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# A Baseline Survey of Canberra as an Age-Friendly City



Centre for Mental Health Research  
Australian National University

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## **Executive Summary**

Consistent with global population trends, the proportion of ACT residents aged 60 years and older is increasing and is forecast to increase from 15.8% in 2010 to 22% by 2030. In order to better plan for and accommodate the needs of older citizens in the ACT, the ACT government launched the *ACT Strategic Plan for Positive Ageing 2010-2014: Towards an Age-Friendly City*. In June, 2010, Canberra was invited to join the World Health Organisation's (WHO) Global Network of Age-Friendly Cities, a group of municipalities that seek to improve the living experience of its senior residents. The WHO has produced a *Checklist of Essential Features of Age Friendly Cities*. This checklist identifies eight domains: Outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community and health services.

This report presents the results of a survey of over 2000 ACT residents aged 60 years and older, designed to identify positive and negative examples of infrastructure and practices, as aligned with the WHO domains, and to elicit suggestions for improvement in the age-friendliness of the city. The findings indicate that the majority of older Canberrans who responded to the survey are satisfied with facilities and services that are available for the older person in Canberra. In particular, older Canberrans report feeling socially included and respected by the community, have few problems transporting themselves to doctors' appointments and other health services when needed, and feel safe within their homes.

A major problem that emerged related to the domain of public transport, which was shown to negatively impact older Canberrans who don't usually or can't drive. Suggestions for improvements included an increase in community and shuttle buses within suburbs that linked up with wider routes, buses on call, and timetabling that allows less time between buses. Improving transport also emerged as the most frequent suggestion for increasing social inclusion and providing opportunities for older adults to take part in community consultations and discussions. Many expressed concerns regarding open spaces and public buildings in Canberra. Uneven paving, mobility and safety concerns relating to steps, and not enough suitable seating were the most often cited issues relating to this domain. Suggestions for improving the age-friendliness of Canberra's public buildings and spaces tended to centre on greater inclusion of ramps and railings, as well as providing additional seating.

Older Canberrans reported using a large range of resources for obtaining information, with the most frequent being the telephone book for looking up services, and the local newspapers for notification of upcoming events. The majority of respondents indicated they had access to the internet either in their homes (72.7%) or at other points such as the club or the library (4%). Over 50% indicated they know how to use the internet to obtain information and for communication with others, whilst a further 22% expressed an interest in learning more about the internet and how to use it. These findings suggest that internet could be a valuable point of contact and information for older

Canberrans and many may benefit from programs aimed at providing broader access to computers and the internet and education on its uses. Community centres were also reported as an important point of contact and information, particularly for those who lived alone, in a retirement village, or who spoke a language other than English at home.

As stated above, the majority of older Canberran's who responded to the survey felt safe in their homes. Those who reported not feeling safe were more likely to be in public rental housing, indicating that the neighbours or neighbourhood resulted in feelings of insecurity. Another group more likely to report feeling unsafe were those with mobility or disability problems. This group tended to be concerned with the layout of the house increasing their risk of accidents and falls. Those living in retirement villages were the most satisfied with their housing and less likely to seek modifications or report feeling unsafe.

In summary, the general overall satisfaction with Canberra's infrastructure, amenities and facilities of a majority of older Canberran's who responded to the survey suggests that Canberra is indeed moving towards being an Age-Friendly City. However, there is room for improvement, particularly in relation to transport and mobility, as this issue stands out as one of the most significant problems older people in Canberra face. Lack of access to adequate transport places great limitations on activities, increases social isolation and can lead to great frustration and poor quality of life. Ultimately, this can increase the likelihood of poor physical and mental health problems. Furthermore, problems with the infrastructure and services tend to have the greatest impact on those who are in the very old age bracket, economically disadvantaged, and those who speak another language other than English at home. Addressing the concerns raised here by Older Canberran's will ensure that the needs of our older citizens are met and Canberra continues to strive to be an Age-Friendly City.

### **Glossary of Acronyms**

ACT	- The Australian Capital Territory
COTA ACT	- Council on the Ageing ACT
CALD	- Culturally and Linguistically Diverse
DVA	- Department of Veterans Affairs
NS	- Non-significant (statistical term)
PROBUS	- (Pro)fessional and (Bus)iness: International network of clubs catering to the interests of retired or semi-retired professional or business people.
RV	- Retirement Village
WHO	- World Health Organisation

## 1. Introduction

### **Background**

In December 2009 the ACT government launched the *ACT Strategic Plan for Positive Ageing 2010-2014: Towards an Age-Friendly City*. This plan was developed in partnership with the ACT Ministerial Advisory Council on Ageing, under the guidance of an Inter-Departmental Committee for Positive Ageing, using national and international research, and feedback from community consultations in March/April and August/September 2009.

In June, 2010, Canberra was invited to join the World Health Organisation's (WHO) Global Network of Age-Friendly Cities, a group of municipalities that seek to improve the living experience of its senior residents. The WHO has produced a *Checklist of Essential Features of Age friendly Cities*. This checklist identifies eight domains: Outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community and health services.

Membership of this WHO network is dependent upon direct involvement and feedback of older residents of the city in a 5 year cycle of planning, implementation and review. This involves an initial 2 year planning period to develop a 3 year Action Plan, to be followed by subsequent Action Plans of up to 5 years. The ACT Government is now preparing its first 3 year Action Plan.

After a tender process, a baseline survey was developed by Ageing Research Unit at the Australian National University's Centre for Mental Health Research, to measure older adults' views regarding living in the ACT, within each of the eight WHO Age Friendly City 'domains'.

### **Aim**

The aim of this project was to undertake a survey of a representative sample of ACT residents aged 60 years and older, to identify positive and negative examples of infrastructure and practices and to elicit suggestions for improvement in the age-friendliness of the city. The questionnaire was required to use key indicators that will have a high probability of being used in subsequent surveys, and which will serve as useful measures of long term change.

## 2. Methodology and Sample

### Questionnaire

The questionnaire was developed in collaboration with the ACT Office for Ageing and was based on the eight domains of an Age Friendly City identified by WHO (transportation, housing, outdoor spaces and buildings, communication and information, civic participation and employment, social participation, respect and social inclusion, community and health services). For each domain one question was identified as a possible key indicator for comparison in future surveys. A number of open-ended questions were included to encourage respondents to provide opinions and suggestions. The draft questionnaire was circulated to the ACT Ministerial Advisory Council on Ageing and to the Canberra Age-Friendly City Network for comments. A number of changes were subsequently made to the questionnaire.

The questionnaire was piloted with the indoor bowls group of the Belconnen Community Service. Eleven questionnaires were completed. The pilot sample included six males and four females with one not stated, with all but 2 of the sample being 75 or older. No problems were encountered but a number of people commented that they felt the questionnaire was too long

To encourage completion of the whole questionnaire some questions were removed. The questions deleted were marital status, two questions on sight and hearing and one question on the ease of obtaining information on events. The final questionnaire comprised of 58 questions over 8 pages. (Appendix A).

Note that question 5 “Do you speak a language other than English at home?” allows for a comparison with Census data and will be considered a proxy measure of people from “culturally and linguistically diverse” (CALD) backgrounds. Question 10, “By yourself and without using any special equipment, how much difficulty do you have walking for half a kilometre or more?” has been validated in other studies as a good indicator of disability.

### Ethics approval

Approval (Protocol number 2001/073) for this project was granted by the Australian National University’s Human Research Ethics Committee following an expedited review process.

### Sample

The aim was to obtain a representative cross section of Canberra residents aged 60 years and older. Two strategies were undertaken to obtain this sample.

1. With the collaboration of the COTA ACT, questionnaires were posted to all COTA ACT member households.
2. Various organisations providing services for older Canberra residents were contacted to obtain permission to distribute the questionnaire to their clients, members or retirement village residents. For a full list of organisation to which the questionnaire was distributed see Appendix B.

All questionnaires were distributed with a reply paid envelope and a letter of invitation. The letter sent to COTA members can be seen in Appendix C and the letter distributed

with all other questionnaires in Appendix D. Questionnaires were distributed between 12<sup>th</sup> July and 26<sup>th</sup> July 2011.

The accompanying letter stated that the final date for returning the questionnaire was 5<sup>th</sup> August. However, due to a slow initial response and some retirement village residents not receiving their questionnaires in the time allocated, questionnaires returned by 17<sup>th</sup> August were included in the analysis.

The survey was also made available online by the Community Services Directorate of the ACT Government, using the online survey software, SurveyMonkey. The online version of the survey was promoted through the ACT Office for Ageing's email distribution list and CDNet.

To increase participation, Professor Kaarin Anstey was interviewed by The Canberra Chronicle, The Canberra Times and ABC666 radio to promote the study.

### **Response rate**

1652 completed questionnaires were returned by mail, resulting in a response rate of 33%. 320 questionnaires were completed online. The total number of completed questionnaires was 1972.

### **Coding qualitative data**

A number of questions allowed respondents to enter comments, criticisms and suggestions. After reading through these a coding system was developed where similar comments were grouped under broad headings. Depending on the question, answers could be coded into either 2 or 3 categories. This enabled quantitative analysis to be undertaken on these questions.

### **Statistical analysis**

All variables have been treated as categorical unless otherwise stated. Analysis has been undertaken using cross-tabulation. Cross-tabulation is a statistical technique to examine the distribution of cases across two or more categorical variables. Statistically significant differences are reported where the frequency of cases is much greater/smaller in one category relative to another, and where this difference is very unlikely to occur by chance (for example the probability of chance occurrence of the difference is less than 0.05 (or 5%)). Statistically significant differences are indicated by reporting this probability (e.g.,  $p < 0.01$  or  $p < 0.05$ ). Significances reported for these analyses are Pearson Chi-squared exact 2-sided. Frequency of cases is reported as percentages based on the number who responded to each question, unless otherwise specified. There is a variable amount of missing data throughout the dataset.



### 3. Demographic profile

To determine the representativeness of the survey data, the demographic profile of the respondents to this survey has been compared to data from the Australian Bureau of Statistics (ABS) 2006 Census for Canberra residents aged 60 years and older where comparable data was available (see Table 3.1).

The comparison data reveals that our sample had a higher proportion of females than the census data and also, a higher proportion of older respondents. The older age of our sample can be explained, at least in part, by the large number of questionnaires distributed to retirement villages (see Appendix B).

The proportion of respondents in each Canberra region is comparable to the distribution in the 2006 Census data. The survey sample contains a lower proportion of respondents living with spouses and a higher proportion living alone than the census data. This can largely be explained by the higher proportion of very elderly (i.e., over 80 years) persons in the survey sample as increasing age is significantly associated with fewer people living with spouses ( $p < 0.001$ )<sup>1</sup>.

Main source of income for the sample is described in Table 3.1. Unfortunately the ABS was unable to provide comparable data for the income categories. Table 3.5 shows the distribution of the sample according to residence type. The ABS Census data shows only 2.6% of Canberra residents aged 60 years and older lived in private dwellings in retirement villages. Again, this difference between our data and the census data can be explained by the targeting of retirement villages in the distribution of the questionnaire.

ABS data on home ownership is only available for independent dwellings. The 2006 Census data shows 46.8% of Canberra residents aged 60 years and over either owned a home or had a mortgage on a home. Table 1.2 shows that the survey sample has a higher proportion of home owners than indicated by the census for this age group in Canberra

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<sup>1</sup> Note:  $p$  value refers to the outcome of a statistical test. In this case,  $p$  is the probability that the observed difference in the distribution of people living with spouses across the different age-groups could occur by chance. Any  $p$ -values less than 0.05 are considered to be statistically significant, hence suggestive of a 'real' difference.

Table 3.1: Comparison of demographic data for Age Friendly City Survey and 2006 ABS Census Data.

		N	%	% 2006 Census
<b>Gender</b> <sup>1</sup>	Male	772	39.8	46
	Female	1170	60.2	54
<b>Age group</b> <sup>2</sup>	60-64	285	14.5	30.6
	65-69	338	17.2	21.5
	70-74	366	18.7	16.4
	75-79	362	18.5	13.4
	80-84	307	15.6	10.5
	85+	304	15.5	7.8
<b>Canberra Statistical Sub Divisions</b> <sup>3</sup>				
	North & south Canberra <sup>4</sup>	387	20.0	24.7
	Belconnen	588	30.3	26.4
	Woden Valley	326	16.8	15.6
	Weston Creek	194	10.0	10.0
	Tuggeranong	335	17.3	18.0
	Gungahlin	98	5.1	5.1
<b>Main source of income</b>				
	Salary	129	6.8	
	Self-funded retiree	953	50.2	
	Centrelink / DVA benefit	541	28.5	
	Self-funded and Centrelink benefit	211	11.1	
	Other	64	3.4	
<b>Household composition</b>				
	Spouse only	832	44.9	52.6
	Spouse and others	78	4.3	N/A
	Other relatives	79	4.3	N/A
	Other	28	1.5	
	Lives alone	835	45.1	24.7
<b>Type of residence</b>				
	House, townhouse	1327	67.4	
	Flat, unit, apartment	128	6.5	
	Retirement village, independent living	480	24.4	
	Hostel accommodation	7	0.4	
	Aged care home	10	0.5	
	Granny flat	11	0.6	
	Other	6	0.3	
<b>Home ownership</b>				
	Own residence <sup>5</sup>	1610	83.9	
	Mortgage	75	3.9	
	Private rental	63	3.3	
	Public rental	134	7.0	
	Rent free with relative	18	0.9	
	Other	19	1.0	

<sup>1</sup>30 with missing data<sup>2</sup>10 with missing data<sup>3</sup>Data missing for 44 respondents<sup>4</sup>North and South Canberra SSDs had to be combined as postcodes overlapped these 2 areas<sup>5</sup>Includes those living in Retirement Villages with a licence to occupy

Table 3.2: Residence type by ownership status.

Residence	Own or mortgage (% of residence type)	Private rental	Public rental	TOTAL
House, flat, apartment	1302 (91.1%)	37 (2.6%)	90 (6.3%)	1429
Retirement residence (independent living)	374 (86.6%)	23 (5.3%)	35 (8.1%)	432

Only 186 (9.4%) respondents indicated that they spoke a language other than English at home. This is in contrast to the ABS 2006 census data shows 22.5% of Canberra residents aged 60 years and over spoke a language other than English at home. Of the respondents in our survey who spoke another language at home, 73.4% stated that they understood English very well, and 23.4% quite well. Similarly, 68.2% responded that they speak English very well and 27.4% quite well, while 69.6% read English very well and 23.0% quite well. Four respondents indicated that they were of Aboriginal origin.

The results of the comparative data outlined above indicate that a survey sample that was more representative of the Canberra population aged 60 years and more, would have been younger, less likely to live in retirement villages, more likely to live with another person, to live in rented accommodation and to speak a language other than English at home. Our sample also contains a slightly higher proportion of females. These differences can be explained largely by the way the sample was obtained. Members of COTA ACT are likely to have relatively high socio-economic status with high levels of home ownership. Also many questionnaires were distributed to retirement villages. While the obtained sample is not statistically representative, in that it was not a truly random sample, the large response of nearly 2,000 from a broad cross-section of the community was sufficient to provide meaningful community feedback.

### ***Sample Demographic Profile***

Table 3.8 shows the results of statistical tests (chi-squared) examining frequency differences in socio demographic and disability variables as a function of age-group. The respondents from the older age groups (75 and over) were more likely to live in Retirement Villages, to live alone, to have a pension as their main source of income, and to have more difficulty walking. Note that the percent of males is very similar across age groups.

Table 3.8: Relationship between age groups and socio demographic and disability variables

	Age Group (years)						<i>p value</i> <sup>#</sup>
	60-64	65-69	70-74	75-79	80-84	85+	
% Male	14.3	16.4	19.4	19.5	15.2	15.3	NS
% in Retirement Village	2.9	6.3	11.9	21.0	27.9	30.0	<0.001
% own residence	14.6	17.6	19.4	18.7	15.3	14.3	NS
% public housing	8.2	7.9	7.5	6.3	6.3	6.3	NS
% living alone	10.8	13.0	17.9	19.0	19.1	20.3	<0.001
% pension as main income <sup>1</sup>	8.5	14.5	18.9	20.2	18.4	19.5	<0.001
% English spoken at home	88.3	91.7	92.2	89.6	90.4	90.3	NS
% much difficulty walking or can't	5.3	6.9	9.3	12.5	17.6	29.7	<0.001

<sup>1</sup>This refers to those who ticked this answer only, not those who ticked a number of answers including this.

#Note: *p* value refers to the outcome of the statistical tests (i.e., the probability that a given difference in the distribution of cases across categories (in this case, age-group) could occur by chance). *P*-values <0.05 are considered to be statistically significant. N.S refers to non-significant (i.e., *p* greater than 0.05).

Table 3.9 shows gender differences in socio demographic and disability variables. Females were more likely to live in retirement residences, to live alone and to have a pension as their main source of income. However, this is not due to their older age as increasing age is not significantly associated with an increase in the number of females in the sample. Females were also less likely to own their own homes and more likely to be in public rental accommodation. These results suggest that the females in our sample are more economically disadvantaged than the males.

Table 3.9: Relationship between gender and socio demographic and disability variables

	Gender		<i>p value</i>
	Male	Female	
% in Retirement Village	20.2	27.3	<0.001
% own residence	91.5	88.1	0.027
% public housing	5.5	8.3	0.025
% living alone	24.1	59.4	<0.001
% pension as main income	26.1	42.7	<0.001
% English spoken at home	91.0	90.2	NS
% much difficulty walking or can't	12.0	13.7	NS

Those who reported speaking a language other than English at home were less likely to live in Retirement accommodation ( $p=0.047$ ), more likely to live in public rental accommodation ( $p=0.036$ ) and significantly more likely to indicate that "Centrelink or

DVA pensions” is their main source of income (53.5% versus 33.7%,  $p<0.001$ )<sup>2</sup>. Those in public rental accommodation are significantly more likely to indicate that “Centrelink / DVA pensions” is their main source of income (94.7% versus 30.4%,  $p<0.001$ ).

Those who reported “much difficulty” walking or “can’t walk” 500 metres were more likely to be older ( $p<0.001$ ), in retirement villages ( $p<0.001$ ), live alone ( $p<0.001$ ) and to have a pension as their main source of income ( $p<0.001$ ). Also, those in private rental are more likely to have more difficulty walking (26%) than those in public rental accommodation or those who own their own home ( $p<0.001$ ).

#### Summary Points – Demographic Profile

- The sample obtained for this survey has higher proportions of females, older persons, retirement village residents and persons of higher socio economic status when compared to the 2006 Census data for Canberra residents aged 60 years and older.
- However, the response of nearly 2,000 individuals from a broad cross-section of the community was sufficient to make statistically significant comparisons and to provide meaningful community feedback.

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<sup>2</sup> Please note that Centrelink and DVA pensions were not separated in the questionnaire, despite these representing largely distinct recipient groups.

#### 4. Transportation

This section reports information on the means of transport older Canberrans use to get to different events and the problems that they encounter with transport. Suggestions have also been sought on improvements that can be made to their transport and mobility situation.

Table 4.1 lists the usual ways in which respondents reported getting to medical appointments, events during the day and events in the evening. Although the questions regarding transport asked about the *usual* means of transport, a number of respondents indicated more than one method. New categories have been created to account for this. “Drive self or driven by family/friend” covers those who indicated both 1 and 2 and then all were classified into either “drive self at least some of the time” or “don’t drive self”. Other means of transport listed included pushbike, scooter, retirement village bus and DVA transport.

It can be seen from the results in Table 4.1 that the majority of the sample drive themselves to medical appointments and to events during the day and in the evening with a smaller percentage driving themselves at night. For evening events the next most frequent means of travel was with family or friends, and 23% reported not going out in the evening at all.

Table 4:1: Usual way of getting to medical appointments, day events and evening events

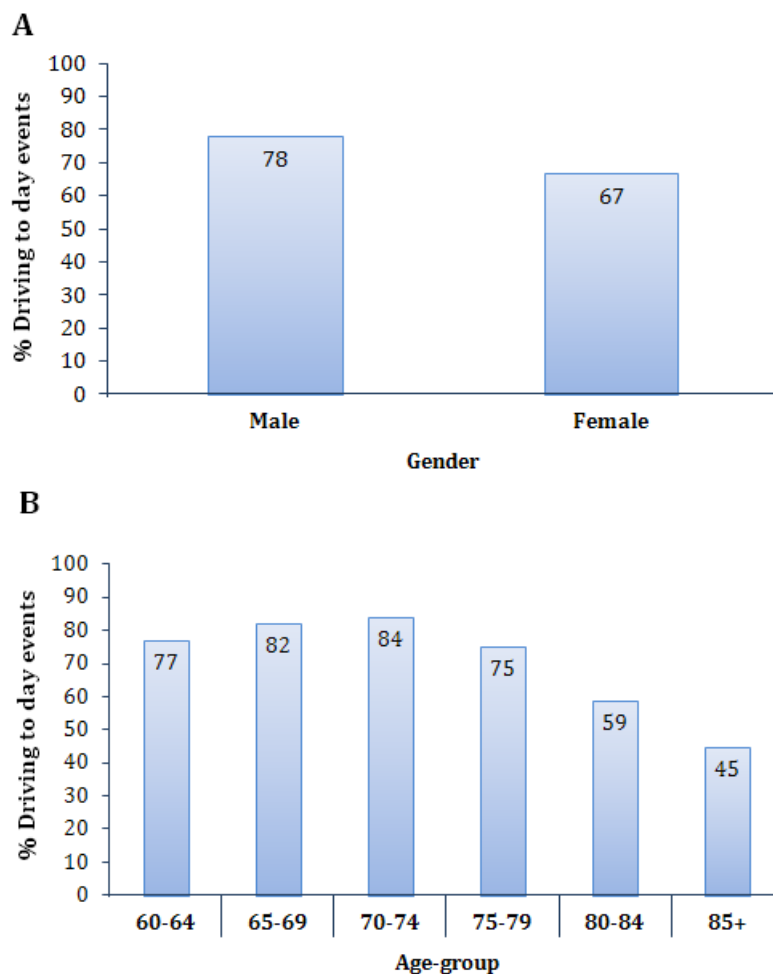
Usual means of travel	Medical appointments		Day events		Evening events	
	N	%	N	%	N	%
Drive self	1270	66.9	1180	62.3	929	49.0
Driven by family/friend	172	9.1	150	7.9	298	15.7
Taxi	33	1.7	20	1.1	24	1.3
Public bus	71	3.7	95	5.0	17	0.9
Community transport	45	2.4	44	2.3	7	0.4
Drive self or driven by family/friend	132	7.0	169	8.9	109	5.7
Don't usually drive self	121	6.1	96	5.1	37	2.0
Walk	30	1.6	10	0.5	3	0.2
Other	16	0.8	36	1.9	37	2.0
Don't go out for this	7	0.4	95	5.0	436	23.0
<b>Summary</b>						
Drive self at least some of time	1402	73.9	1349	71.2	1038	54.7
Don't drive self	495	26.1	546	28.8	859	45.3

Table 4.2 and Graph 4.1 show the demographic breakdown of those participants who reported driving to events during the day. Means of travel for the three different situations was significantly correlated ( $p < 0.002$ ) so ‘travelling to day events’ has been used to represent the other two situations.

Females were significantly less likely than males to usually drive themselves to events during the day (Graph 4.1A).

From 60 to 79 years, there was little difference in the percentage of those usually driving themselves to medical appointments, or to events during the day or evening. However, from 80 years and older, the proportion of respondents driving to events drops considerably (Graph 4.1B). Those respondents who own homes (or retirement units) are more likely to drive (59% to 79%) than those in private rental (37% to 58%), while those who own residences or rent privately are more likely to drive than those in public rental (27% to 42%) (Table 4.2).

Those living alone are less likely to drive themselves, as are those with “much difficulty or can’t walk 500 metres” and those with a pension as their main source of income.



**Graph 4.1** Percentage of sample driving to day events as a function of (A) Gender, and (B) Age group.

Table 4.2: Demographic characteristics of those who drive to events during the day

Demographic characteristics		Drives to day events	
		%	<i>p value</i>
Live in:	Independent dwelling	77	<0.001
	Retirement home	56	
Home ownership:	Own (or mortgage)	76	<0.001
	Private rental	45	
	Public rent	38	
Live with:	Live with spouse	80	<0.001
	Live with others	68	
	Live alone	65	
Main source of income:	Self-funded	82	<0.001
	Centrelink or DVA pension	52	
Language other than English spoken at home	Yes	61	=0.001
	No	73	
Much difficulty walking or can't	No	76	<0.001
	Yes	40	

Table 4.3 shows the number of respondents who acknowledged problems getting appropriate transport. "Bus service too irregular" was the most commonly reported problem. Of those respondents who reported that they don't usually drive, the biggest transport problems they encountered (besides not being able to drive) related to not being able to get onto buses, and the irregularity of the bus service. In total, 32 % reported problems relating to using buses (this was computed by summing problems five to nine in Table 4.3).

Significant differences in response to transport problems were found between those who drove during the day at least some of the time, to those who didn't drive themselves, for each of the problems listed in Table 4.3 (except for "other";  $p < 0.001$ ). Those who drove themselves were more likely to say that they have no problems (87% compared to 51%,  $p < 0.001$ ).

Of those who don't drive themselves during the day, 38% reported some problems with buses. It is interesting to note that for those who usually drive themselves 12% considered that they had a problem with buses. So it is likely that this group sometimes use the bus system or would like to use it more if the problems were resolved.

Of the 47 respondents who gave the distance to their nearest bus stop, 38 reported the distance was 500 metres or more, whilst 15 stated the distance was over 1 kilometre.



Table 4.3: Problems getting appropriate transport.

Problems getting transport	Usually drive during day <sup>1</sup>		Don't usually drive during day <sup>1</sup>		Total	
	N	%	N	%	N	%
No problems	1175	92.8	276	55.3	1453	82.2
Can't drive	0	0	129	27.2	134	8.4
Don't have family/friends to take me	17	1.6	33	7.1	51	3.3
Can't afford a car	1	0.1	55	11.6	56	3.6
Can't afford bus/taxi	7	0.7	38	8.1	45	2.9
No seat at nearest bus stop	16	1.5	22	4.7	39	2.5
Bus stop too far	42	3.9	55	11.8	97	6.3
Can't get on to buses	25	2.3	95	20.3	120	7.8
Bus service too irregular	113	10.4	86	18.1	200	12.8
Don't know what services are available	27	2.5	34	7.3	61	4.0
Other <sup>2</sup>	36	3.3	28	5.9	64	4.1

<sup>1</sup> Based on the two categories under 'Summary' in Table 4.1.

<sup>2</sup> Other transportation problems included the distance of the destination being too far from bus stops, encountering steep hills to get to bus stops, unreliable buses and poor bus timetabling.

Transport problems is further broken down in Table 4.4 by socio demographic and disability factors. Females, those with pensions as their main source of income, and those with difficulty walking were less likely to report no problems with transport and more likely to report problems with buses. Older age groups were more likely to report no problems with transport. Although there is a significant difference in age groups and problems with buses, the problems are seen in the 60-64 years and 85+ years age groups.

Home owners are more likely to report no problems with transport ( $p < 0.001$ ) and less likely to report problems with buses ( $p < 0.001$ ) than those in rental accommodation. Those in public rental are least likely to report no problems but those in private rental are most likely to report problems with buses.

Those living with a spouse are most likely to report no problems with transport ( $p < 0.001$ ) while those living alone are more likely to report problems. Those living alone report more problems with buses than those living with a spouse or others ( $p < 0.001$ ).

There were no significant differences between respondents from different Canberra regions and the frequency with which they indicated "no problems with transport" or any problem with buses.

Table 4.4: Demographic and disability characteristics comparing those with no problems with transport and those with problems

		No problem with transport		Problems relating to buses	
		%	<i>p</i>	%	<i>p</i>
Gender	Male	89		15	
	Female	77	<.001	27	<.001
Age	60-64	88		28	
	65-69	90		15	
	70-74	86	<.001	20	.001
	75-79	82		20	
	80-84	79		23	
	85+	65		29	
Accommodation	Own house/apartment	85		22	
	Retirement home	74	<.001	21	NS
Home ownership	Own (or mortgage)	85		20	
	Private rental	59	<.001	40	.001
	Public rental	34		29	
Live with:	Live with spouse	90		16	
	Live with others	81	<.001	26	<.001
	Live alone	75		26	
Main source of income	Self-funded	87		18	
	Centrelink/DVA <sup>1</sup> pension	71	<.001	28	<.001
Language other than English spoken at home	Yes	78		26	
	No	83	NS	21	NS
Much difficulty walking or can't	No	87		18	
	Yes	49	<.001	49	<.001

<sup>1</sup>Please note that Centrelink and DVA pensions were not separated in the questionnaire, despite these representing largely distinct recipient groups.

Many respondents (532) did not answer the question on difficulties encountered organising transport at different times of day. Of those who did answer, 12.4% of respondents thought that it was more difficult to organise transport in the evenings, 2.4% in the morning and 1.5% in the afternoon while 83.7% thought there was no difference. Those reporting more problems at certain times of day were significantly less likely ( $p<.001$ ) to drive themselves.

In response to parking problems, 15.1% reported frequently having problems, 34.7% occasionally having problems, 24.4% rarely having problems and 25.7% never having problems. The suggestions listed for improving transport in Table 4.5 reflect the three

possible suggestions from each respondent. The majority of suggestions for improving the transport available to older people in Canberra relate to improving the public bus system. Those who usually drive provided similar suggestions to those who don't usually drive. Older age groups ( $p < .001$ ) and those living in retirement villages ( $p < .001$ ) were significantly less likely to make a suggestion relating to the public bus system.

Table 4.5: Suggested improvements to transport for older Canberrans

Suggested improvements to transport	Usually drive during day <sup>1</sup>		Don't usually drive During day <sup>1</sup>		Total	
	N	% <sup>1</sup>	N	%	N	%
More frequent/reliable buses	145	10.7	60	11.0	207	10.5
More weekend, night etc. buses	43	3.2	24	4.4	67	3.4
Different / expanded bus routes	63	4.7	17	3.1	80	4.1
More easy access buses	29	2.1	23	4.2	52	2.6
Better taxi service/taxi vouchers	27	2.0	16	2.8	43	2.2
Smaller buses within /between suburbs	50	3.6	9	1.7	59	3.0
Light rail / trams	24	1.7	5	0.9	29	1.5
Parking issues	24	1.7	4	0.7	28	1.4
Bus timetables	22	1.6	9	1.7	31	1.6
Community transport	21	1.5	19	3.5	41	2.1
Bus stops, shelters, seats	40	3.0	18	3.3	58	3.0
Cost	30	2.2	12	2.2	43	2.2
Other <sup>2</sup>	75	5.5	20	3.7	95	4.8
Current transport good	23	1.7	5	0.9	28	1.4

<sup>1</sup> Percent based on total sample as a majority of respondents did not enter any comment

<sup>2</sup> Other suggestions included provision of community transport, taxi availability and cost and parking issues

### Summary Points – Transportation

- Nearly three quarters of the sample drive themselves at least some of the time to medical appointments and other day events, while only about half drive at night.
- The major reported problems regarding transportation in Canberra centre on the public bus system. This is most likely to affect those who don't drive, those who are older' and, possibly, economically and socially disadvantaged people.
- However, 82% report no problems with transport.
- “More frequent, reliable buses” was the most frequent suggestion for improving transport for older Canberrans.

## 5. Housing

The aim of this section was to find out how satisfied older Canberra residents are with their current housing and if they feel safe within their own home.

Only 57 (3%) respondents thought that they were not able to move around their home easily and safely. Of these 30% attributed this to health issues, 21% to problems with stairs, 25% to balance problems and fear of falls, 8% to not being able to reach heights, and 17% to other problems with the house. Those who owned their own home were significantly less likely to report problems than either public or private rental ( $p=0.003$ ) although the numbers are low. There were no group differences in reported problems moving about the house for gender, age groups, living alone versus not living alone, or income source. Not surprisingly, there was a strong positive correlation found between reporting problems walking and problems moving about the house ( $p<.001$ ).

Of the 339 (18.4%) of respondents who indicated they would like to have modifications made to their home for more comfort and safety, 52% responded that they knew who they could go to to get the modifications done, whereas 18% reported not having knowledge of how to get the modifications completed. The remaining 30% indicated that they could not afford to complete their desired modifications.

When asked if they would like to move in to other accommodation that would be more suitable for their needs, of the 289 (15.2%) who would like to move, 28% indicated that they had already found something suitable, a further 28% had not found anything suitable, whereas 27% revealed that they could not afford to move. The remaining 17% reported that they did not know what their options were in relation to more suitable accommodation.

Table 5.1 shows the socio demographic and disability profile of those who reported they did not want modifications to their home and for those who did not want to move. No gender or age differences between these groups were found.

Those living in retirement villages are less likely to require modifications to their homes or to want to move. Respondents living in public rental and / or living alone were more likely to want modifications to their home and to move into more suitable accommodation.

Table 5.1: Demographic and disability characteristics relating to modification wanted to home and wish to move.

		Modification NOT wanted		Do NOT want to move	
		%	<i>p-value</i>	%	<i>p-value</i>
Gender	Male	81.5	NS	86.0	NS
	Female	81.6		84.0	
Age	60-64	80.1	NS	81.9	NS
	65-69	83.3		83.4	
	70-74	78.2		85.7	
	75-79	81.3		83.1	
	80-84	85.1		86.1	
	85+	81.7		88.0	
Accommodation	Own house/apartment	79.9	0.002	83.8	0.013
	Retirement home	86.5		88.6	
Home ownership	Own (or mortgage)	82.6	<.001	86.0	<.001
	Private rental	80.7		81.0	
	Public rental	65.0		73.4	
Live with:	Live with spouse	82.8	NS	88.8	<.001
	Live with others	85.6		86.9	
	Live alone	79.3		81.1	
Main source of income	Self-funded	84.2	0.005	87.7	<.001
	Centrelink/DVA <sup>1</sup> pension	78.0		80.7	
Language other than English spoken at home	Yes	78.2	NS	82.1	NS
	No	82.0		85.4	
Much difficulty walking or can't	No	82.8	.001	85.4	NS
	Yes	73.0		80.4	

<sup>1</sup>Please note that Centrelink and DVA pensions were not separated in the questionnaire, despite these representing largely distinct recipient groups.

Table 5.2 presents results for the question “Do you ever feel unsafe in your own home for any of the following reasons?”. For the 61 respondents who provided other reasons for feeling unsafe in their home, the reasons given (in order of frequency) were other problems with their home, physical health, fear of living alone, general feelings of insecurity, recent burglaries, and the need for external security such as a police presence.

Table 5.2: “Do you ever feel unsafe in your home...?”

	N	%
Poor layout of home makes accidents possible	52	3.3
Locks on doors and windows not adequate	84	5.3
Inadequate outside lighting	87	5.5
Neighbours/neighbourhood makes me feel unsafe	95	6.1
Other	102	6.5
I don't feel unsafe	1561	85.9

Table 5.3 summarises reasons provided for feeling unsafe within their home by socio demographic and disability factors. Older age groups and those living in retirement villages were more likely to report not feeling unsafe. It is interesting to note that, although on the overall older ages report feeling safer, those aged 60-64 years were much more likely to report feeling unsafe. For the first three reasons listed (layout, locks and lighting), between 11% and 14% of this youngest age group reported feeling unsafe.

Those living alone were less likely to report not feeling unsafe with the most frequently reported reason for feeling unsafe being ‘neighbours / neighbourhood makes them feel unsafe’.

Those living in public rental accommodation were also more likely to report feeling unsafe in their homes with the most frequent reason (given by 24%), being that “neighbours / neighbourhood makes me feel unsafe”. Although females were slightly less likely to report that “I don't feel unsafe” than males (84% versus 89%) the difference was not great. Those who speak a language other than English at home were also less likely to report not feeling unsafe.

Table 5.3: Differences in demographic characteristics of those who indicated reasons for feeling unsafe in their homes.

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
Poor layout of home makes accidents possible	More Females * <sup>1</sup>	More 60-64 **	NS	More in rental **	NS	More pension *	NS
Locks on doors and windows not adequate	NS	More 60-64 **	Less in RV <sup>2</sup> **	More in public rental **	NS	More pension **	More CALD <sup>3</sup> **
Inadequate outside lighting	NS	More 60-64 **	Less in RV **	NS	NS	NS	More CALD **
Neighbours/ neighbourhood makes me feel unsafe	NS	More 60-69 **	Less in RV **	More in public rental **	More living alone **	More pension **	NS
Other	More females *	More 60-64 **	Less in RV **	NS	More living alone *	NS	NS
I don't feel unsafe	Less females *	More 70+ **	More in RV **	Less in public rental **	Less living alone **	Less pension **	Less CALD **

<sup>1</sup> Significant differences are indicated by \* for  $p < 0.05$  and \*\* for  $p < 0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

<sup>3</sup> CALD is an abbreviation for Culturally and Linguistically Diverse.

Those living in retirement villages seem much more satisfied with their housing than those in independent dwellings as they are less likely to want modifications to their homes (13% compared to 20% in independent dwellings), less likely to want to move (11% compared to 16% in independent dwellings) and are more likely to report *not* feeling unsafe (9% compared to 16% in independent dwellings).



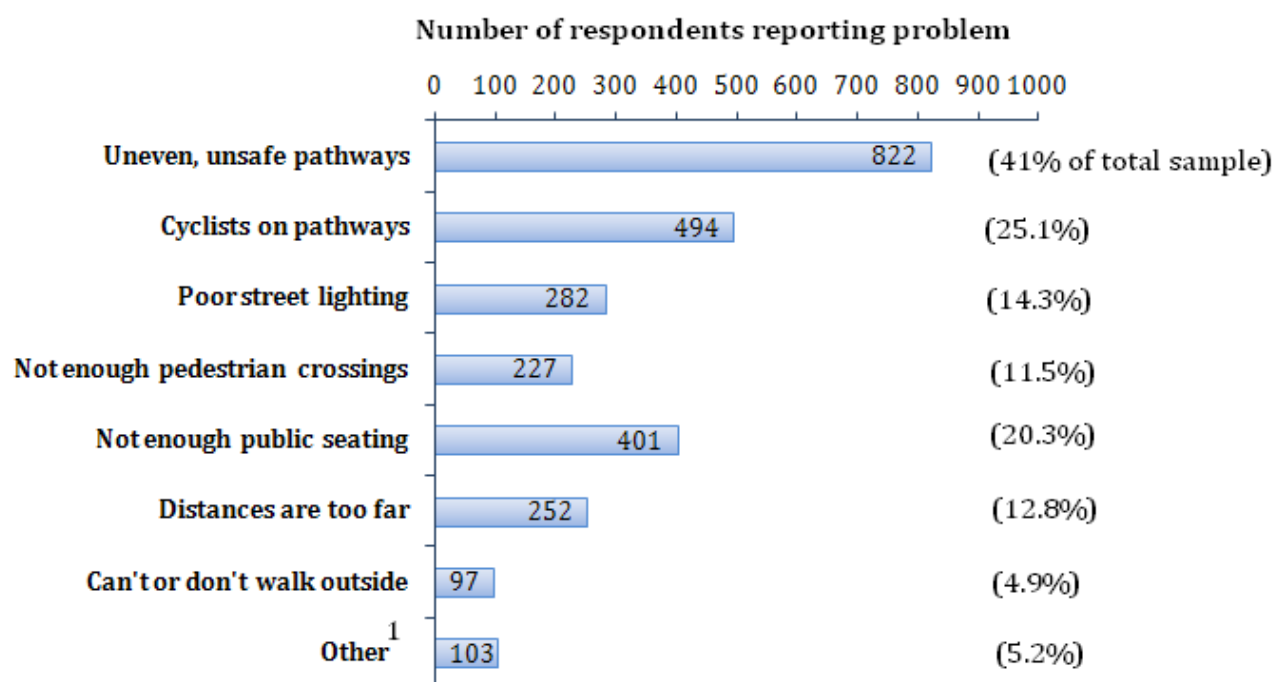
### Summary Points – Housing

- The majority of respondents feel safe moving around their home, and they don't want modification to their home or to move.
- Those who live alone or are in public rental accommodation are most likely to want modifications or to move to more suitable accommodation, as well as being more likely to report feeling unsafe in their homes.
- The most common reason cited for feeling unsafe was due to “neighbours / neighbourhood makes me feel unsafe”.
- In contrast, those in retirement villages generally feel safer in their residences than those in independent dwellings.

## 6. Outdoor spaces and buildings

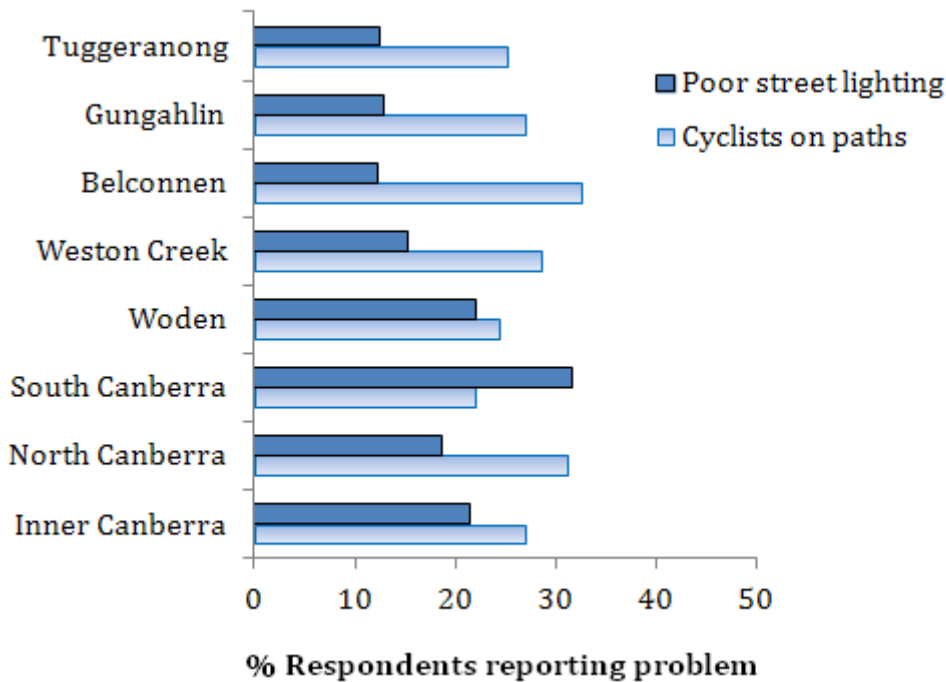
In this section we aimed to discover perceived difficulties reported by older Canberrans when walking around the outdoor areas of the city and managing access to and movement within public buildings. Again, suggestions were sought on how these areas could be improved.

Graph 6.1 gives the frequency of problems reported in walking in outdoor areas of Canberra. Uneven, unsafe pathways were the most commonly reported problem followed by cyclist on pathways and not enough seating. Most respondents indicated that the problems mentioned occurred in their local area and shops.



**Graph 6.1** Number of respondents reporting problems associated with walking in outdoor areas of Canberra. <sup>1</sup>Other problems covered a range of issues including lack of footpaths altogether and trees and bushes blocking footpaths and tree roots.

There were few differences between Canberra regions, except that cyclists were mostly likely to be reported as a problem in North Canberra and Belconnen ( $p=0.035$ ) and street lighting was reported as a problem most commonly in the older areas of Canberra ( $p<.001$ ). The frequency of these reported problems for each region are shown in Graph 6.2.



**Graph 6.2** Problems encountered in outdoor areas in different regions of Canberra

Problems with ‘Cyclists on pathways’ were reported in larger shopping centres particularly Civic and also on shared paths around lakes and other recreational areas. Many made the criticism that cyclists did not use bells to warn of their presence.

‘Not enough seating’ was reported as a problem at many local shops and also larger shopping centres. Problems with ‘distances too far’ were reported in shopping centres and from bus stops to shopping centres.

Table 6.1 shows the relationship between demographic characteristics and problems walking around Canberra. Older age groups, those living in retirement villages, those living in rental accommodation, living alone, those with a pension as their main source of income, and who speak a language other than English are all more likely to report that they “can’t or don’t walk outside”. Older person, those living alone, those on pensions and those who speak a language other than English also report that distances are too far.

Female respondents were more likely to be concerned about uneven pathways while older persons were less concerned about a number of these issues, probably because they were more likely to not walk outside. Those living in public rental accommodation were more likely to report not enough pedestrian crossing or public seating. Those reporting a pension as their main source of income were more likely to have problems with the number of pedestrian crossings, public seating and less problem with poor lighting although the difference was not great. Those who speak a language other than English at home were more likely to report problems with cyclists.

Those who have “much difficulty” or “can’t walk 500 metres” were significantly more likely to report problems with cyclists ( $p=0.021$ ), not enough pedestrian crossings

( $p=0.004$ ), lack of seating ( $p<.001$ ), distances too far ( $p<.001$ ), and “can’t/don’t walk outdoors” ( $p<.001$ ).

Table 6.1: Relationship between demographic characteristics and problems walking around Canberra

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
Unsafe pathways	More females ** <sub>1</sub>	NS	NS	NS	NS	NS	NS
Cyclists on pathways	NS	Less older **	NS	NS	NS	NS	More CALD <sup>3</sup> *
Poor street lighting	NS	Less older **	Less in RV <sup>2</sup> **	NS	NS	Less pension *	NS
Not enough pedestrian crossings	NS	NS	NS	More public rental **	Ns	More pension *	NS
Not enough public seating	NS	NS	NS	More public rental **	NS	More pension **	NS
Distances too far	More females *	More older **	NS	NS	More alone *	More pension **	More CALD *
Can't / don't walk outside	NS	More older **	More in RV *	Less home owners *	More alone *	More pension **	More CALD *
Other	NS	NS	Less in RV **	NS	NS	NS	NS

<sup>1</sup> Significant differences are indicated by \* for  $p<0.05$  and \*\* for  $p<0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

<sup>3</sup> CALD is an abbreviation for Culturally and Linguistically Diverse.

Problems reported by respondents in accessing public buildings are shown in Table 6.2. Many respondents reported problems with accessing buildings and associated facilities, with the most common problems being difficulty with steps, not enough seating and lack of toilet facilities.

Table 6.2: Frequency of problems accessing public buildings

	N	% (of total sample)
Difficulty with doors	256	13.0
Difficulty with steps	396	20.1
Lack of lifts/escalators	198	10.0
No suitable seats to rest or wait	409	20.7
Lack of toilet facilities	356	18.1
Other <sup>1</sup>	58	2.9

<sup>1</sup>Other problems included signage and problems finding the correct buses but most comments here related to problems already listed in questions

Table 6.3 shows the relationship between demographic characteristics and problems accessing public buildings. Females were more likely to report problems with doors and steps. Older age groups and those living in retirement villages reported more of all problems except lack of toilet facilities. However, it was only those in the 85+ age group who reported more difficulty with doors. Those who were in rental accommodation were more likely to report problems with doors, steps, lack of seats and toilet facilities. Those on a pension were more likely to report problems for all indicators listed. Those with “much difficulty” walking or “can’t walk 500 metres” were significantly more likely to report problems with all of the aspects of accessing buildings listed.

Table 6.3: Relationship between demographic characteristics and problems accessing buildings

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
Difficulty with doors	More females ** <sub>1</sub>	More 85+ *	More in RV <sup>2</sup> **	Less home owners **	More alone **	More pension **	NS
Difficulty with steps	More females **	More older **	More in RV **	Less home owners **	More alone **	More pension **	NS
Lack of lifts/escalators	NS	More older *	More in RV **	NS	More alone *	More pension *	NS
No suitable seats to rest or wait	NS	More older **	More in RV **	Less home owners **	NS	More pension **	NS
Lack of toilet facilities	NS	NS	NS	Less home owners **	NS	More pension **	NS
Other	NS	NS	NS	More private rental *	NS	NS	NS

<sup>1</sup> Significant differences are indicated by \* for  $p < 0.05$  and \*\* for  $p < 0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

Suggestions for making Canberra’s public buildings and spaces more accessible and welcoming to older people are shown in Table 6.4. This question was coded to allow 3 different options using the categories shown below. The most commonly reported suggestions were use of ramps and railings or better stairs and seats, particularly seats that are higher and with arms to make them easier to get up from. The number of respondents who provided suggestions for improving Canberra’s public buildings is too low to examine the demographic differences of those who answered this question.

Table 6.4: Suggestions for making Canberra’s public buildings and spaces more accessible and welcoming to older people.

	N	% (of total sample)
Doors- automatic, easier, wider	88	4.5
Ramps, railings better steps	141	7.2
Parking-more disabled, senior, closer	83	4.2
Seats-more, higher, with arms	117	5.9
Lifts/escalators	41	2.1
Toilets, more or more accessible	72	3.7
Signage	58	2.9
Better wheelchair access, including suitable flooring, wider, less cluttered aisles	34	1.7
Other <sup>1</sup>	107	5.4
All good as is	31	1.6

<sup>1</sup> Other suggestions included lighting, maintenance, no smokers near entrances, less music

The frequency with which respondents are fearful of being a victim of crime in Canberra is shown in Table 6.5. Females reported fear of being a victim of crime more frequently than males ( $p=.002$ ) with 24.3% of males ‘sometimes’ being fearful and 32.0% of females ‘sometimes’ being fearful.

Increasing age groups reported fearing being a victim of crime significantly less frequently ( $p<.001$ ) than younger groups. Living alone ( $p=0.005$ ), having a pension as the main source of income ( $p<.001$ ) and speaking a language other than English at home were significantly more fearful ( $p=0.003$ ). Those living in public rental accommodation were significantly more fearful of being a victim of crime than others ( $p<.001$ ) while those in private rental were more fearful than those in their own home ( $p<.001$ ).

There was no difference between those living in a retirement home and those in independent dwellings. There was a significant association ( $p<.001$ ) between “not feeling unsafe in own home” and decreasing fear of being a victim of crime in Canberra whereas those who indicated that they felt unsafe in their house due to their “neighbours / neighbourhood” were significantly more likely ( $p<.001$ ) to frequently fear being a victim of crime. Those who feel unsafe in their own home are also more likely to fear being a victim of crime.

Table 6.5: “Are you fearful of being a victim of crime in Canberra?”

	N	%
Always	61	3.2
Usually	42	2.2
Sometimes	553	28.9
Rarely	856	44.7
Never	404	21.1

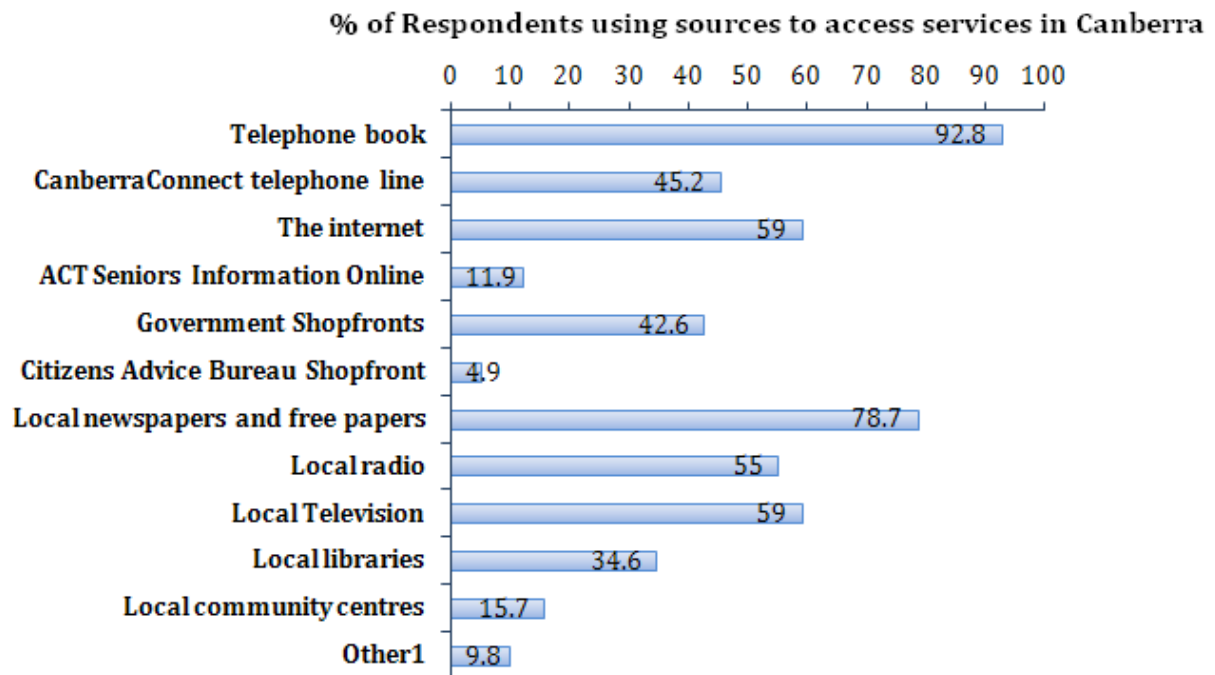
#### Summary Points – Outdoor spaces and buildings

- The most common problems expressed about open spaces were uneven paths, cyclists on paths and not enough seating.
- In public building the most common problems related to steps, seating and toilet facilities.
- Older people, those in retirement villages, living alone and on pensions were more likely to report a number of problems accessing public buildings.
- The most frequent suggestions for improving Canberra’s public building and spaces were more ramps and railing and more seats.

## 7. Communication and Information

This part of the questionnaire explores the different means and venues older Canberrans use to access information on services and community events. It covers the problems they encounter and how they would rather receive information. The section specifically asks about the availability of the internet and respondents' ability to use it.

Graph 7.1 shows the frequency with which different sources of information on services available in Canberra are used. The most common means of accessing information on services is by using the telephone book followed by local newspapers, with the Citizens' Advice Bureau Shopfront being least commonly endorsed. It is interesting to note that 59% of respondents said that they used the internet.



**Graph 7.1** Percentage of respondents using the listed sources to access services in Canberra. <sup>1</sup> Other - The most common source was family/friends, spouse, word-of-mouth and clubs.

Table 7.1 shows the relationship between demographic characteristics and the sources of information used. While males are more likely to use the telephone book and the internet, females are more likely to use libraries. Older age groups use less of most of the information sources listed as do those living in retirement villages. Home ownership compared to rental housing shows mixed differences. Home owners are more likely to use the internet and local. Those in public rental are more likely to use the Citizens' Advice Bureau Shop and less likely to use the phone book, while those in private housing are less likely to use CanberraConnect. All those in rental housing are more likely to use Community centres. Those living alone are less likely to use the majority or sources but more likely to use Community centres. Those who speak a language other than English at home are less likely to use printed material and the internet but more likely to use Community centres. Older people, those in retirement villages, those who



live alone, those who have a pension as their main source of income and those who have difficulty walking use a significantly smaller range of services than others. Those who have “much difficulty” walking or “can’t walk” tend to use all listed means of information less than those who can walk. This is probably due to the correlation of difficulty walking with increasing age.

Table 7.1: Relationship between demographic characteristics and sources of information used.

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
Telephone book	More males * <sup>1</sup>	Less older *	Less in RV <sup>2</sup> **	Less public rental **	Less alone **	Less pension **	Less CALD <sup>3</sup> **
CanberraConnect telephone line	NS	Less older **	Less in RV **	Less private rental *	Less alone *	Less pension **	Less CALD **
The internet	More males **	Less older **	Less in RV **	More home owners **	Less alone **	Less pension **	Less CALD **
ACT Seniors Information Online	NS	Less older **	Less in RV **	Less home owners **	Less alone *	NS	NS
Government Shopfronts	More males **	Less older *	Less in RV **	NS	Less alone **	NS	NS
Citizens Advice Bureau Shopfront	NS	Less older **	NS	More public rental **	NS	More pension *	NS
Local newspapers and free papers	NS	Less older **	Less in RV **	More home owners **	Less alone **	Less pension **	Less CALD **
Local radio	NS	Less older **	Less in RV **	NS	NS	NS	NS
Local Television	NS	NS	Less in RV **	NS	NS	NS	NS
Local libraries	More females *	Less older **	Less in RV **	NS	NS	Less pension *	NS
Local community centres	More females **	NS	NS	Less home owners **	More alone *	More pension **	More CALD **
Other	NS	NS	NS	NS	NS	NS	NS

<sup>1</sup> Significant differences are indicated by \* for  $p < 0.05$  and \*\* for  $p < 0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

<sup>3</sup> CALD is an abbreviation for Culturally and Linguistically Diverse.

In response to the question, "In general, are you able to find information on the services you need?", 17.9% responded that they could "always" in find information, 71.2% could find it "most of the time", 8.8% "some of the time" and 1.6% "rarely".

Those who are significantly more likely to have problems finding information on services are older ( $p=.037$ ), to live in retirement villages ( $p=.001$ ), to be in rental housing ( $p<.001$ ), to live alone ( $p<.001$ ), to have a pension as their main source of income ( $p<.001$ ) and to speak a language other than English at home ( $p=.028$ ). These are the same sorts of respondents who use a smaller range of information sources.

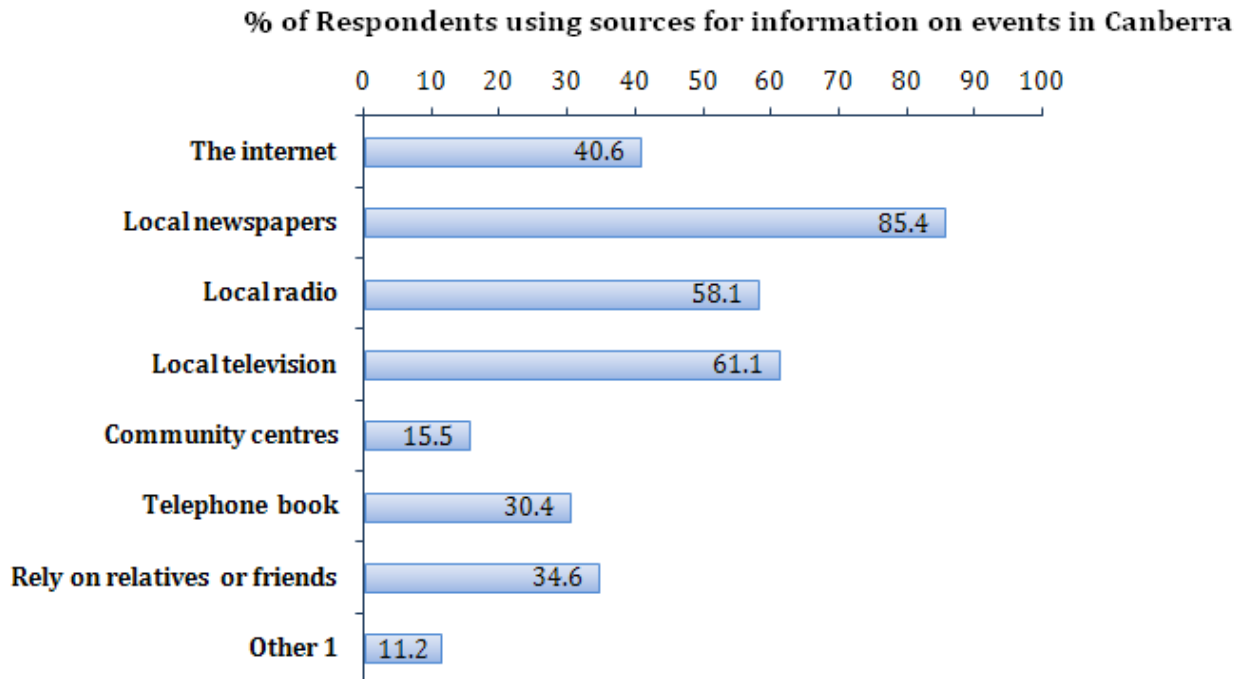
Table 7.2 lists the specific problems respondents reported in finding information on services. This question was coded to allow 2 different options using the categories shown below. Only 15% of the sample answered this question. Of those who did, the most common problems were those encountered when telephoning for information and not being able to find things in the phone book. In the first category many people expressed frustration at being put on hold, having to press buttons to get to someone, and people not being able to answer questions. This was particularly with reference to government departments. A number of people also expressed frustration at trying to find what they wanted on government websites. Problems with the phone book included not being able to hold it as it is now too heavy, print being too small and services not being in obvious categories.

Table 7.2: Problems reported in finding information on services.

	N	% (of total sample)	% (of 300 who responded)
Phone problems, on hold, pressing numbers, leaving message	50	2.6	16.6
Knowing who to contact	17	0.9	5.7
Contacts who can't answer questions	7	0.4	2.3
Website problems, particularly government websites	25	1.3	8.3
CanberraConnect, criticisms	13	0.7	4.3
Don't have internet or can't use	20	1.0	6.7
Current phone book too thick or can't read print	24	1.3	8.0
Can't find things in phone book	46	2.4	15.3
Information difficult to find, particularly government information	27	1.4	9.0
Health problems-sight, hearing	16	0.9	5.3
Other <sup>1</sup>	56	2.8	

<sup>1</sup> Other suggestions covered a range of problems and many were not relevant to the question.

Sources of information used to find out about activities on in Canberra are shown in Graph 7.2. Local newspapers were the most common source of information on activities on in Canberra followed by local television and radio.



**Graph 7.2** Percentage of respondents using the listed sources to access information about events and activities in Canberra. <sup>1</sup> Other sources included clubs, organisations such as PROBUS and University of the Third Age, libraries, church, letterbox drops.

Table 7.3 shows the relationship between demographic variables and different means of finding out about activities in Canberra. The internet is used more by males, younger age groups, people not in retirement villages, home owners, those not living alone, self-funded retirees and who don't speak a language other than English at home. Females use Community centres and rely on family and friends more than males. Older age groups are less likely to use the local papers and radio but more likely to use the telephone book, while those in retirement villages are less likely to use local papers, radio or television. More home owners use local newspapers but are less likely to use community centres. Those who live alone are less likely to use most sources but more likely to use community centres and rely on family and friends, while those whose main source of income is a pension are less likely to use newspapers but, as with those living alone, more likely to get information from community centres and rely on friends and relatives. Those who speak a language other than English are less likely to use newspapers and more likely to use community centres.

Those who have "much difficulty" walking or can't walk use less of most of the means listed but are more likely to rely on relatives and friends. Older age groups, those in rental housing, those living alone, those with a pensions a the main source of income, those with difficulty walking and those who speak a language other than English used a significantly smaller range of sources of information on events.

Table 7.3: Relationship between demographic variables and different means of finding out about activities.

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
The internet	More males ** <sup>1</sup>	Less older **	Less in RV <sup>2</sup> **	More home owners **	Less alone **	Less pension **	Less CALD <sup>3</sup> *
Local newspapers	NS	Less older **	Less in RV **	More home owners, less public rental **	Less alone **	Less pension **	Less CALD **
Local radio	NS	Less older **	Less in RV **	NS	Less alone *	NS	NS
Local television	NS	NS	Less in RV **	NS	Less alone *	NS	NS
Community centres	More females **	NS	NS	Less home owners **	More alone **	More pension **	More CALD **
Telephone book	NS	More older **	NS	NS	NS	NS	NS
Rely on relatives or friends	More females **	NS	NS	NS	More alone **	More pension **	NS
Other	NS	Less older *	NS	NS	NS	NS	NS

<sup>1</sup> Significant differences are indicated by \* for  $p < 0.05$  and \*\* for  $p < 0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

<sup>3</sup> CALD is an abbreviation for Culturally and Linguistically Diverse.

Preferred ways of finding out about services available and events on around Canberra is shown in Table 7.4. This question was coded to allow 2 different options using the categories shown below. The most popular choice for receiving information was through local newspapers, with 60% wanting to receive information in some printed form. Sixteen percent wanted to receive the information through local television or radio while 25% wanted the information online.

Table 7.4: Preferred way of receiving information on services and events in Canberra.

	N	% (of total sample)	% (Of 753 who responded)
Mail	108	5.5	14.3
Letter box drops / flyers	50	2.5	6.6
Printed material	18	0.9	2.4
Email	60	3.0	8.0
Internet	129	6.5	17.1
Local newspapers	218	11.1	29.0
Local television or radio	122	6.2	16.2
Regular magazines/bulletins	61	3.1	8.1
Other	69	3.5	9.2
Happy with current situation	97	4.9	12.9
<b>Summary</b>			
Printed material (including newspapers)	455	23.1	60.4
Online	189	9.6	25.1

In response to the question, “Is printed material presented in a size and format that you find easy to read?”, 83.8% of respondents indicated that printed material was “usually” easy to read, 8.4% that it was “occasionally” easy, 4.0% that it was “rarely” easy while 3.7% indicated that they “don’t read them”.

For comparison of respondent characteristics, the “Don’t read them” category has been dropped as this response could be given for a number of different reasons.

More frequent problems were reported by older age groups ( $p=.025$ ), those in public rental ( $p<.001$ ), those living alone ( $p=.038$ ), those people whose main source of income is a pension ( $p<.001$ ), those who speak a language other than English ( $p<.001$ ) and those with difficulty walking ( $p<.001$ ).

When asked “Do you find that when you speak to business or service staff on the phone you are able to hear and understand them?”, 18.5% answered “yes, always”, 67.4% answered “yes, usually” and 14.1% answered “no”.

As with the responses to reading, more frequent problems were reported with hearing by older age groups ( $p<.001$ ), those in public rental ( $p=.004$ ), those living alone ( $p=.001$ ), those people whose main source of income is a pension ( $p<.001$ ), those who speak a language other than English ( $p=.026$ ) and those with difficulty walking ( $p<.001$ ). With hearing problems, those in retirement villages were also more likely to report problems ( $p=.004$ ).

Table 7.5 shows the results for the question “Do you have access to the internet?”. Females ( $p<.001$ ), older age groups ( $p<.001$ ), those in retirement villages ( $p<.001$ ), those in rental housing ( $p<.001$ ), particularly public rental, those living alone ( $p<.001$ ), those on pensions ( $p<.001$ ), those who speak a language other than English at home ( $p=.001$ ), and those with difficulty walking ( $p<.001$ ) are significantly less likely to have

the internet at home. All of these groups are also less likely to have any access to the internet anywhere else.

Table 7.5: Access to internet

	N	%
Home only	1215	64.3
External to home (club, library other) only	63	3.3
Home and other place	158	8.4
No access	440	23.3
<b>Summary</b>		
Home	1373	72.7
Elsewhere	76	4.0
No access	44	23.3

While 991 (57%) of respondents said that they already knew how to use the internet, 363 (20.8%) did not know and expressed no interest in learning and 391 (22.4%) also did not know how to use the internet but would like to learn.

All of the groups who are less likely to have access to the internet are significantly more likely to want to know how to use it with frequencies between 19% (those living alone) and 33% (those with “much difficulty” walking or “can’t walk”).

#### Summary Points – Communication and Information

- The telephone book is the most commonly endorsed method of getting information on services in Canberra while local newspapers are the most common means of finding out about events.
- Those who are older, in retirement villages, in rental properties, live alone, are on a pension and who speak a language other than English at home are more likely to get information via community centres, and in the case of finding information on activities, they are more likely to rely on family and friends.
- This demographic group also use less of a range of information sources and are more likely to report problems finding the information they seek.
- They are also more likely to report problems reading printed material and hearing people on the phone.
- They are also less likely to have access to the internet.
- Up to 33% of respondents said that they would like to know how to use the internet.

## 8. Civic participation and employment

This section examines employment status in older Canberrans and any problems that have been encountered finding suitable employment. It also looks at level of voluntary work undertaken by this group.

Employment status is shown in Table 8.1. Those employed either full-time or part-time made up nearly 12% of the sample.

Table 8.1: Employment status

	N	%
Employed-full-time	68	3.6
Employed part-time or casually	154	8.1
(Total employed)	(222)	(11.7)
Unemployed, looking for work	12	0.6
Retired / Not in the work force	1658	87.6

As would be expected, those in older age groups ( $p < .001$ ), those living in retirement villages ( $p < .001$ ), and those with “much difficulty” walking or can’t walk ( $p < .001$ ) are significantly less likely to be employed. Those living alone are significantly less likely to be employed full-time but there is little difference for those casually employed.

Those living in private rental accommodation are significantly more likely to be employed than home owners (19% compared to 12%,  $p < .001$ ) with those living in public rental accommodation being the least likely to be employed (6%,  $p < .001$ ). However, the numbers are quite low for these employment categories.

Although the numbers of “unemployed, looking for work” are too low to determine significant differences, most are female, under 70 years, living in their own home, living with others and on a pension as their main income.

Of the 143 difficulties reported in finding employment that suits their needs, 62 (3.1% of total) reported difficulties a) finding suitable part time work, 21 (1.1%), b) had a problem with inflexible work options and 30 (1.5%) indicated that c) poor computer skills had been a problem. A further 30 indicated d) an “other” problem which were mainly health issues or discrimination.

Of those who reported any of the above problems finding suitable employment, those looking for work endorsed these most frequently, followed by those in full-time work, then those currently working part-time.

Those who indicated any of these problems were younger ( $p < .001$  for all problems), not living in retirement villages ( $p < .002$  for problem a, and b) and more likely to be in rental accommodation ( $p < .01$  for problems a, and d). Those who speak a language other than English in the home were significantly more likely to indicate an “Other” problem finding suitable employment ( $p < .001$ ).

Of the 282 endorsements of discrimination in the workplace or in applying for a job, 175 (8.9% of total) indicated age discrimination, 35 (1.8%) gender discrimination, 35 (1.8%) disability discrimination and other, mainly racial issues 37 (1.9%).

Of those who indicated that they had faced age discrimination, the highest frequency was in those who are currently “unemployed, looking for work (73%), followed by those employed full-time (51%), then those employed part-time (26%).

Of those reporting problems finding suitable jobs and having faced discrimination, a number had rated themselves as retired. Some comments suggested that, although they were retired they would be interested in suitable work if possible.

The majority of respondents (1153, 63.3%) reported that they do voluntary work. A further 200 (11.0%) did not currently do any voluntary work but would like to while 468 (25.7%) do not wish to. Older age groups and those living in retirement villages were less likely to do voluntary work and more likely to not want to do so. Many of those who did not wish to do voluntary work stated that they have done it in the past but are now too old or unwell. The percent of those doing voluntary work peaked in the 70-74 years age group at 78%.

Two hundred and fifteen (13.2%) people reported that they have had problems finding out about suitable voluntary work. Of these, 94 had stated that they would like to do voluntary work in the previous question.

Older age groups were less likely to have problems finding suitable voluntary work (presumably because they are not looking to do so. Those respondents who were retired are more likely to be doing voluntary work (63%) followed by those working part-time (49%).

Those living in their own homes were more likely to report doing more voluntary work ( $p < .001$ ), than those in public rental with those in private rental doing the least ( $p < .001$ ). Respondents living alone were less likely to be doing voluntary work ( $p < .001$ ), while self-funded retirees are more likely to report doing voluntary work than those on a pension ( $p < .001$ ). The more difficulty people have walking the less likely they were to do voluntary work.



### Summary Points – Civic Participation and Employment

- While by far the majority of the sample is retired, nearly 12% work full or part time.
- Of the types of problems faced in gaining employment, finding suitable part-time employment and age discrimination are the most frequently reported.
- Sixty-three percent of the sample report doing voluntary work, mainly from younger age groups and people who are retired.
- The most commonly reported problems for getting information involve contacting the necessary person on the phone and dealing with the phone book, while the most commonly reported preferred method of receiving information is through local newspapers.

## 9. Social participation

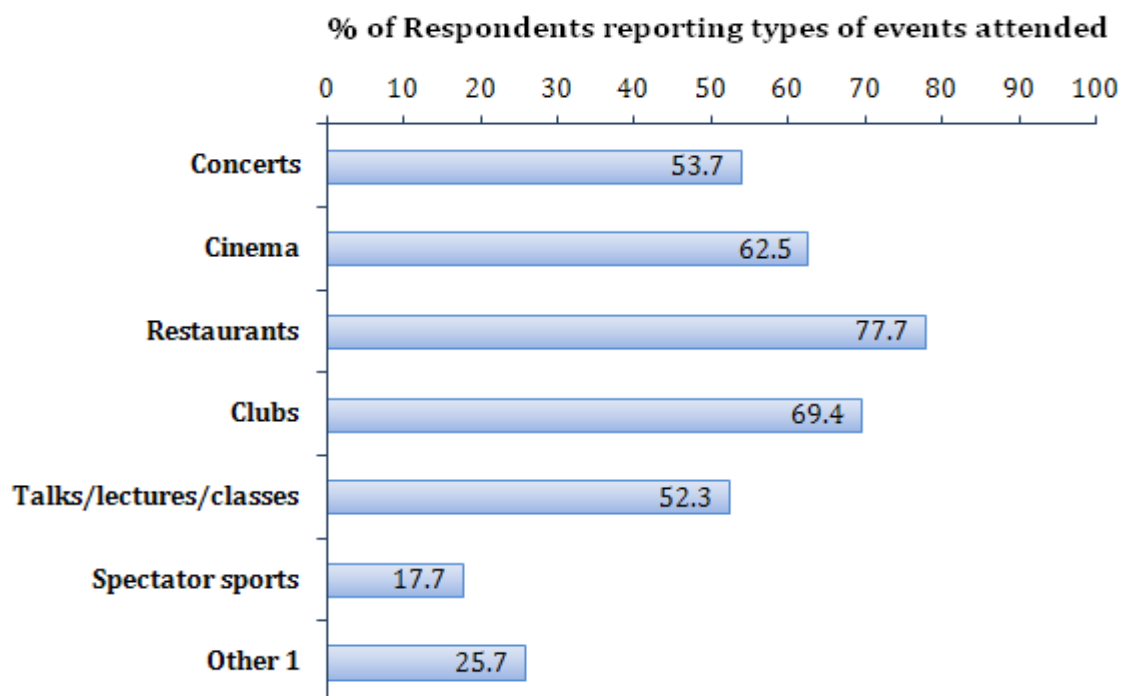
This section looks at how frequently older Canberrans attend social events, as well as asking if older people feel encouraged to go to community events and if such events are 'welcoming' to them. It also looks at the reasons older people do not go to more events.

The frequency with which social events are attended is shown in Table 9.1. Seventy three percent of those who responded to this question attend social events weekly or more. Females attend events significantly more often than males ( $p < .001$ ) while there was no significant difference between age groups and living in retirement villages. Social events are attended significantly less frequently by those in rental accommodation ( $p < .001$ ), those on pensions ( $p < .001$ ), those with difficulty walking ( $p < .001$ ) and those who speak a language other than English at home. Those living alone attend social events more frequently than those living with others ( $p = .013$ ).

Table 9.1: Frequency of social events

	N	%
Daily	212	11.5
Weekly	1134	61.4
Monthly	241	13.0
Less than monthly	261	14.1

As shown in Graph 9.1, restaurants and clubs were most frequently endorsed social venues but all those listed were indicated by a high percentage of respondents.



**Graph 9.1** Types of social events endorsed by respondents. <sup>1</sup> Other events include going to friends and relatives places, participating in sport, gym, groups such as University of the Third Age, theatre, museums, galleries.

Table 9.2 shows the response to the question “Do you feel that the promotion of community events within Canberra encourages the participation of older people?” Eighty per cent of respondents felt that the promotion of community events in Canberra encourages the participation of older people at least some of the time. However, only a quarter of respondents rated this as “often”. In response to the question, “Do you find that community events in Canberra are ‘welcoming’ to older people”? (Table 9.3) only 16% answered “rarely” or “never”.

There was very little difference in demographic characteristics and how these two questions were answered. Those in retirement villages, or on pensions rated these somewhat more poorly, ( $p=.01$  and  $p=.013$ ), while those in public rental accommodation rated them more poorly than those in other accommodation ( $p=.033$  and  $p<.001$ ), Those with “much difficulty” walking or can’t walk rated this significantly more poorly ( $P<.001$  for both questions) than those with less trouble walking.

Table 9.2: Promotion of community events within Canberra encourages the participation of older people.

	N	%
Often	420	23.8
Sometimes	995	56.3
Rarely	312	17.2
Never	39	2.2

Table 9.3: Community events are ‘welcoming’ to older people.

	N	%
Often	520	30.3
Sometimes	918	53.5
Rarely	249	14.5
Never	29	1.7

Bi-variate correlations were used to determine the association between the frequency with which respondents attended social events and the frequency with which they considered community events to encourage the participation of older people and the frequency with which community events are ‘welcoming’ to older people. All three questions were significantly correlated ( $p <.001$ ).

Table 9.4 shows the responses to the question “Would you like to go to more events that are held in Canberra but can’t for any of the following reasons?” The most frequent reason for not attending more events was inability or not liking to travel at night. More than 20% of all respondents indicated that they could not afford events.

Table 9.4: Reasons for not going to more events in Canberra

	N	% (of total sample)	% (Of those who responded)
Poor health or physical limitation	352	17.8	28.1
Venues not comfortable	267	13.5	20.9
Can't get to the venues	244	12.4	19.5
Can't afford the events	427	21.7	32.6
Cannot or do not travel at night	576	29.2	44.9
Other	208	10.5	15.3
I'm not interested in attending local activities	166	8.4	13.5

The relationship between demographic characteristics and problems getting to events is shown in Table 9.5. Females reported not being able to get to venues and either can't or don't go out at night more frequently than males which is not surprising as females are significantly less likely to drive themselves. Males, however, more frequently reported that they were not interested. Apart from not being able to afford events and "other", older age groups, on the overall, were more likely to report problems. However, the age group 60-65 years more frequently reported problems than the 65-69 years and 70-74 years groups.

Poor health and physical limitation was more frequently reported as a problem by older respondents, those in rental accommodation and those on pensions. Not being able to get to venues was, apart from gender and age, more likely to be a problem for those in retirement villages, those in rental accommodation, those living alone and those on pensions and also those who speak a language other than English at home. Those who are more likely to not travel at night are more likely to be retirement villages, private rental, to live alone and to speak a language other than English at home.

Those with "much difficulty" walking or can't walk are more likely ( $p < .001$ ) to report not being able to get there and not being able to afford events.

Table 9.6: Relationship between demographic characteristics and problems getting to events.

	Gender	Age	Accommodation	Home ownership	Live with	Income	Speak English at home
Poor health or physical limitation	NS	More older **	More RV <sup>2</sup> **	More private rental, less owners *	NS	More on pension **	NS
Venues not comfortable	NS	More older **	Less RV *	NS	Less live alone *	NS	NS
Can't get to the venues	More females ** <sup>1</sup>	More older *	More RV **	Less home owners **	More live alone **	More on pension **	More CALD *
Can't afford the events	NS	Less older **	Less RV **	More public rental **	Less live alone *	More on pension **	NS
Cannot or do not travel at night	More females **	More older **	More RV **	More private rental *	More live alone*	NS	More CALD <sup>3</sup> *
Other <sup>4</sup>	NS	Less older **	Less RV **	NS	Less live alone **	Less Pension **	NS
I'm not interested in attending local activities	More Males **	More older **	NS	NS	NS	NS	NS

<sup>1</sup> Significant differences are indicated by \* for  $p < 0.05$  and \*\* for  $p < 0.01$ .

<sup>2</sup> RV is an abbreviation for Retirement Village.

<sup>3</sup> CALD is an abbreviation for Culturally and Linguistically Diverse.

<sup>4</sup> "Other" reasons given include: being a carer, parking and transport problems, don't have time for any more, don't know about them, and don't like noise, crowds.

### Summary Points – Social Participation

- Respondents to this survey frequently attend a wide range of social events with in Canberra.
- The majority find that events at least sometimes promote the inclusion of older people and are welcoming.
- However, more than 20% stated that they can't afford events that they would like to go to and a further 12% can't get to venues.

## 10. Respect and social inclusion

The aim of this section was to determine if older Canberra residents feel isolated, if they feel able to contribute to community discussion and if they feel respected by the rest of the community. Opinions were also sought on ways to increase social inclusion, ability to contribute and how to gain respect from others. Finally, this section includes a question asking about the incidence of elder abuse.

Responses to the question “Do you ever feel isolated in Canberra?” are shown in Table 10.1. Nearly three quarters of respondents “rarely” or “never” feel isolated in Canberra.

Those who report more frequently feeling isolated are females ( $p = .023$ ), people in rental accommodation, particularly public rental ( $p < .001$ ), those living alone ( $p < .001$ ), those on pensions ( $p < .001$ ), those who speak a language other than English at home ( $p = .005$ ) and those with “much difficulty” walking or can’t walk ( $p < .001$ ). There was no association with age or living in retirement villages.

Table 10.1: Feel isolated in Canberra

	N	%
Often	110	5.9
Sometimes	410	22.1
Rarely	546	29.4
Never	791	42.6

Table 10.2 shows the range of suggestions as to what can be done to increase social inclusion of older people in Canberra. This question was coded to allow 3 different options using the categories shown below. Only about 25% of the sample provides suggestions to how to improve social inclusion. The most frequent suggestions involved improving transport or providing it where none was available.

Table 10.2: Suggestions for increasing social inclusion of older people in Canberra.

	N	% (of total sample)	% (Of 499 who responded)
Improve / provide transport	137	6.9	27.5
Provide community buses	32	1.6	6.4
Lower, free prices, free travel	30	1.5	6.0
Publicise, increase awareness	57	2.9	11.4
Actively encourage others	28	1.4	5.6
Up to individual to do something	40	2.0	8.0
Events at better time, place-more appeal to seniors	48	2.4	9.6
Provide more activities	25	1.3	5.0
More seniors venues, encourage to use	17	0.9	3.4
Attitude change, listen to older people	19	1.0	3.8
Neighbours, volunteers visit	21	1.1	4.2
Other <sup>1</sup>	86	4.4	17.2

<sup>1</sup> Other suggestions include: better access to venues, more access to internet, regional coordinators, encourage volunteering. Also a number of people made the comment that older people don’t necessarily want to be included.

Table 10.3 shows the responses to the question “Do you feel that you have the opportunity to contribute to community discussions and consultations about city and community planning in Canberra?” The demographic profile of those reporting less opportunity to contribute is similar to those who feel socially isolated. They are more likely to be in rental accommodation ( $p < .001$ ), live alone ( $p = .009$ ), be on a pension ( $p < .001$ ), speak a language other than English at home ( $p = .043$ ) and have “much difficulty” walking or can’t walk ( $p < .001$ ). However, for this measure there is no gender difference but older people, and those in retirement villages feel they have less opportunity to contribute.

Table 10.3: Opportunity to contribute to community discussions and consultations about city and community planning in Canberra

	N	%
Often	236	13.3
Sometimes	738	41.6
Rarely	489	27.3
Never	309	17.4

Suggestions on “what measures would improve your ability to participate in community discussions and consultations about city and community planning in Canberra” are shown in Table 10.4. This question was coded to allow 3 different options using the categories shown in this table.

Twenty two percent of respondents provided suggestions as to how to improve older peoples’ ability to contribute with the most frequent suggestion being to advertise consultancies more widely.

Table 10.4: Suggestions to improve ability to participate in community discussions and consultations.

	N	% (of total sample)	% (Of 428 who responded)
Government doesn’t listen, why bother	74	3.8	17.3
Advertise consultancies more widely, invite	119	6.0	27.8
Hold during day and locally-more convenient	54	2.7	12.6
Provide transport, parking	55	2.8	12.9
Other methods eg. Questionnaires, phone contact	67	3.4	15.7
Health, old age restrictions	17	1.0	4.0
More, better consultancies on relevant issues	10	1.0	2.3
Other <sup>1</sup>	70	3.5	16.4

<sup>1</sup> Other suggestions include: self-motivation, provide detailed papers on proposals, better access to venues, appoint seniors to active positions.



Table 10.5 shows the results for the question “Do you think that older persons portrayed in a positive manner and without negative stereotyping in local media presentations.” Nearly 30% of respondents felt that older persons are often portrayed in a positive manner by local media while 50% thought this occurred sometimes. The only difference in demographic characteristics was that those who live alone thought that older people are portrayed in a positive manner more rarely ( $p = .009$ ) as did those with a pension as their main source of income ( $p = .037$ ).

Table 10.5: Older persons portrayed in a positive manner.

	N	%
Often	504	28.6
Sometimes	878	49.9
Rarely	337	19.1
Never	42	2.4

Respondents’ opinions on whether they are treated with respect by family members, service and retail staff and the general public are shown in Table 10.6. The majority of respondents felt that they were treated with respect by family members, service and retail staff and the general public.

Older age groups are more likely to feel they are treated with respect by the three groups ( $p < .001$ ). Home owners are more likely to feel they are treated with respect by family ( $p < .001$ ) and service staff ( $p = .002$ ) than those in rental accommodation while those in public rental are more likely to report not feeling respected by the general public ( $p = .002$ ). Those living alone are less likely to feel they are treated with respect by their family ( $p = .002$ ) as are those on a pension ( $p < .001$ ) and those who speak a language other than English at home ( $p = .011$ ).

Table 10.6: Usually treated with respect by the following:

	N	%
Family members	18.6	97.6
Service and retail staff	1604	88.4
General public	1543	86.0

Table 10.7 shows the categories of responses to the question “What do you think can be done to increase the respect shown to older persons?”. This question was coded to allow 2 different options using the categories shown in this table. The most common suggestion was that we should be educating children from an early age to show respect to all others including older people. Other frequent suggestions were that older people should lead by example and show respect to others and that we need to change the culture with reference to attitudes to older people.

Bi-variate correlations were used to look at association between questions on social inclusion and respect and also extent to which older people feel encourage to participate and to be welcomed at events (from section on social participation). All of these variables were positively correlated ( $p < .001$ ).

Table 10.7: Suggestions to increase respect shown to older persons.

	N	% (of total sample)	% (Of 625 who responded)
Teach children at school, home	233	11.8	37.3
Change culture (through media)	86	4.4	13.8
Bring young and old together	29	1.5	4.6
Old should set example, earn respect	95	4.8	15.2
Young learn to understand problems of aged	48	2.4	7.7
Society realise value of older people	39	2.0	6.2
Teach service staff	38	1.9	6.1
Seniors change their attitudes, behaviour, more proactive	22	1.1	3.5
General disrespect in society	23	1.2	3.7
Other <sup>1</sup>	55	2.8	8.8

<sup>1</sup> Other suggestions tended to be specific to situations eg treatment on buses, attitudes of drivers, bike riders use bells, attitude of politicians, make new laws. One person suggested providing cattle prods and another, tasers.

Respondents were asked if they had ever experienced elder abuse. This was defined as any behaviour within a relationship of trust that harms an older person. This might be from a family member, friend or carer. The results for the question are shown in table 10.8.

Only a small percentage of persons said that they had experienced elder abuse. Psychological abuse was the most commonly reported, followed by social and financial abuse.

Those who report not having suffered abuse were more likely to be living in retirement villages ( $p = .002$ ), to live with others ( $p = .001$ ), to be self-funded retirees ( $p < .001$ ), to not speak a language other than English at home ( $p = .001$ ) and to not have “much difficulty” walking or can’t walk ( $p < .001$ ).

Older respondent indicate significantly less financial, psychological, social abuse and neglect although this was mainly in the 60-64 years age group. Those in rental accommodation reported significantly more of these types of abuse while those living alone reported significantly more social and psychological abuse, and those with “much difficulty” walking or can’t walk reported significantly more psychological abuse and neglect. Those with a pension as their main source of income reported more of all types of abuse except neglect. Finally, those who speak a language other than English were significantly more likely to report financial, psychological, physical (although the numbers are low), and social abuse.

Table 10.8: Experience of elder abuse from a family member, friend or carer.

Type of abuse	N	%
Financial	36	2.4
Psychological	88	5.9
Physical	12	0.8
Sexual	12	0.8
Social	49	3.3
Neglect	10	0.7
Not experience elder abuse	1598	93.9

### Summary Points – Respect and Social Inclusion

- The majority of respondents to the survey never or rarely feel isolated in Canberra.
- Only 13% felt that they often have the opportunity to contribute to community discussions and consultations about city planning in Canberra.
- Those who are more likely to feel isolated and less able to contribute live in rental accommodation, live alone, are on a pension, speak a language other than English at home and have “much difficulty” walking or can’t walk.
- Nearly 30% thought that the local media portrayed older people in a positive manner and most felt that they were treated by respect by family, service staff and the general public.
- Improving transport was the most frequent suggestion for increasing social inclusion and teaching children to respect others the most frequent suggestion for increasing respect.
- 94% of respondents said that they had never experienced elder abuse.

## 11. Community and health services

This section asks older Canberrans about their satisfaction with community health services, in terms of availability, performance and cost.

In response to the question, “Are you able to get an appointment with a doctor when needed?” (See Table 11.1) only 13% of respondents said that they could only sometimes or rarely get an appointment. Older age groups felt that they were significantly more able ( $p < .001$ ) to do so than younger ages. Also, those in retirement villages were more likely to report being able to get an appointment ( $p = .018$ ). There was no difference for any of the other demographic characteristics.

Table 11.1: “Are you able to get an appointment with a doctor when needed?”

	N	%
Usually	1659	86.9
Sometimes	210	11.0
Rarely	40	2.1

Somewhat more respondents felt that they could only sometimes or rarely get appointments for other medical services. (Table 11.2) Again older age groups ( $p < .001$ ) and those in retirement villages ( $p = .018$ ) had less problems getting an appointment, while those in public housing ( $p < .001$ ), and those on a pension ( $p < .001$ ) had more problems.

Table 11.2: “Are you able to get an appointment with other medical services when needed?”

	N	%
Usually	1536	81.7
Sometimes	301	16.0
Rarely	43	2.3

Sixty per cent of respondents answered that they had at some time needed to use home care services for either themselves or their partner. Those who were more likely to have used home care services were females ( $p < .001$ ), older ( $p < .001$ ) and to live in retirement villages ( $p < .001$ ). When asked if “these services met your needs?” 79.2% of those who had needed services replied “often”, 16.9% “sometimes”, 2.9% “rarely” and 0.9% “never”. Older aged groups were more likely to be satisfied with home care services ( $p < .001$ ).

Table 11.3 gives responses to the question “Have you ever had problems organising the services you need?”. Females were more likely to have problems organising services ( $p = .006$ ) as are those in rental accommodation, particularly public ( $p < .001$ ), those on pensions ( $p = .001$ ) and those with “much difficulty” walking or can’t walk ( $p = .001$ ).

Table 11.3: “Have you ever had problems organising the services you need?”

	N	%
Often	49	3.1
Sometimes	345	21.9
Rarely	395	25.1
Never	785	49.9

Responses to the question “Have you ever had problems affording the health services you need?” are shown in Table 11.4. Thirty per cent of respondents reported that they sometimes or usually have problems affording the services they need. Those with problems are more likely to be younger ( $p < .001$ ), to not live in retirement villages ( $p = .018$ ), to be in rental accommodation, particularly public ( $p < .001$ ), to be on a pension ( $p < .001$ ) and to speak a language other than English at home ( $p = .017$ ).

Table 11.4: “Have you ever had problems affording the health services you need?”

	N	%
Usually	113	6.4
Sometimes	425	24.1
Rarely	1227	69.5

Table 11.5 shows the suggestions made when asked “what improvements you would like to see in community and health services”. This question was coded to allow 3 different options using the categories shown in this table. Only 24% of the respondents provided suggestions for how to improve community and health services. “Shorter waiting times” was the most frequent suggestion, although 28 % of the suggestions related to the cost of health care by suggesting lower costs or more bulk billing. Provision of more doctors and nurses was also a popular suggestion.

Table 11.5: Suggestions for improving health and community services.

	N	% (of total sample)	% (Of 469 who responded)
Lower cost	78	4.0	16.6
Easier access to health services	57	2.9	12.2
Shorter waiting times	104	5.3	22.2
More bulk billing	54	2.7	11.5
Better transport/parking	40	2.0	8.5
More doctors, nurses/higher pay	85	4.3	18.1
More/better health services	46	2.3	9.8
More medical funds	16	<1	3.4
Home visits/house calls	15	<1	3.2
Home care services	12	<1	2.6
More services for seniors	8	<1	1.7
Respect for seniors	9	<	1.9
Better listing of services	11	<1	2.3
Other <sup>1</sup>	40	2.0	8.5

<sup>1</sup> Other suggestions included review seniors health card, educate people about their illness, ambulance service, more training of health staff, help with medication and appointments.

### Summary Points – Community and Health Services

- Over 80% of respondents are usually able to get doctor's appointments or other health services when they are needed.
- Of those who have used home care services 80% found that the service often met their needs.
- Older age groups are more likely to feel that the services meet their needs while those in rental accommodation and on pensions are more likely to report problems.
- 30% replied that they sometimes or often had problems affording health services.
- The most frequent suggestion for improving health and community services was to have shorter waiting times.
- 28% of suggestions related to reducing the cost of health care.

## 12. General comments and overview

### General comments

The final question in the questionnaire asked respondents for “comments on how Canberra could be a more age-friendly city e.g. can you identify any other problems or solutions not already mentioned above?” Table 12.1 shows the results for this question.

Table 12.1: Comments on how Canberra could be a more age-friendly city. This question was coded to allow 3 different options using the categories shown in this table.

	N	% (of total sample)	% (Of 310 who responded)
Improved health services	21	1.1	6.8
More housing options	28	1.4	9.0
Safer city, more policing	25	1.3	8.1
Traffic/road conditions	22	1.1	6.8
More events	13	<1	4.5
Social inclusion and respect	24	1.2	7.7
Better public transport	80	4.1	25.8
Parking	32	1.6	10.3
Outdoor spaces, paths, parks	25	1.3	8.1
Discounts on bills, higher pension	30	1.5	9.7
More recreational facilities	15	<1	4.8
Improve aspects of public buildings	15	<1	4.8
Other <sup>1</sup>	52	2.6	16.8

<sup>1</sup>Other comments included same services for self-funded retirees, longer traffic lights, no computerised phone service.

Comments covered a range of different topics, most of which had been included in the questionnaire. Although only 16% of respondents provided a comment to this question, one quarter of these wanted improvements in public transport. Categorising comments according to WHO domains, improvements were most commonly suggested in transport, followed by outdoor spaces and public buildings.

### Overview

Because of the recruitment methods used in the study, the sample is not truly representative of the 60+ population in Canberra. However, the large response of nearly 2,000 from a broad cross-section of the community was sufficient to provide meaningful community feedback.

Many retirement villages were targeted resulting in a relatively higher proportion of respondents who are older and living in such accommodation. Also, the sample recruited from COTA ACT members, as well as PROBUS and University of the Third Age would be expected to have rated relatively higher socio economic status than the average Canberra. This is reflected in the higher than average level of home ownership and also the high number of self-funded retirees. Also, having access to the internet is positively associated with higher socio-economic status and 16% of respondents completed the questionnaire online.

The sample split broadly, although with much overlap, into three main groups.

1. Older people living in retirement villages and more likely to live alone.
2. Somewhat more economically disadvantaged people living in rental accommodation and having a pension as their main source of income.
3. More economically advantaged people who are younger, living in their own homes and more likely to be self-funded retirees.

Those with disability as indicated by difficulty walking were older but were also more likely to fall into the economically disadvantaged group. Although females in the sample were no more likely to be older than the males they were more likely to fall into economically disadvantage group.

While the numbers of responses obtained from this survey were large enough to allow significant comparisons between difficult demographic characteristics, in future surveys it would be preferable to get a more representative sample. Given enough lead time, Medicare Australia could be recruited to post out questionnaires to their clients.

By far the majority of respondents were happy with the facilities and services for older person in Canberra. They feel that they are welcomed at events, are not social isolated and are respected by the community. Those who had problems tend to come from the economically disadvantaged group.

One of the major problems that emerged in a number of the WHO domains was problems with transport, particularly public transport. This was obviously reported much more, but not exclusively, by those who don't usually or can't drive. Categorising the suggestions for improving transport to allow categorical analysis did not show the variety of suggestions to solve this problem. These suggestions included shuttle buses within suburbs, that linked up with wider routes, buses on call, going back to the timetable used before 2008, and more community buses, timetabling that allows less time between buses.

Improving transport also emerged as the most frequent suggestion for increasing social inclusion and was also a major suggestion for improving peoples' ability to take part in consultations and discussions. Also, 20% of respondents indicated "Can't get to the venues" as a reason for not going to more events when they would like to. From comments on questionnaires and telephone call received it is obvious that there is a lot of frustration from older people who are mentally active but can no longer drive as they cannot get out to events. One 85 year old woman, who has been a very keen bridge player for many years, has had to cut down on this activity as it involves over an hour of travel to get to bridge. This is too tiring for her and she is finding that she is becoming depressed by this isolation.

Those respondents living in retirement villages are much less likely to want any changes to their homes and are more likely to feel safe. Those in public rental are much less likely to say that they don't want changes to their homes and more likely to feel unsafe in their homes due to "neighbours /neighbourhood". They are also more frequently fearful of being a victim of crime.



The problems expressed regarding open spaces and public buildings are uneven paving, cyclists, problems with steps and not enough suitable seating. Improving these features of buildings also emerged most frequently in suggestions for improvement. Specifically, older people report wanting higher chairs with arms that make them easier to get out of. As well as those who are economically disadvantaged, older people are more likely to have problems with access to public buildings.

A large range of sources are used to access information about services and events with the most frequent being the telephone book for services and the local newspapers for events. Those who are economically disadvantaged, older and living alone are more likely get information from community centres. This suggests that community centres are attracting those who can benefit from their services. This group of respondents are also likely to use fewer sources and have more problems getting the information they need. Local newspapers are the most frequent preferred way of getting information.

Nearly 73% of the respondents have the internet available in their homes. This was at least partly influenced by the fact that 16% of the sample completed the questionnaire online. Those with higher socio economic status were significantly more likely to have the internet at home.

Twenty two percent of the sample expressed an interest in learning more about the internet's uses and how to use it. This is a large group of, mainly economically disadvantaged, people who may benefit from the opportunity to be able to access the internet and learn how to use it by providing more information sources. One woman with a muscle condition that restricts her mobility expressed her frustration in not having access to the internet. She is very mentally active and likes to write children's stories. However, many sources of information for her research can be found easily on the internet. Instead she has to rely on people bringing her books from the local library. Whilst she would like the internet available in her home, she would also be happy if she could travel to a library to use the internet facilities there.

Only 12% of the sample worked full or part-time with nearly 88% retired. Of the problems reported in finding suitable employment, finding part-time work was reported most commonly. Age-discrimination was the most commonly reported type of discrimination reported. This was reported by 175 respondents.

The majority of the sample undertook voluntary work, mainly in the younger age groups. Of those who had had problems finding suitable voluntary work nearly 5% of total sample would like to do some.

The majority of respondents to this survey attend social events at least weekly. Those who are economically disadvantaged, older, with difficulty walking and those who speak a language other than English attend social events less frequently. Not travelling at night was the most common reason for not going to more events, followed by problems affording events. Those who go to fewer events have more problems.

Twenty four percent consider that community events in Canberra often encourage the participation of older people, while 30% feel that Canberra is often "welcoming" to older people. Those who don't feel as positive about these questions are that same group who go to fewer events and have more problems going to events.

Nearly 43% of respondents never feel isolated in Canberra. Suggestions for increasing social inclusion most frequently involved improving or providing transport. Only 13% felt they often had the opportunity to contribute to community consultations with the most frequent suggestion to improve this being wider advertising of such events. The same demographic sample as described for poor social participation felt more isolated with less opportunity to contribute.

Nearly 30% felt that older Canberrans are often portrayed in a positive manner by local media, while approximately 90% thought they were treated with respect by family, service and retail staff and by the general public. Again, the same disadvantaged group described above were less likely to feel respected. While the most frequent suggestion for increasing respect shown to older persons was to teach children at home and at school, 15% of those who answered this question thought that older people should earn respect.

One respondent made the following comment regarding positive images in the media. "Seniors magazines and articles on TV tend to show "successful" elderly people. They seem to have no ailments, go bush walking, .....holiday frequently, be good looking and seemingly on no medication. Many of us are not like that. We have serious and sometimes painful afflictions which hinder us from the lives we would like to be living but we are not second class citizens because of that."

Finally, the majority of respondents can usually get health services when they need them. Those economically disadvantaged are most likely to have problems.

In summary, while most respondents are happy with Canberra's facilities and services, those people who are more likely to be economically disadvantaged are more likely to report problems in all areas. In some areas older respondents, those living alone and those who speak a language other than English at home also have more problems. Transport stands out as one of the most significant problems older people have. Lack of transport limits their activities, increases their social isolation and can prove very frustrating and even depressing for many people.

## APPENDIX A

## Canberra: Towards an Age-friendly City

This survey of **ACT residents aged 60 years and older** is being undertaken by the ACT Government's Office for Ageing in collaboration with the Australian National University's Centre for Mental Health Research. The survey is voluntary and anonymous. Completed questionnaires need to be returned in the reply-paid envelope by 5<sup>th</sup> August 2011. If you have any questions about the survey please contact Trish Jacomb, Research Manager, on 6125 8408.

**First, we would like some information about you.**

Q1. Are you: <sub>1</sub> Male <sub>2</sub> Female

Q2. What age range are you in:

<sub>1</sub> 60-64 <sub>2</sub> 65-69 <sub>3</sub> 70-74 <sub>4</sub> 75-79 <sub>5</sub> 80-84 <sub>6</sub> 85+

Q3. What is your address

--	--	--	--

postcode?

Q4. Are you of Aboriginal or origin?

Torres Strait Islander

<sub>1</sub> No

<sub>2</sub> Torres Strait Islander

<sub>3</sub> Aboriginal

<sub>4</sub> Aboriginal and Torres Strait Islander

Q5. Do you speak a language other than English at home? <sub>1</sub> Yes <sub>2</sub> No

If yes, do you

b. understand spoken English? <sub>1</sub> Very well <sub>2</sub> Quite well <sub>3</sub> Not well <sub>4</sub> Not at all

c. speak English? <sub>1</sub> Very well <sub>2</sub> Quite well <sub>3</sub> Not well <sub>4</sub> Not at all

d. read English? <sub>1</sub> Very well <sub>2</sub> Quite well <sub>3</sub> Not well <sub>4</sub> Not at all

Q6. Do you currently live in:

<sub>1</sub> a house

<sub>2</sub> a flat

<sub>3</sub> a retirement village

<sub>4</sub> an Independent Living Unit as part of a retirement complex

<sub>5</sub> Hostel accommodation

<sub>6</sub> an Aged Care Home

<sub>7</sub> a granny flat attached to a relative's home

<sub>8</sub> Other (please specify) \_\_\_\_\_

**Q7. Do you own your home or rent?**

- <sub>1</sub> Own
- <sub>2</sub> Have a mortgage
- <sub>3</sub> Private rental
- <sub>4</sub> Public rental
- <sub>5</sub> Live with a relative rent free
- <sub>6</sub> Other (please specify) \_\_\_\_\_

**Q8. Do any of the following people live in your household? (Tick any that apply)**

- <sub>1</sub> Spouse / partner
- <sub>2</sub> Other relatives
- <sub>3</sub> I live alone
- <sub>4</sub> Other

**Q9. What is your main source of income?**

- <sub>1</sub> Salary
- <sub>2</sub> Self-funded retiree
- <sub>3</sub> Centrelink or DVA benefit
- <sub>4</sub> Other (please specify) \_\_\_\_\_

**Q10. By yourself and without using any special equipment, how much difficulty do you have walking for half a kilometre (500 metres)? Do you have:**

- <sub>1</sub> No difficulty
- <sub>2</sub> Some difficulty
- <sub>3</sub> Much difficulty
- <sub>4</sub> Or, are you unable to do this?

**Transportation**

**Q11. How do you *usually* get to medical appointments?**

- <sub>1</sub> Drive myself
- <sub>2</sub> Driven by a family member or friend
- <sub>3</sub> Taxi

- <sub>4</sub> Public bus service
- <sub>5</sub> Community transport
- <sub>6</sub> Other (please specify) \_\_\_\_\_
- <sub>7</sub> I do not go out to medical services

**Q12. How do you *usually* get to social or community events *during the day*?**

- <sub>1</sub> Drive myself
- <sub>2</sub> Driven by a family member or friend
- <sub>3</sub> Taxi
- <sub>4</sub> Public bus service
- <sub>5</sub> Community transport
- <sub>6</sub> Other (please specify) \_\_\_\_\_
- <sub>7</sub> I do not go out to social events during the day

**Q13. How do you *usually* get to social or community events *in the evening*?**

- <sub>1</sub> Drive myself
- <sub>2</sub> Driven by a family member or friend
- <sub>3</sub> Taxi
- <sub>4</sub> Public bus service
- <sub>5</sub> Community transport
- <sub>6</sub> Other (please specify) \_\_\_\_\_
- <sub>7</sub> I do not go out to social events during the evening

**Q14. Do you have any of the following problems getting appropriate transport to take you places? (Tick any that apply)**

- <sub>1</sub> No problems
- <sub>2</sub> I can't drive
- <sub>3</sub> I don't have family or friends that can take me
- <sub>4</sub> I can't afford to keep a car
- <sub>5</sub> I can't afford bus/taxi costs
- <sub>6</sub> My nearest bus stop doesn't have a seat
- <sub>7</sub> My nearest bus stop is too far to walk to - Please state approximately how far it is:

- <sub>8</sub> I can't manage to get onto buses
- <sub>9</sub> Bus services are too irregular
- <sub>10</sub> I don't know what services are available to me
- <sub>11</sub> Other (please specify) \_\_\_\_\_

**Q15. Is it more difficult for you to organise transport:**

- <sub>1</sub> In the morning <sub>2</sub> In the afternoon <sub>3</sub> During the evening <sub>4</sub> No difference

**Q16. What improvements would you like to see in transport available for older Canberrans?**

**Q17. Do you have problems parking close enough for you to be able to walk to where you are going?**

- <sub>1</sub> Frequently <sub>2</sub> Occasionally <sub>3</sub> Rarely <sub>4</sub> Never

### Housing

**Q18. Are you able to move around easily and safely within your home?**

- <sub>1</sub> Yes <sub>2</sub> No

**b. If No, what problems do you have?**

**Q19. Would you like to have modifications made to your home to make it easier for you to live comfortably and safely?**

- <sub>1</sub> No
- <sub>2</sub> Yes, and I know who to go to to get this done
- <sub>3</sub> Yes, but I don't know how to get this done
- <sub>4</sub> Yes, but I can't afford to

**Q20. Would you like to move in to accommodation more suitable to your needs?**

- <sub>1</sub> No
- <sub>2</sub> Yes, and have found somewhere suitable
- <sub>3</sub> Yes, but have not found anything suitable

<sub>4</sub> Yes, but can't afford to move

<sub>5</sub> I don't know what my options are

**Q21. Do you ever feel unsafe in your home for any of the following reasons? (Tick all that apply)**

<sub>1</sub> Poor layout of your home makes accidents possible

<sub>2</sub> Locks on doors and windows not adequate

<sub>3</sub> In adequate outside lighting

<sub>4</sub> Neighbours/neighbourhood makes me feel unsafe

<sub>5</sub> Other (please specify) \_\_\_\_\_

<sub>6</sub> I don't feel unsafe

### Outdoor spaces and buildings

**Q22. Do you have problems walking around Canberra because of any of the following: (please write next to answer where you have problems (e.g. local shops)?**

	Yes	No	Where:
a. Uneven, unsafe pathways	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
b. Cyclists on pathways	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
c. Poor street lighting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
d. Not enough pedestrian crossings	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
e. Not enough public seating	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
f. Distances are too far	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
g. Can't or don't walk outside	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
h. Other: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	

**Q23. Do you have problems accessing public buildings for any of the following reasons?**

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. Difficulty with doors   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Difficulty with steps   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Lack of lifts / escalators                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. No suitable seats to rest or wait                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Lack of toilet facilities <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |                                       |
| f. Other _____   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

Q24. How could Canberra's public building and spaces be improved to be more accessible and welcoming to older people?

Q25. Are you fearful of being a victim of crime in Canberra?

- <sub>1</sub> Always    <sub>2</sub> Usually    <sub>3</sub> Sometimes    <sub>4</sub> Rarely    <sub>5</sub> Never

### Communication and Information

Q26. Listed below are different ways of getting information on services available in Canberra. Do you use any of these? (Tick all that apply)

- <sub>1</sub> Telephone book
- <sub>2</sub> CanberraConnect telephone line (13 22 81)
- <sub>3</sub> The Internet
- <sub>4</sub> ACT Seniors Information Online ([www.seniors.act.gov.au](http://www.seniors.act.gov.au))
- <sub>5</sub> Government Shopfronts
- <sub>6</sub> Citizens Advice Bureau Shopfront
- <sub>7</sub> The local newspapers and free papers
- <sub>8</sub> Local radio
- <sub>9</sub> Local television
- <sub>10</sub> Local libraries
- <sub>11</sub> Local community centre
- <sub>12</sub> Other (please specify) \_\_\_\_\_

Q27. In general, are you able to find information on the services that you need?



- <sub>1</sub> Always      <sub>2</sub> Most of the time      <sub>3</sub> Sometimes      <sub>4</sub> Rarely

**b. What problems, if any, do you have?**

**Q28. Please look at the ways of getting information listed below and indicate which one you use to find out about activities that are on in Canberra. (Tick all that apply)**

- <sub>1</sub> The Internet  
<sub>2</sub> The local newspapers  
<sub>3</sub> Local radio  
<sub>4</sub> Local television  
<sub>5</sub> Community Centres  
<sub>6</sub> Telephone book  
<sub>7</sub> I rely on relatives or friends to tell me  
<sub>8</sub> Other (please specify) \_\_\_\_\_

**Q29. How would you prefer to receive information on services available and events on around Canberra?**

**Q30. Are printed material (e.g. brochures, menus and catalogues) presented in a size and format that you find easy to read?**

- <sub>1</sub> Usually      <sub>2</sub> Occasionally      <sub>3</sub> Rarely      <sub>4</sub> Don't read them

**Q31. Do you find that when you speak to business or service staff on the phone you are able to hear and understand them?**

- <sub>1</sub> No      <sub>2</sub> Yes, always      <sub>3</sub> Yes, usually

**We are interested in your experience using the Internet:**

**Q32. Do you have access to the Internet?**

- <sub>1</sub> Yes (home)  
<sub>2</sub> Yes (library)

- <sub>3</sub> Yes (clubs)
- <sub>4</sub> Yes (other place)
- <sub>5</sub> No

**Q33. If you don't already know how to use the internet effectively, would you like to learn about its uses and how to use it?**

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> I know how to use the Internet

### Civic Participation and Employment

**Q34. Are you currently:**

- <sub>1</sub> Employed full-time
- <sub>2</sub> Employed part-time or casually
- <sub>3</sub> Unemployed, looking for work
- <sub>4</sub> Retired / Not in the labour force – **GO TO Q38.**

**Q35. Have you had any difficulties finding employment that suits your needs due to any of the following?**

- <sub>1</sub> Can't find suitable part-time positions
- <sub>2</sub> Inflexible work options
- <sub>3</sub> Poor computer skills
- <sub>4</sub> Other (please specify) \_\_\_\_\_

**Q36. Do you feel that you have recently faced discrimination in the workplace or in applying for a job on the basis of:**

- <sub>1</sub> Age discrimination
- <sub>2</sub> Gender discrimination
- <sub>3</sub> Disability discrimination
- <sub>4</sub> Other (please specify) \_\_\_\_\_

**Q37. Do you ever do any voluntary work?**

- <sub>1</sub> Yes                      <sub>2</sub> No, but would like to                      <sub>3</sub> No, don't wish to

**Q38. Have you had problems finding out about what suitable voluntary work is available?**

- <sub>1</sub> Yes                      <sub>2</sub> No

### Social Participation

Q39. How frequently do you take part in social events? (choose the closest answer)

- <sub>1</sub> Daily      <sub>2</sub> Weekly      <sub>3</sub> Monthly      <sub>4</sub> Less than monthly

Q40. Do you ever attend any of the following?

- <sub>1</sub> Concerts      <sub>5</sub> Talks / lectures / classes  
<sub>2</sub> Cinema      <sub>6</sub> Spectator sports  
<sub>3</sub> Restaurants      <sub>7</sub> Other (please specify) \_\_\_\_\_  
<sub>4</sub> Clubs

Q41. Do you feel that the promotion of community events within Canberra encourages the participation of older people?

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

Q42. Do you find that community events in Canberra are 'welcoming' to older people?

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

Q43. Would you like to go to more of the events that are held in Canberra but can't for any of the following reasons:

- <sub>1</sub> Poor health or physical limitation  
<sub>2</sub> Venues are not comfortable (e.g. seating)  
<sub>3</sub> Can't get to the venues  
<sub>4</sub> Can't afford the events  
<sub>5</sub> Cannot or do not travel at night  
<sub>6</sub> Other (please specify) \_\_\_\_\_  
<sub>7</sub> I'm not interested in attending local activities

### Respect and Social Inclusion

Q44. Do you ever feel isolated in Canberra (e.g. you don't get to see friends or family or go to community events as often as you would like to)?

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

Q45. What do you think can be done to increase social inclusion of older people in Canberra?

Q46. Do you feel that you have the opportunity to contribute to community discussions and consultations about city and community planning in Canberra?

- <sub>1</sub> Often    <sub>2</sub> Sometimes    <sub>3</sub> Rarely    <sub>4</sub> Never

Q47. What measures would improve your ability to participate in community discussions and consultations?

Q48. Do you think that older persons are portrayed in a positive manner and without negative stereotyping in local media presentations?

- <sub>1</sub> Often    <sub>2</sub> Sometimes    <sub>3</sub> Rarely    <sub>4</sub> Never

Q49. Do you consider that you are *usually* treated with respect by the following:

- a. Family members    <sub>1</sub> Yes    <sub>2</sub> No
- b. Service and Retail staff    <sub>1</sub> Yes    <sub>2</sub> No
- c. General public    <sub>1</sub> Yes    <sub>2</sub> No

Q50. What do you think can be done to increase the respect shown to older persons?

Q51. Elder abuse is any behaviour **within a relationship of trust** that harms an older person. If you have ever been the victim of elder abuse from a family member, friend or carer, did it take the form of one or more of the following: (Tick any that apply)

- Financial- your money or possessions have been improperly used by others.
- Psychological - you have been threatened, intimidated or humiliated.
- Physical - you have been physically hit, restraining, or over medicated.
- Sexual - you have been made to feel sexually uncomfortable through inappropriate touching or other behaviours.
- Social - you have been stopped from having social contact with family or friends.
- Neglect - you have been denied your basic needs e.g. food, shelter or medical care.
- I have not experienced elder abuse.

### Community and health services

Q52. Are you able to get an appointment with a doctor when needed?

- <sub>1</sub> Usually    <sub>2</sub> Sometimes    <sub>3</sub> Rarely

**Q53. Are you able to get an appointment with other medical services when needed?**

- <sub>1</sub> Usually      <sub>2</sub> Sometimes      <sub>3</sub> Rarely

**Q54. Have you ever needed to use home care services either for yourself or your partner?**

- <sub>1</sub> Yes      <sub>2</sub> No

**b. If yes, have these services met your needs?**

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

**Q55. Have you ever had problems organising the services you need?**

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

**Q56. Have you ever had any problems affording the health services you need?**

- <sub>1</sub> Usually      <sub>2</sub> Sometimes      <sub>3</sub> Rarely

**Q57. Please comment on what improvements you would like to see in community and health services.**

**Q58. Do you have any other comments on how Canberra could be a more age-friendly city, e.g. can you identify any other problems or solutions not already mentioned above**

Thank you for completing the questionnaire. Please place it in the Reply Paid envelope and post.

## APPENDIX B

Groups and organisations where questionnaires were distributed

Organisation	Location	Number
ACT COTA (by household)	various	1640
University of the Third Age	Hughes	50
	Cook	50
PROBUS Clubs	Belconnen	45
	Ngunnawal	50
	Greenway	50
Vietnam Veterans and Veterans Federation	various	50
Community Services	Woden	30
	Gungahlin	45
	Belconnen	50
	Southside	50
	Northside	60
Catholic Care	various	63
Anglicare	various	59
ACT Red Cross Meals on Wheels	various	200
Seniors Clubs	Canberra (Turner)	100
	Woden	100
	Belconnen	50
	Gungahlin	45
	Erindale	30
	Calwell	3
	Tuggeranong (55+ club)	15
ACT Library Service	Local libraries	180
Burrunji Aboriginal Corporation	various	10
Multicultural events	various	150
Book and craft clubs	various	50

<b>Retirement Villages</b>		
Goodwin Retirement Villages	Various #	700
Kangara Waters (IRT)	Belconnen	150
Araluen Village	Fisher	98
Mirinjani	Weston	60
Bellerive	Lyons	43
Masonic Homes	Holt	25
	Pearce	13
Ridgecrest	Page	126
Calvary	Bruce	180
Housing, A.C.T	& locations around Canberra	312
<b>TOTAL</b>		<b>4932</b>
		(1652 = 33%)
		320 online



Dear COTA Member

An element of the ACT government 'Strategic Plan for Positive Ageing' is the vision of Canberra as a more age-friendly city. An age-friendly city encourages active ageing. It provides opportunities for you and ensures that organisations are accessible in providing services to meet needs.

As part of this project a survey is being undertaken to determine what older Canberrans currently think about the current age-friendliness of Canberra. This is so that we can know if the aims of the strategic plan are being met. The survey is being undertaken by the ACT Office for Ageing in collaboration with the Centre for Mental Health Research (CMHR) at the Australian National University. Professor Kaarin Anstey, Deputy Director of CMHR will be heading the project and Trish Jacomb, Research Manager, will be managing it.

Your completed questionnaire will be completely anonymous. The information gathered from this survey will be used to prepare a report on older Canberrans' opinions about the 'age-friendliness' of Canberra.

I believe that a good understanding of the current situation will facilitate effective change. With this in mind I strongly encourage you to take part in this survey. However, your participation is completely voluntary.

I invite you to participate by completing the enclosed questionnaire and returning it in the reply-paid envelope by 5<sup>th</sup> August.

If you have any questions about the survey please contact Trish Jacomb (61258408) or Karen Maxwell (61256417).

This letter also provides additional information on the U3A/COTA Lunchtime Forums. The program is on the back of this letter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Elizabeth Grant'.

Elizabeth Grant AM  
President

14 July 2011

This study has been approved by the ANU Human Research Ethics Committee. If you have any questions about this approval please contact the Human Ethics Research Officer, ANU, ACT 0200 Tel:61257945, email: [human.ethics.officer@anu.edu.au](mailto:human.ethics.officer@anu.edu.au)

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**COTA (ACT)**  
[Council on the Ageing ACT Inc.]  
Hughes Community Centre,  
PO Box 5566  
HUGHES ACT 2605

Telephone: (02) 6282 3777  
Facsimile (02) 6285 3422  
[contact@cota-act.org.au](mailto:contact@cota-act.org.au)  
[www.cota-act.org.au](http://www.cota-act.org.au)  
ABN 76 840 143 690



**Joy Burch MLA**

MINISTER FOR COMMUNITY SERVICES  
MINISTER FOR MULTICULTURAL AFFAIRS  
MINISTER FOR AGEING  
MINISTER FOR WOMEN  
MINISTER FOR ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS  
MINISTER FOR THE ARTS

MEMBER FOR BRINDABELLA

**Canberra: Towards an Age-Friendly City - Survey**

Dear Canberra resident

If you are an **ACT resident aged 60 years or older**, I invite you to participate in the Canberra: Towards an Age Friendly City survey by completing the enclosed questionnaire and returning it in the reply-paid envelope by **5 August 2011**.

An age-friendly city is one that facilitates a good quality of life as we age by enabling us to stay physically, mentally and socially active. This includes the provision of support services that are accessible and relevant to people's actual needs.

In December 2009, the ACT Government launched the *ACT Strategic Plan for Positive Ageing 2010-2014: Towards an Age-Friendly City*. So that we can know if the aims of this Strategic Plan are being met, we need to ask older Canberrans what they think about the current age-friendliness of Canberra.

The survey is being undertaken on behalf of the ACT Office for Ageing by the Australian National University's Centre for Mental Health Research. The project is being lead by the Centre's Deputy Director, Professor Kaarin Anstey.

Your completed questionnaire will be anonymous. The information gathered from this survey will be used to prepare a report to the ACT Government on the age-friendliness of Canberra based on the lived experience of older Canberrans.

If you have any questions about the survey please contact Trish Jacomb on 6125 8408 or Karen Maxwell on 6125 8417 at the ANU.

Yours sincerely

Joy Burch MLA  
Minister for Ageing  
11 July 2011

This study has been approved by the ANU Human Research Ethics Committee. If you have any questions about this approval please contact the Human Ethics Research Officer, ANU, ACT 0200. Tel: 6125 7945 Email: [human.ethics.officer@anu.edu.au](mailto:human.ethics.officer@anu.edu.au)

ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
Phone (02) 6205 0020 Fax (02) 6205 0495 Email [BURCH@act.gov.au](mailto:BURCH@act.gov.au)