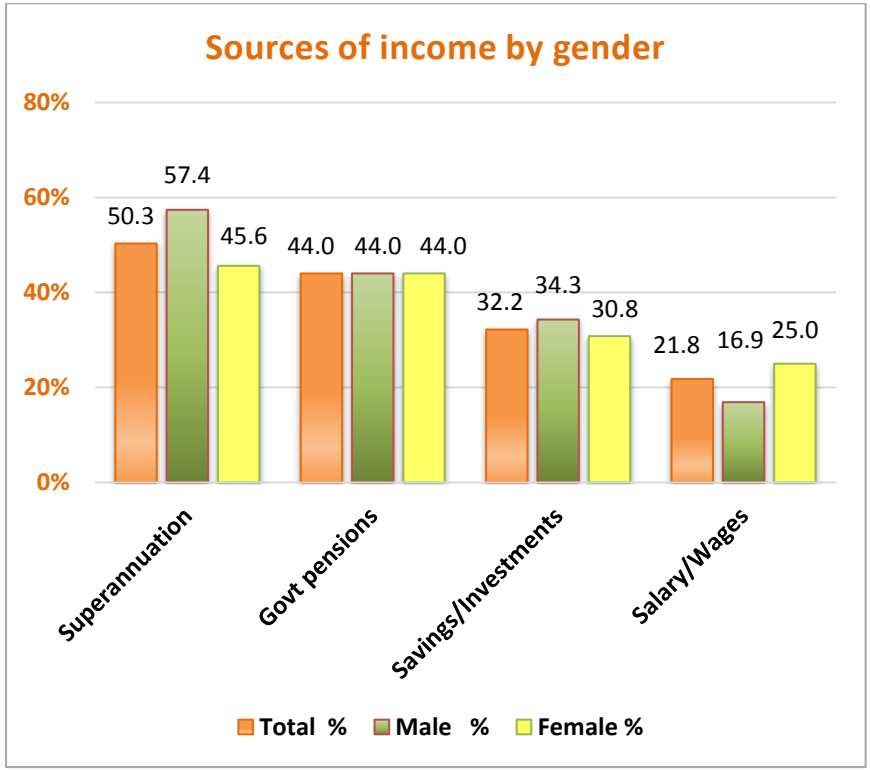
3.0 Sources of income

Respondents were asked to indicate their main sources of income.

This was a multiple response question. It was designed to determine the various sources of income for respondent groups.

If a respondent lived with a spouse or partner, or spouse or partner plus children, then their response to this question reflected the household's income and not the income of the individual.

Figure I



Older people tend to live on a number of sources of income. Half of the respondents (50.3%) noted superannuation as one of their sources of income, closely followed by government pensions (44.0%) and savings/investments (34.3%).

Gender differences

The survey results found that superannuation is more likely to be a source of income for men than for women (57.4% of men compared to 45.6% of women). These results indicate that women (not relying on a spouse or partner's superannuation) must often find other sources of income to live on. One in four older women relies on 'salary and wages' as a source of income compared to approximately one in six men.

The gender difference in superannuation may be due to factors such as women taking time off work during their lifetime to raise children (resulting in patchy workforce participation), and women generally being paid less than men throughout their working life (accumulating less superannuation). The average salary/wage gap between men and women throughout their lives is $13,842 per year, resulting in women retiring on 36% less superannuation than men (COAG, 2013).

Age differences

Figure J

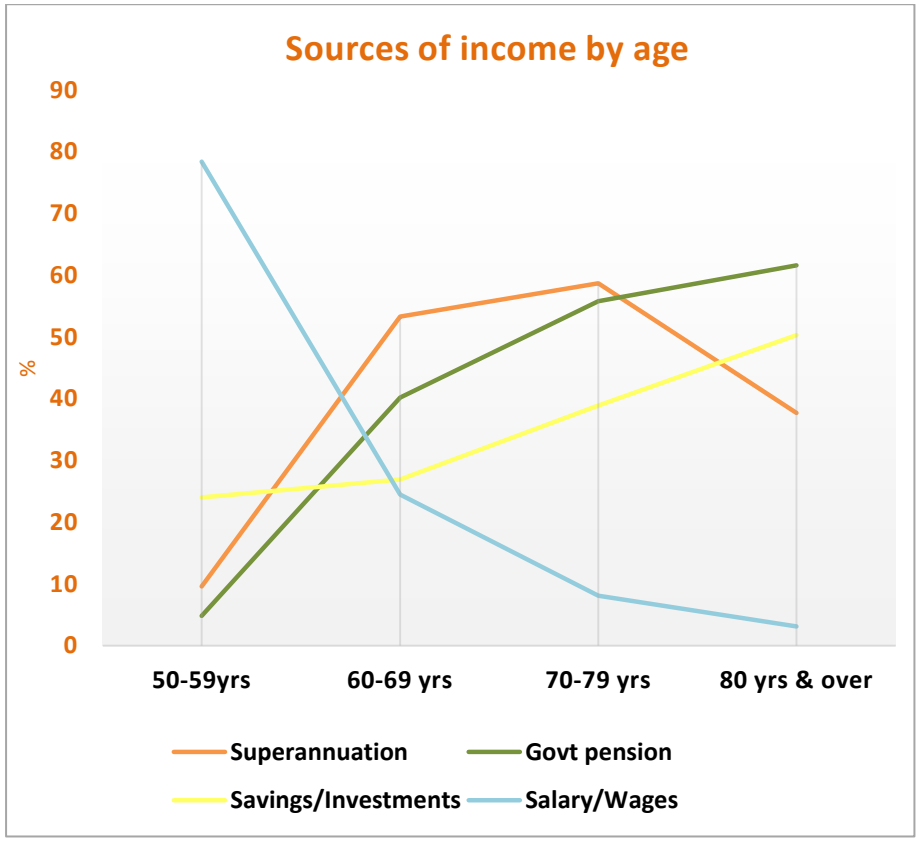


Table I

Sources of income by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Superannuation	9.6	53.3	58.7	37.7
Government pension	4.8	40.2	55.8	61.6
Savings/investments	24.0	26.9	38.9	50.3
Salary/wages	78.4	24.5	8.1	3.1
Non-government pension	0.0	0.3	0.4	1.9
Other	1.6	0.4	0.2	0.0

Figure J and Table I indicate that superannuation increases as a source of income from 9.6% to 53.3% between the 50-59 year age group and the 60-69 year age group as respondents begin to retire. However, in the 70-79 year age group superannuation begins to plateau as a source of income. Within this age group we see a large number of people supplementing their superannuation; 55.8% are accessing government pensions and 38.9% are accessing income from savings and investments.

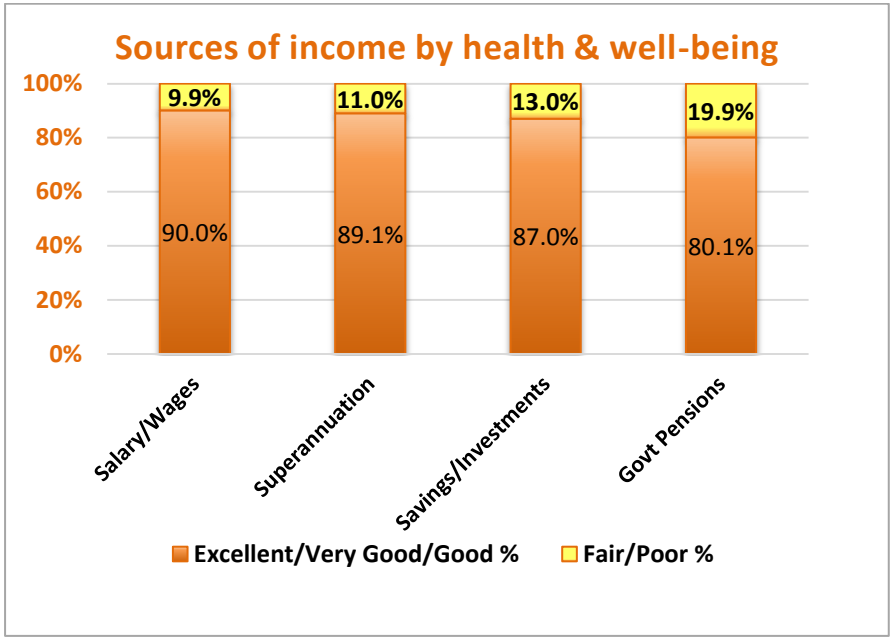
Superannuation, as a source of income, takes a steep decline to just 37.7% of people relying on it among the 80 years and over age group. It appears that these respondents have 'run out' of superannuation. The proportion of the 80 years and over age group accessing government pensions continues to increase to just under two in three (61.6%), and the proportion accessing savings and investments again increases substantially to 50.3%.

It is possible that the source of the increase in savings and investments being accessed by the 70-79 year and 80 years and over age groups is from the equity previously held in the older person's home.

Our survey results suggest that currently, superannuation is not enough to live on for the duration of a person's life. However as mandatory superannuation did not come into effect until 1992 it is possible that this issue will lessen as those who have accumulated superannuation since the beginning of their working life will have more to draw on when they retire.

Health and well-being differences

Figure K



The major finding in Figure K is the degree to which those living on government pensions negatively rate their health and well-being. One in five respondents (19.9%) who were receiving the government pension rated their health and well-being as 'fair or poor'. This result provides further suggestion of a connection between health and well-being and financial security/financial stress.

The Australian government's policy position for the aged pension assumes full home ownership at retirement. If people do not own a home at retirement (which is the case for over a quarter of respondents, 27.2%, and projected to increase), and if they are relying on the aged pension as their main source of income, they will face substantial financial stress.

Sources of income

- *Respondents tend to live on a number of sources of income.*
- *Superannuation is a source of income for around half of respondents.*
- *Women generally accumulate less superannuation than men and thus older women can be in a position of greater financial pressure.*
- *Survey findings suggest that currently, superannuation is not enough to live on. Respondents tend to 'run out' of superannuation when they reach the 70-79 year age group and then draw from their savings and investments or rely on the government pension.*
- *The government pension is a source of income for two in five respondents.*
- *Respondents living on the government pension have the lowest health and well-being rating.*
- *Results show a strong relationship between health and well-being and financial security/financial stress.*

4.0 Health and well-being

Respondents were asked to rate their 'health and well-being on a five point scale.

Figure L

The vast majority of respondents rated their health and well-being highly, with 85.6% considering their health and well-being to be 'excellent, very good or good'. Around one in seven respondents (14.5%), rate their health as being 'fair or poor'.

Gender differences

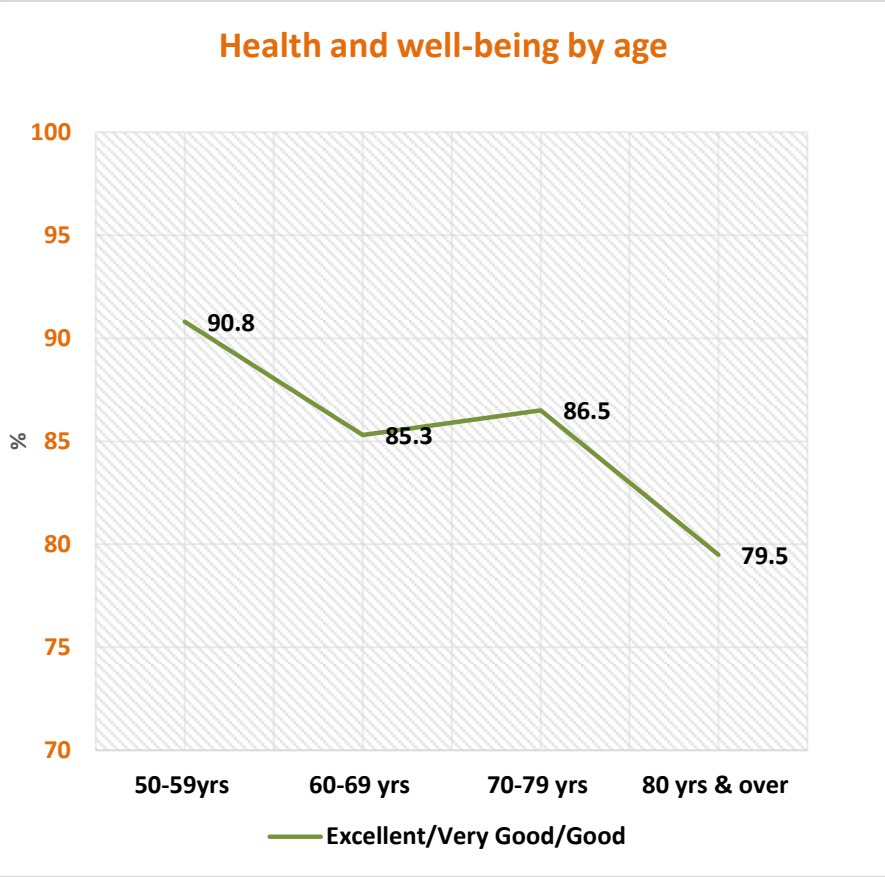
Table J

Health and well-being by gender	Male %	Female %
Excellent	*11.8*	*16.7*
Very Good	*40.2*	*37.2*
Good	*32.6*	*32.2*
Excellent/Very Good/Good	***84.6***	***86.1***
Fair/Poor	***15.5***	***13.9***
Fair	*14.0*	*11.6*
Poor	*1.5*	*2.3*

The survey found no major gender differences in health and well-being.

Age differences

Figure M



It can be seen in Figure M that younger respondents rate their health and well-being more highly than older respondents. Interestingly, there is little difference in self-rated health and well-being between the ages of 60 to 79 years

Even in the 80 years and over age group, where respondents begin to rate their health and well-being slightly less positively, eight in ten people still rate their health and well-being as 'excellent, very good or good'.

While it is acknowledged that heath status declines with age, it appears from our survey that a person's perception of their own 'health and well-being' is related to more than their physical health status.

Health and well-being

- *The vast majority of respondents rated their health and well-being highly.*
- *A person's attitude towards their health and well-being appears to be related to more than their actual physical health.*
- *Health and well-being ratings do decline as people age but even in the 80 years and over age group eight in ten people still rate their health and well-being highly.*

5.0 Ageing well

5.1 Positive contributors to ageing well

Respondents were asked to identify the factors that contribute to ageing well (from a pre-coded list).

To explain the results in Table K, 67.7% of respondents gave 'Being physically active and maintaining a healthy, active lifestyle' as one of their top 4 contributors to ageing well.

Respondents identified multiple factors as being necessary to live well as they age. Considering the top five responses, two of them; 'being physically active and maintaining a healthy, active lifestyle' and 'maintaining a healthy diet' are inter-related and can be combined so that the top four cumulative responses are:

- Being physically active and maintaining a healthy active, lifestyle and healthy diet
- Remaining independent and doing things for myself
- Actively engaging with my community, friends and family
- Being able to access health and support services as needed

Gender differences

'Being physically active and maintaining a healthy, active lifestyle and healthy diet' and 'being able to access health and support services' are more important to ageing well for men than women. 'Actively engaging with my community, friends and family' is considerably more important to ageing well for women than men.

Table K

Positive contributors to ageing well by gender – ratings 1 to 4	Cumulative Total %	Cumulative Males %	Cumulative Females %
Being physically active and maintaining a healthy, active lifestyle	67.7%	71.2%	65.4%
Remaining independent and doing things for myself	60.0%	60.9%	59.5%
Maintaining a healthy diet	50.7%	55.1%	48.0%
Actively engaging with my community, friends and family	46.8%	40.7%	50.7%
Being able to access health and support services as needed	44.2%	48.0%	41.7%
Being able to access and participate in a range of community, leisure, creation, arts and cultural opportunities	27.2%	20.9%	31.2%
Being an actively engaged grandparent	21.9%	23.0%	21.3%
Helping others through volunteering	17.4%	18.1%	17.1%
Having easy access to affordable transport options	15.6%	16.9%	14.8%
Having access to suitable and affordable housing	14.6%	14.1%	15.0%
Being able to access and participate in lifelong learning	13.1%	8.8%	15.9%
Living in a community with accessible outdoor spaces	11.0%	12.3%	10.1%
Passing on my skills and experience to others	9.7%	10.0%	9.4%

5.2 Challenges to ageing well

Respondents were also asked to rate the factors that challenge their ability to age well (from a pre-coded list).

Table L

Challenges to ageing well by gender – ratings 1 to 4	Cumulative Total %	Cumulative Male %	Cumulative Female %
Maintaining my health and fitness	85.7%	85.4%	86.0%
Maintaining my independence	63.9%	66.1%	62.5%
Supporting myself financially	58.7%	61.5%	56.7%
Access to health and support services	42.5%	48.4%	38.7%
My ongoing responsibilities caring for a spouse, partner, child, grandchild or other	24.4%	25.8%	23.4%
Accessing community, leisure, recreation, arts and cultural activities	20.0%	16.8%	22.3%
Concerns about my personal safety	17.9%	14.9%	19.9%
Transitioning from work to retirement	16.9%	16.6%	17.3%
Remaining working/staying in the workforce	16.7%	16.1%	17.0%
Community attitudes towards older people	15.8%	13.4%	17.3%
Accessing information on support services and community activities	14.0%	13.8%	14.0%
Housing affordability/appropriate housing	11.8%	11.7%	12.0%
Feeling lonely and excluded from my community	11.3%	9.4%	12.8%

To explain the results in Table L, 85.7% of respondents gave 'Maintaining my health and fitness' as one of the top four factors that challenge their ability to age well.

The main factors considered by respondents as challenges to ageing well are:

- Maintaining my health and fitness
- Maintaining my independence
- Supporting myself financially
- Access to health and support services

It is notable that so many respondents rated 'supporting myself financially' as a major challenge. It again shows a link between an older people's sense of well-being and their financial circumstances.

Gender differences

'Supporting myself financially' and 'access to health and support services' are rated more highly as a challenge to ageing by men than women. 'Accessing community, leisure, recreation, arts and cultural activities', 'concerns about personal safety', 'community attitudes towards older people' and 'feeling lonely and excluded from my community' are factors rated more highly as a challenges to ageing by women than by men.

5.3 Combination of results

The top positive factors that contribute to ageing well and the top negative factors that challenge the ability to age well are very similar. Combining the results from the two questions provides five factors to ageing well.

- Health, fitness, activity, lifestyle and diet are the highest rated factor to ageing well. It is obvious that the loss of one's health can have a devastating effect and it remains top of mind for most people.
- Most people retain a strong desire to remain independent as they age.
- Respondents identified their ability to support themselves financially as one of the major prerequisites for ageing well.
- The continuing ability to actively engage with friends, family and the community is identified as a key contributor to health and well-being. Any diminution of a person's capacity to remain socially engaged can lead to isolation, which can, in turn, affect a person's health status.
- Access to health and support services is identified by respondents as a factor which gives them a valuable level of assurance in their future ability to age well.

Factors for ageing well

- *Health, fitness, activity, lifestyle and diet*
- *Independence*
- *Engaging with community, friends and family*
- *Financial security*
- *Access to health and support services*

The factors for ageing well are unlikely to impact on a rating of well-being in a linear way; where the overall rating increases as the rating for each of the factors increases. It is more likely that provided a person's health status and financial status does not prevent them from maintaining contact with their network or controlling their own life, their rating for well-being will continue to be positive.

6.0 Age discrimination

Respondents were asked if they believed they had been discriminated against due to their age in the past five years.

This question relates to the respondents' perception of whether they have experienced aged discrimination.

Table M

Age discrimination by gender	Total %	Male %	Female %
Yes	20.4	18.2	22.7
No	79.6	81.8	77.3

One in five (20.4%) respondents believed they had experienced age discrimination in the past five years, and this experience was reported more frequently by women than men.

Age differences

Figure N

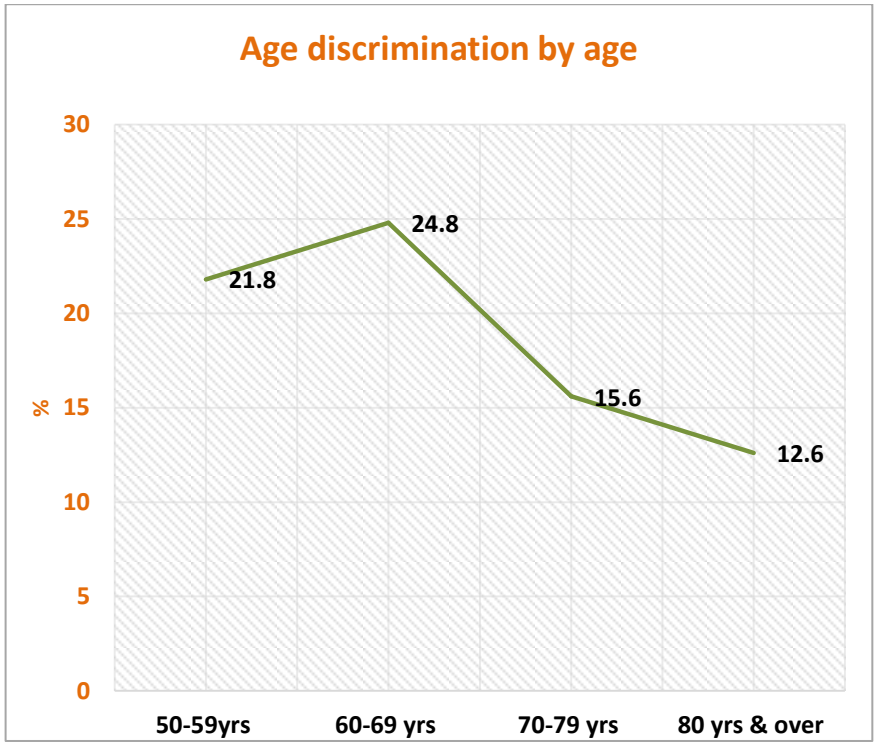


Figure N shows the breakdown by age of those that experienced age discrimination in the past five years. We note that the respondents most likely to report they had experienced age discrimination are in the 60-69 year age group (24.8%). The respondents' perception that they have experienced age discrimination declines in the older age groups, reaching its minimum (12.6%) among those aged 80 years and over.

Employment status differences

Table N

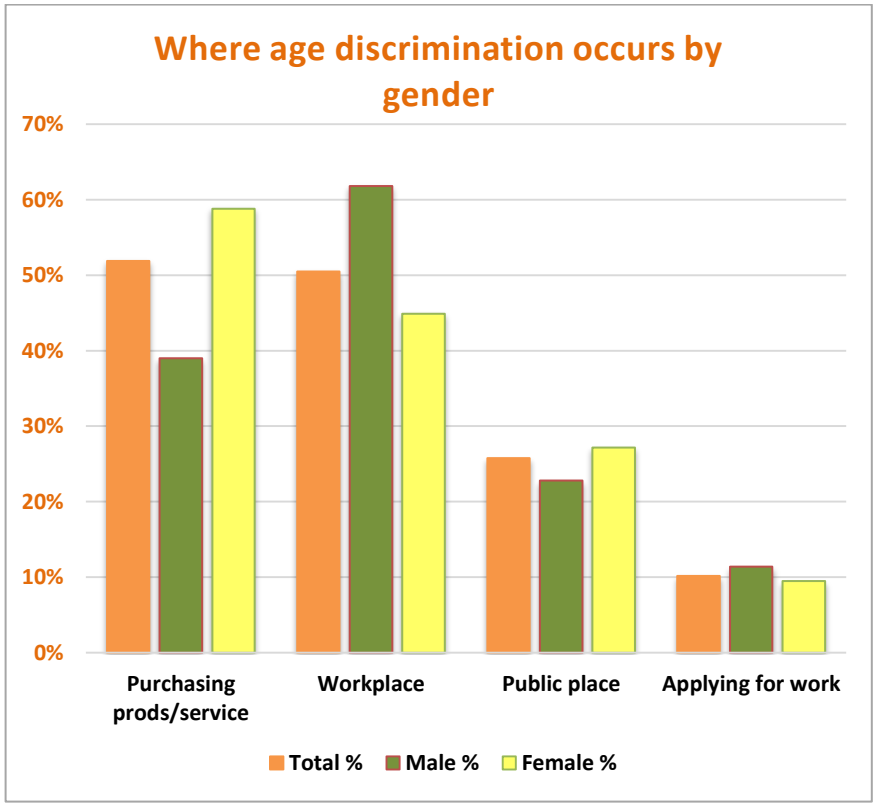
Age discrimination by employment status	Work f/t %	Work p/t %	Vol. %	Retire %	Unemp %
Yes	33.1	22.5	24.5	17.2	54.4
No	66.9	77.5	75.5	82.8	45.6

Table N shows the breakdown by employment status of those who experienced age discrimination in the past five years. Within this breakdown, unemployed respondents and those working full time reported the highest incidence of age discrimination (54.4% and 33.1% respectively). Those who were retired reported the lowest level of age discrimination (17.2%). These results suggest that there is considerable age discrimination experienced in the work environment.

Where discrimination occurs

Respondents who reported experiencing age discrimination in the past five years were asked the situation in which this occurred.

Figure O



Actual results for Figure O are listed in Table O.

Table O

Where age discrimination occurs by gender	Total %	Male %	Female %
Purchasing products/services	51.9	39.0	58.8
In the workplace	50.5	61.8	44.9
Public place e.g. train station, airport	25.8	22.8	27.2
When applying for work	10.2	11.4	9.5
In hospital	5.5	4.9	5.8
When receiving care	5.2	4.9	5.3

Our survey reveals that age discrimination is common in the workplace/employment environment. Of those who experienced age discrimination, just over half (50.5%) reported that it occurred 'in the workplace' and one in ten (10.2%) reported that it occurred 'when applying for work'.

Men were more likely than women to report that they had experienced age discrimination in the workplace (73.2% of men compared to 54.4% of women).

Recently, the Productivity Commission recommended an increase in the retirement age to 70. It appears that a shift in attitude in the workplace towards older people would be needed in order for this policy to be practical.

Age discrimination also occurs in other situations. More than half (51.9%) of the respondents experienced age discrimination while purchasing products or services, and in this situation women were more likely than men to experience it in these situations (58.8% of women compared to 39.0% of men). Another one in four respondents experienced age discrimination in a public place, again more common among women than men (27.2% of women compared to 22.8% of men). In both situations the incidence of age discrimination also increases with age.

Age differences

Figure P

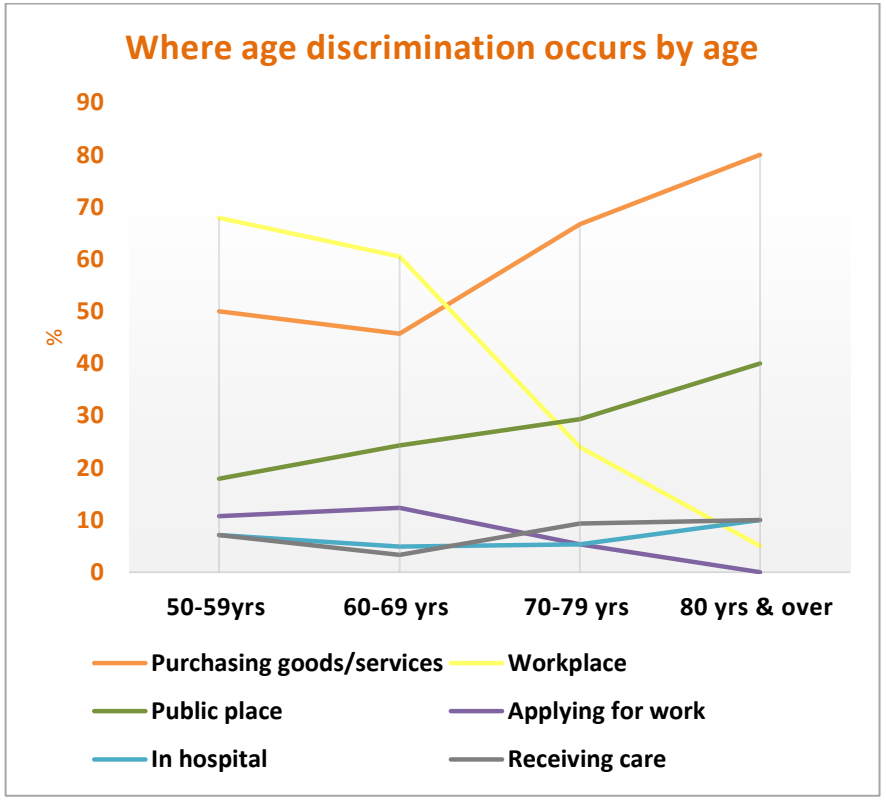


Table P

Where age discrimination occurs by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Purchasing products or services	50.0	45.7	66.7	80.0
In the workplace	67.9	60.5	24.0	5.0
Public place e.g. train station, airport	17.9	24.3	29.3	40.0
When applying for work	10.7	12.3	5.3	0.0
In hospital	7.1	4.9	5.3	10.0
When receiving care	7.1	3.3	9.3	10.0

Table P shows the breakdown by age of where age discrimination occurs. Unsurprisingly age discrimination in the workplace and when applying for work declines with age, (as respondents leave the workforce through retirement), decreasing to only 5% amongst those aged 80 years and over, from a reported combined incidence of 78.6% within the 50-59 year age group.

Conversely age discrimination when making purchases increases from 60 years onwards, reaching 80% by the 80 years and over age group. Age discrimination in a public place also increases with age, reaching 40% by the 80 years and over age group.

Given that older people comprise a large and ever growing proportion of the population, it is concerning that businesses are discriminating against their older employees and surprisingly discriminating against their older customers. Further, age discrimination in public places suggests the need for more age friendly planning in our local communities.

Age discrimination:

- *One in five respondents report they have experienced age discrimination in the past five years.*
- *Of those who experienced age discrimination, over half reported it occurred in the workplace and another one in ten reported experiencing it when applying for work – men are more likely to report workplace discrimination than women.*
- *Age discrimination in the workplace and when applying for work decreases with age as people leave the workforce.*
- *Of those who experienced age discrimination, around half experienced it while purchasing products or services - women are more likely to report consumer discrimination than men.*
- *Age discrimination when purchasing products or services increases as people age.*

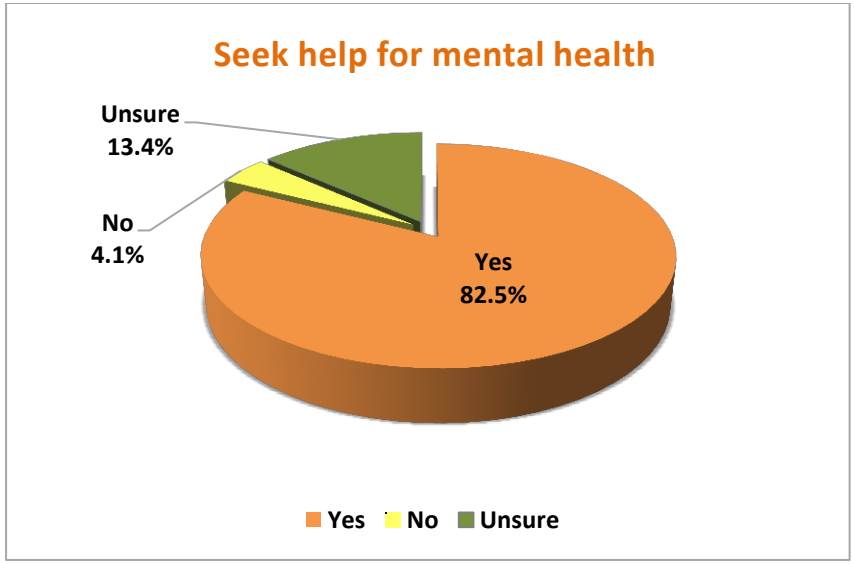
7.0 Mental health

Mental illness and mental health problems include anxiety disorders, mood disorders (such as depression and bipolar disorder), psychotic illnesses (such as schizophrenia), and personality disorders. Mental illness does not include dementia.

In the media and society in general, dementia figures prominently and is spoken about relatively openly, however, living with or developing a mental health problem at an older age is not widely discussed.

Respondents were asked if they would consider seeking help if they were concerned about their mental health.

Figure Q



The majority of respondents, approximately four in five (82.5%), stated that they would seek help if they were concerned about their mental health, while 17.5% said 'no' or were 'unsure'.

Gender differences

Table Q

Seek help for mental health by gender	Male %	Female %
Yes	82.7	82.4
No	5.0	3.4
Unsure	12.2	14.2

There were no major gender differences found in seeking help for a mental health issue.

Health and well-being differences

Figure R

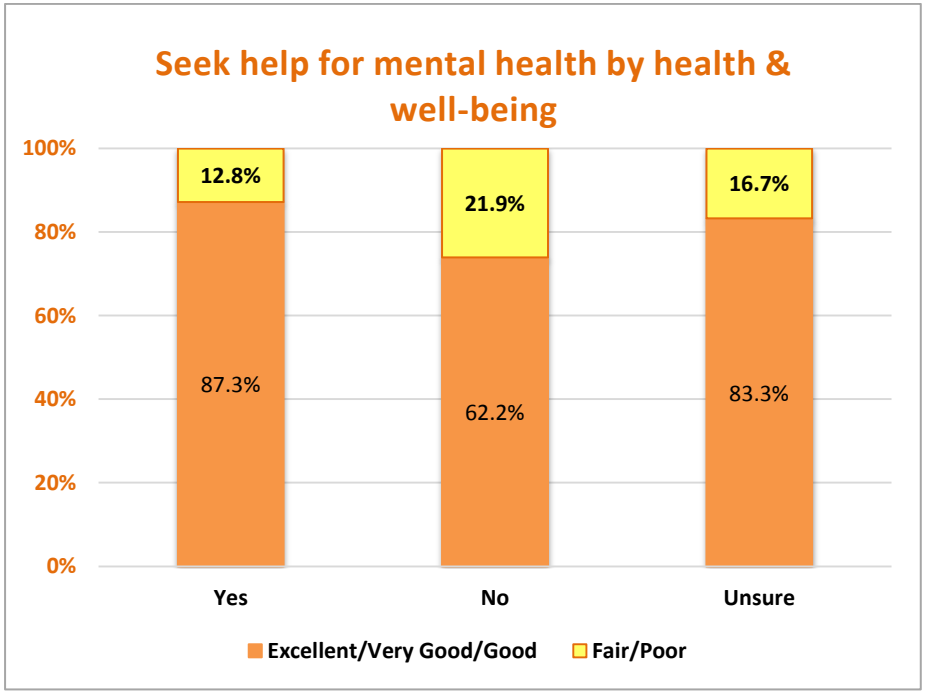


Figure R shows the health and well-being of respondents who said 'yes', 'no' and 'unsure' in response to seeking help if they were concerned about their mental health. Those least likely to seek help are respondents most likely to rate their health and well-being as *'fair or poor'* (21.9%).

Reasons for not seeking help

Respondents who said 'no' or were 'unsure' if they would seek help if they were concerned about their mental health were then asked why they would not or may not seek help.

Table R

Reasons for not seeking help (*'no' or 'unsure') by gender*	Total %	Male %	Female %
I will lose control of my own life	29.3	30.1	28.8
Too private to talk about	24.5	24.8	24.3
Wouldn't know where to go to for help	16.6	20.4	14.1
Afraid of what other people might think	15.5	15.0	15.8
Don't have the condition, so don't know what I would do	10.3	10.6	10.2
Lack of trust in GPs and psychiatrists	8.3	7.1	9.0
Will deal with it myself	4.1	5.3	3.4
I may not know I have a mental health problem	3.1	1.8	4.0

Almost one in three (29.3%) respondents who say 'no' or 'unsure' to seeking help would not do so out of 'fear of losing control of their lives.' One in four (24.5%) respondents believes that mental health concerns are 'too private to talk about'.

Gender differences

Men are considerably more likely to be unsure of where to seek help if they were concerned about their mental health (20.4% of men compared to 14.1% of women). Men also expressed a slightly greater fear of 'losing control of their life'.

Mental health

- *Around four in five respondents said they would seek help if they were concerned about their mental health.*
- *Respondents who are most likely to need help are least likely to seek help.*
- *Almost one in three respondents that say 'no' or 'unsure' to seeking help would not do so out of fear of losing control of their lives, while a quarter said it was too private to talk about.*
- *Men are considerably less likely than women to be sure about where they can seek help.*

8.0 General practitioner appointments

As people get older, changes to their mobility, vision and health can make it more difficult for them to access health services. Access to reliable health transport helps ensure that older people are able to attend their health care appointments and/or access other health services. As such, the provision of adequate health transport will be a key issue for health planners and associated service providers.

8.1 Travelling to and from GP appointments

Respondents were asked how they currently get to and from their GP (general practitioner) appointments.

Table S

How to get to and from GP by gender	Total %	Male %	Female %
Drive own car	78.3	79.8	77.3
Walk	18.3	19.8	17.3
Driven by spouse/partner/family/friend	9.1	5.9	11.2
Bus	8.4	6.9	9.4
Train	4.4	5.0	4.1
Community transport	1.4	1.2	1.6
Multiple modes of transport	1.2	0.8	1.5
Taxi	1.1	0.6	1.5
Bike/Scooter	0.7	1.4	0.2
Home visits	0.2	0.0	0.3
Other	0.6	0.8	0.5

The vast majority of respondents (over three quarters, 78.3%) drive to their GP appointments. In our consumer reference groups, respondents expressed concern that if or when they are no longer able to drive they will have difficulty getting to their GP appointments. This was of particular concern for those who lived in regional and rural areas, and those who lived alone.

The next most common methods of getting to and from GP appointments were walking (18.3%) and public transport (12.8%). Only 1.4% of respondents use community transport.

Gender differences

Women are considerably more likely than men to depend on another person to drive them to their GP appointments (11.2% compared to 5.9% of men). Women were also more likely than men to take the bus (9.4%, compared to 6.9% of men). Men are slightly more likely than women to walk (19.8%, compared to 17.3% of women).

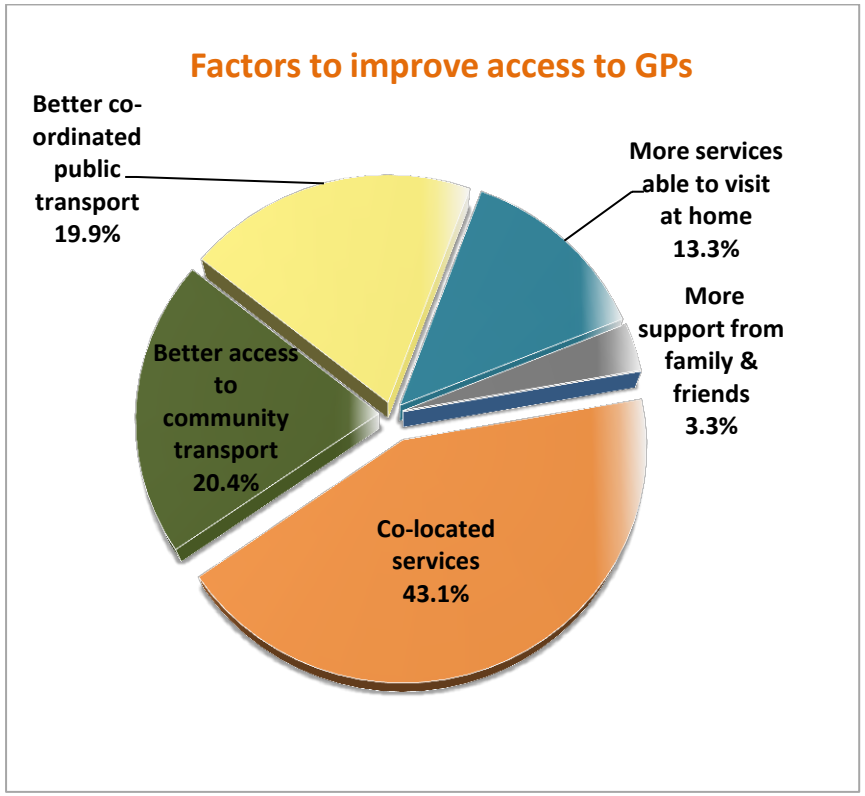
8.2 Difficulties getting to and from GP appointments

Respondents were asked if they have any difficulty getting to and from their GP. Around four in five (85.4%) respondents did not have any difficulties; however, 14.6% of respondents reported difficulties. Of those who did experience difficulties, the main issues raised were ‘not enough parking’ (49.2%) and ‘length of time getting there and back’ (25.4%).

8.3 Factors that would improve access to GPs

Respondents experiencing difficulties getting to and from their GP were asked to rate (from a list) the most important factors that would improve access.

Figure S

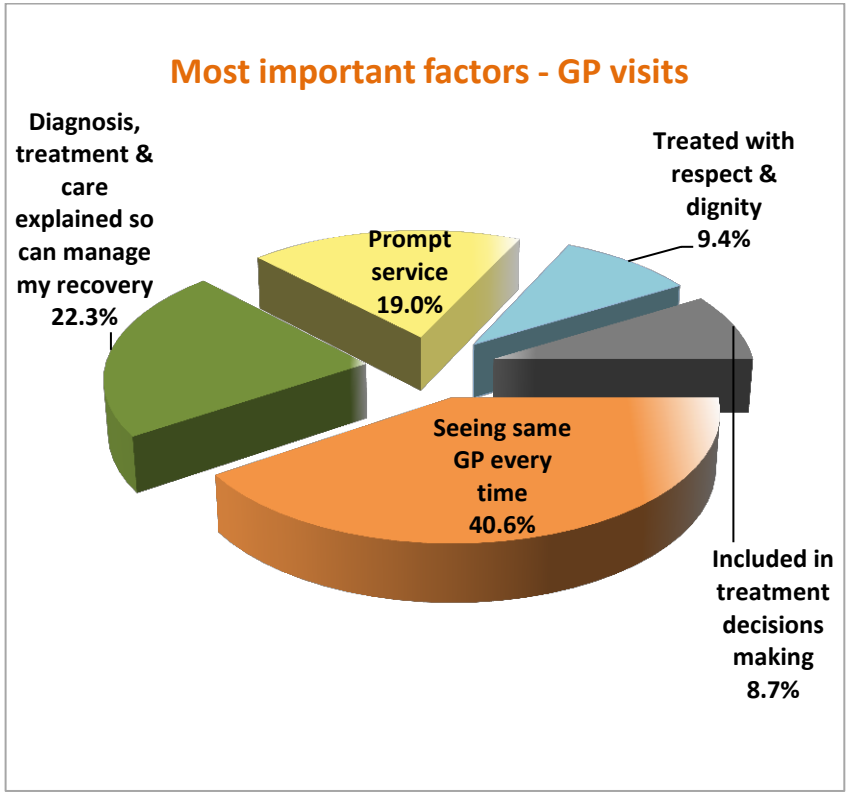


Around two in five (43.1%) respondents identified 'co-located services' as the number one factor that would improve access to their GP, followed by 'better access to community transport', 'better co-ordinated public transport' and 'more services able to visit me at home'.

8.4 Most important factors to older people when visiting GPs

All respondents were asked to rate (from a list) the most important factors when visiting their GP.

Figure T



'Being able to see the same GP every time' was rated the most important factor when visiting a GP by two in five (40.6%) respondents. Respondents indicated that this issue was more important than having their diagnosis and treatment clearly explained (22.3%), more important than being treated with respect and dignity (9.4%) and more important than understanding their condition (8.7%).

Older people tend to build relationships with their GP over time. COTA NSW Consumer Reference Groups confirmed that for many people the number one factor when seeing a GP was the personal relationship they had developed with him/her.

Gender differences

Table T

Most important factors – GP visits by gender	Male %	Female %
Seeing the same GP every time	41.3	40.1
Diagnosis, treatment & care explained so I can participate/manage my recovery	22.3	22.3
Prompt service	24.2	15.6
Treated with respect and dignity	6.5	11.3
Included in treatment decisions making	5.7	10.7

The most prominent gender differences were in the areas of 'prompt service' (more highly valued by men than women), and being 'treated with respect and dignity' (more highly valued by women than men).

GP appointments

- *Over three quarters of respondents drive to their GP.*
- *One in five respondents walk to their GP and only one in eight use public transport.*
- *Women were more likely to depend on another person to drive them to their GP, while men were slightly more likely to walk.*
- *Around 15% of respondents experienced difficulties getting to and from their GP. Of these respondents the main difficulties expressed were 'not enough parking' and 'length of time getting there and back'.*
- *The major factors suggested to improve access to GP appointments were 'co-located services', 'better access to community transport' and 'better co-ordinated public transport'.*
- *'Being able to see the same GP every time' was the number one rated factor of importance when visiting a GP.*

9.0 Hospital care and experience

9.1 Hospital admissions

Respondents were asked if they had been admitted to hospital in the past five years.

Over half of all respondents (56.7%) said 'yes'.

Age differences

Table U

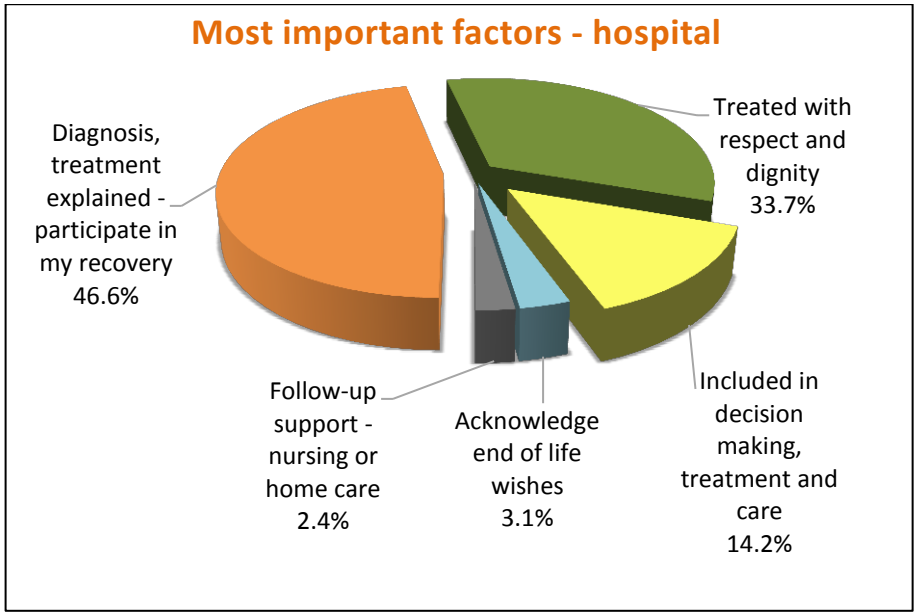
Hospital admissions by age	50-59 yrs %	60-69 yrs %	70-79 yrs %	80 + yrs %
Admitted to hospital in last 5 years	48.7	54.9	59.1	66.2
Not admitted to hospital in last 5 years	51.3	45.1	40.9	33.8

The incidence of hospital admissions increases with age, however the difference between the 50-59 age group and the 80 years and over age group is not as great as was expected.

9.2 Most important factors for older people during their hospital experience

Respondents were asked to rate the most important factors of their hospital experience.

Figure U



Just under half (46.6%) of the respondents rated having their 'diagnosis, treatment and care clearly explained so I understand how I can participate in my recovery and/or self-manage my condition' as the most important factor in their hospital experience. One in three (33.7%) felt that 'being treated with respect and dignity' was the most important factor.

Gender differences

Table V

Most important factors - hospital by gender	Male %	Female %
Diagnosis, treatment and care explained so I can participate/manage my recovery	46.5	46.6
Treated with respect and dignity by medical staff	33.9	33.5
Included in decision making around my treatment and care	15.0	13.5
Acknowledgment of end of life decision making wishes	1.9	4.1
Supported on my return home with nursing or home care support if needed	2.6	2.2

There were no major gender differences in most important factors of hospital experience.

Hospital care and experience

- *Over half of all respondents had been admitted to hospital in the past five years.*
- *Just under half of all respondents rated having their 'diagnosis, treatment and care explained' as the most important factor of their hospital experience, while one in three said 'being treated with respect and dignity' was the most important factor during a hospital stay.*

10.0 Palliative care

The World Health Organisation (WHO, 2013) defines palliative care as an approach that improves the quality of life of patients and their families facing a life limiting illness. This care is provided through prevention and relief of suffering by early identification, assessment and treatment of pain (physical, psychosocial and spiritual). Palliative care affirms life and regards dying as a normal process.

Palliative care can be provided in almost all settings where health care is provided. The main areas are hospitals (including a hospice) and in the community (the patient's home or in residential aged care facilities). Currently most palliative care takes place in the hospital setting.

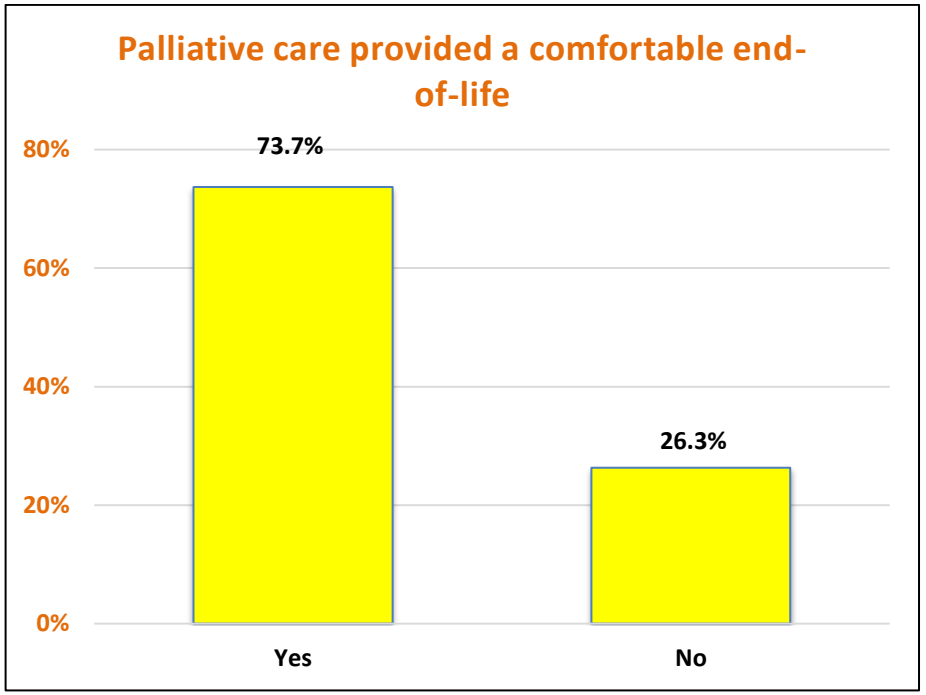
In our survey over half of the respondents (55.3%) know or knew someone receiving palliative care. Almost one in five respondents (18.4%) was currently or previously caring for someone needing palliative care.

Did palliative care provide a comfortable end-of-life?

Respondents who know or knew of someone receiving palliative care were asked if in their opinion the palliative care received was enough to provide comfort towards the end of the person's life.

Just over a quarter (26.3%) of those who know or knew someone receiving palliative did not feel that it provided enough comfort towards the end of the person's life.

Figure V



Palliative care

- *Over half of respondents know or knew someone needing palliative care, and almost one in five were currently or were once caring for someone needing palliative care.*
- *Just over a quarter of those who know or knew someone receiving palliative did not feel that it provided 'a comfortable end to the person's life'.*

11.0 End-of-life planning and choices

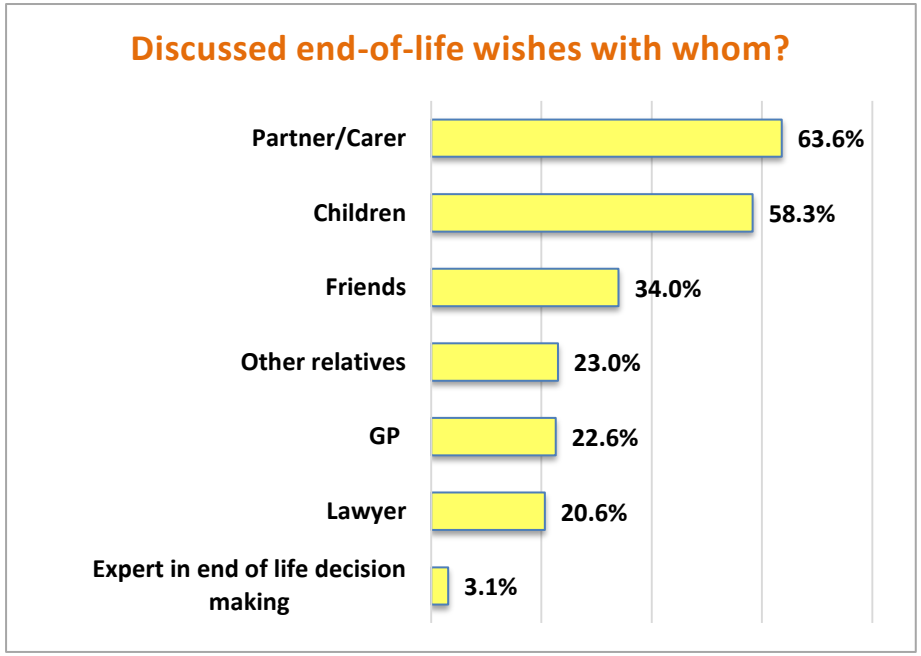
11.1 End-of-life wishes

Slightly less than two in three (64.2%) respondents had discussed their end-of-life wishes with someone. Women were more likely than men to do so (66.5% of women compared to 60.8% of men).

Just over one third (35.8%) of respondents had not discussed their end-of-life wishes with anyone.

Respondents were then asked who they had discussed their end of life wishes with.

Figure W



Only one in five (20.6%) respondents had discussed their end-of-life wishes with a lawyer.

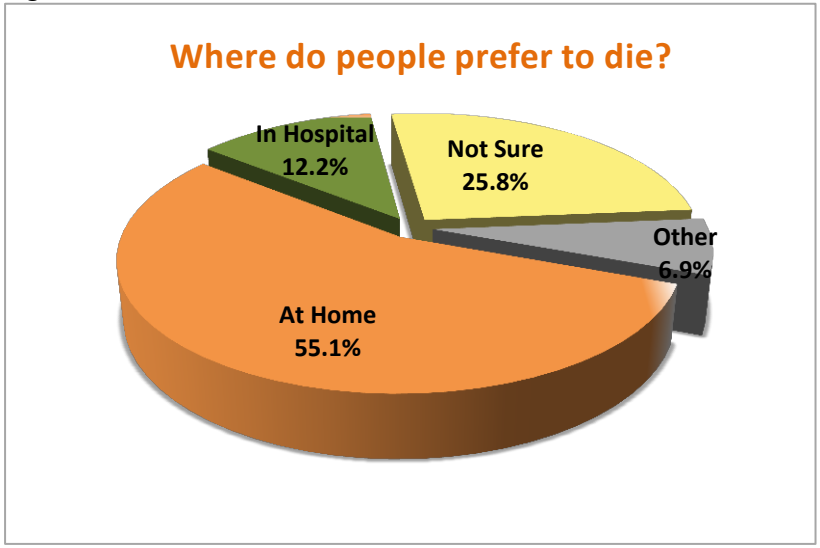
Just under two in three (63.6%) respondents had discussed their end-of-life wishes with their partner or carer. Over half (58.3%) of respondents had discussed their end-of-life wishes with their children.

11.2 Where do people prefer to die?

While death and dying are sensitive topics for some people, COTA NSW felt that it was important for older people to be able to voice their opinion on this topic if they wished to do so. Many respondents expressed strong views about issues associated with death and dying, with many providing additional comments about end-of-life issues.

Respondents were asked where they would prefer to die.

Figure X



Over half of the respondents (55.1%), would prefer to die at home, with the right support. There were minimal differences between genders.

Just as 'ageing in place' is a common desire, respondents conveyed a similarly strong desire to 'die in place' (in one's own home).

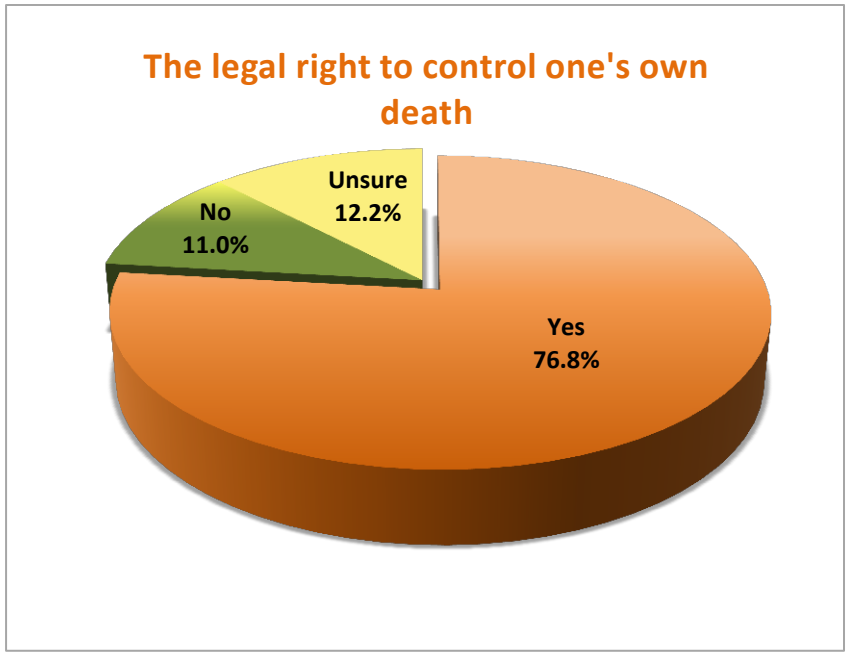
When analysing results by age, the proportion preferring to die at home remained fairly constant. However the proportion of respondents who were 'not sure' about where they preferred to die declined from 27.1% to 11.8% amongst the 80 years and over age group, and respondents' preference to die in hospital increased commensurately from 11.7% to 21.5%.

It is interesting that there was no movement in responses, as people age, between dying at home and dying in hospital. However there was a strong movement in responses, as people age, from not being sure to wanting to die in hospital.

11.3 The legal right to control one's own death

Respondents were asked if they believed that people should have the legal right to control the timing and circumstances of their own death.

Figure Y



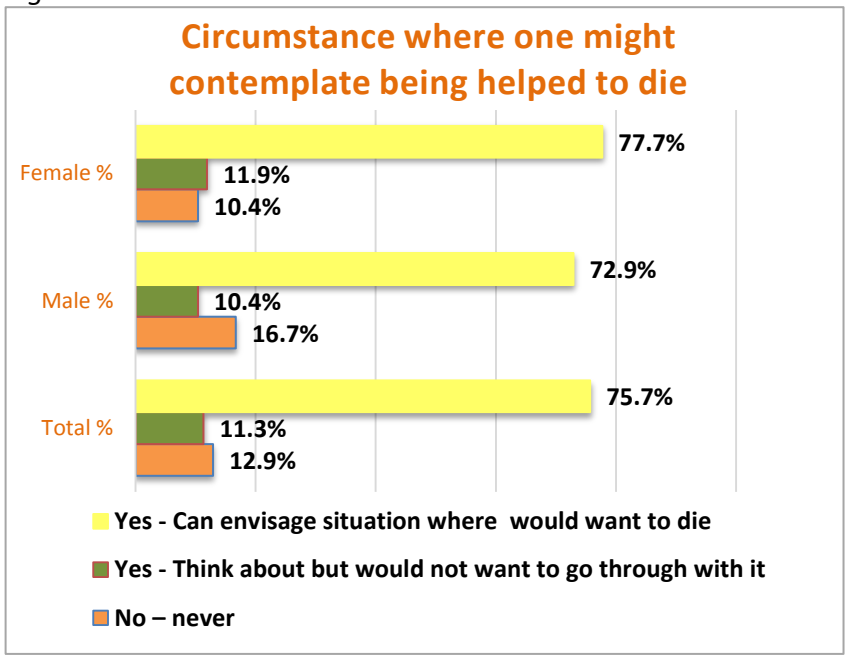
Around three quarters (76.8%) of respondents believed people should have the legal right to control the circumstances and timing of their own death, while 11.0% did not and 12.2% of respondents were unsure.

Men were slightly more likely than women to say 'no' in response to this question (13.4%, compared to 9.2% of women). Those aged 80 year and over were also more likely than other aged groups to say 'no'.

11.4 Help to die

Respondents were then asked if they could think of a circumstance where they might contemplate being helped to die.

Figure Z



Approximately three quarters (75.7%) of respondents could envisage a circumstance where they would contemplate being helped to die.

Again, men were slightly less likely than women to consider circumstances where they might contemplate assisted death.

End-of-life planning and choices

- *Slightly less than two in three respondents had discussed their end-of-life wishes with anyone, with women more likely than men to discuss end-of-life issues.*
- *Slightly less than two in three had discussed their end-of-life wishes with their partner or carer.*
- *Over half of respondents would prefer to die at home with the right support.*
- *Three in four respondents believed that people should have the legal right to control the circumstances and timing of their own death.*
- *Three in four respondents could envisage a circumstance where they would contemplate being helped to die.*
- *Men were slightly less likely than women to think of a situation where they would consider assisted death, as were those aged 80 years and over.*

Conclusion

In the last 100 years life expectancy in Australia has increased by over 30 years. In NSW, this demographic shift means that nearly 43% of all adults are now aged 50 years and over. Nearly 33% of the total population is comprised of people aged 50 years and over.

It's hard to see how this is anything but good news. But too often, the fact that we can expect to lead longer lives is represented as a negative. When media attention turns to the demographic features of our population, older people are often described in terms of their economic cost.

As this report indicates, people over 50 tend to be independent, active contributors to their communities. A significant proportion of our survey respondents serve as volunteers. The vast majority of respondents rated their health and well-being as excellent, very good or good and are happy to take a high degree of responsibility for managing their own health. Indeed, results from our survey suggest that people over 50 want to assume more control over their lives.

While survey respondents expressed strong views regarding their capacity to take control over their health, they expressed even stronger views about the importance of taking control over their end-of-life. The survey posed a number of questions about end-of-life issues which provoked very strong reactions. Again, the message emerging from the COTA NSW consumer survey is that older Australians are willing and able to take a high level of control over their lives, including the final phase of their lives.

One of the most alarming aspects of the survey relates to the prevalence of age discrimination. Our survey demonstrates that many people aged 50 years and over feel that they have been exposed to discrimination of this kind. In an era where few people find sexist or racist behaviour acceptable, it seems odd, to say the least, that ageism persists. Indeed, one of the most surprising findings from our survey relates to *where* people encounter age discrimination. More than half the people who feel they've experienced discrimination did so when "purchasing products or services." This represents a confounding move on the part of providers of products and services that, it would usually be presumed, would be eager to effectively engage and serve those people who comprise a large and rapidly growing portion of the NSW marketplace.

We are also disappointed to note that many respondents believe they have experienced discrimination while applying for work, or while participating in paid work. The prevalence of reported age discrimination is particularly disturbing given that many individuals want to continue their participation in the paid workforce; moreover, government policies are being re-shaped to prompt people to do so. We believe there is an urgent need for the community to address the issue of age discrimination in all its forms, particularly in the workplace.

We also note that our survey confirms the conclusions of a growing body of research, finding that older women are particularly exposed to financial pressure as they age. The survey revealed that women entered older age with less savings, superannuation and secure housing than men.

Regardless of gender, there appears to be a correlation between socio-economic disadvantage and lower self-rated levels of health and well-being. This issue is a significant one, particularly given the rapid increase in the numbers of older people who live alone. Over 28% of respondents in our survey lived alone. While many of these individuals may be satisfied with their living arrangements, it is important to recognise that a major risk for people living alone is that they can become isolated and excluded from their communities.

It's clear that we have a way to go before older people in NSW are in a position to live as they wish to live. If a single message can be distilled from our survey, it's that older people are active, engaged citizens who want to continue to exercise control over all aspects of their lives. Most people don't need a lot of help to realise this goal, however our survey reminds us that some older members of our community are significantly disadvantaged. Above all, older people in NSW need to see action to address the structural barriers that can prevent them from exercising their right to choose how they live as they age.

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Appendix

COTA NSW regional breakdowns

To create the NSW regional breakdowns used in this report, COTA NSW collected respondent's postcodes and then matched them against the Statistical Area Level 4 (SA4), designed by the Australian Bureau of Statistics (ABS).

There are a large number of SA4 areas in NSW. COTA NSW combined these codes into eight larger geographic areas to enable more manageable data analysis by region.

The SA4 codes included in the eight NSW regions used in this analysis were:

- Sydney North:
  - Sydney-North Sydney and Hornsby (121), Sydney-Northern Beaches (122), Sydney-Ryde (126).
- Sydney East, Inner Suburbs:
  - Sydney-City and Inner South (117), Sydney-Inner South West (119), Sydney-Inner West (120), Sydney-Eastern Suburbs (118),
- Sydney South:
  - Sydney-Outer South West (123), Sydney-South West (127), Sydney-Sutherland (128).
- Sydney West:
  - Sydney-Baulkham Hills and Hawkesbury (115), Sydney-Parramatta (125), Sydney-Blacktown (116), Sydney-Outer West and Blue Mountains (124).
- Hunter, Central Coast:
  - Central Coast (102), Newcastle and Lake Macquarie (111), Hunter Valley excl. Newcastle (106).
- South East Region:
  - Illawarra (107), Southern Highlands and Shoalhaven (114), Capital Region (101).
- North Coast Region:
  - Mid North Coast (108), Coffs Harbour – Grafton (104), Richmond – Tweed (112).
- Western Region:
  - Riverina (113), Murray (109), New England and North West (110), Central West (103), Far West and Orana (105).

For more information on ABS SA4 regions see:

http://www.ausstats.abs.gov.au/ausstats/nrpmaps.nsf/6dbedf4eadaf53b1ca25766a001b86fd/7da16db0c87e5340ca2576d600197974!OpenDocument