



Ageing

Myth and Reality



Contents

Introduction.....	4
Perceptions.....	8
Myth and reality	12
Older people are all the same.....	12
All old people are unwell	14
Disabilities come with age.....	16
Memory loss and senility comes with age.....	18
The increase in the number of older people is the main reason for the rising health care costs	20
Older people are an economic burden on society	22
Older people do not contribute.....	24
Older people are lonely and will gradually withdraw from society.....	26
Mature age workers are slower and less productive than younger workers	28
Older people are unable to learn or change	30
Older people do not want or need close physical relationships	32
Older people are more likely to be victims of crime than other age groups.....	34
Emerging myths about the Baby Boomers	36
Acknowledgments	40

This publication, prepared by the Department of Communities, Child Safety and Disability Services, challenges some of the myths about ageing and old age.

It provides factual evidence that to become old does not mean withdrawal from all physical, mental, social and community activity. The paper does not try to disguise or deny the realities of ageing, but rather seeks to replace negative assumptions with factual information.

We gratefully acknowledge the valuable contribution made to this publication by older people who as representatives of various organisations, including those in the Indigenous and multicultural sectors, provided feedback and insights from their experiences.

The Department of Communities, Child Safety and Disability Services would like to thank and acknowledge the Centre for Social Change at Queensland University of Technology and the many authors, academics and researchers whose previous work and considerations have been used to inform the contents of this book.

First published in 2002; updated in 2012.

Introduction

Ageing begins at the moment of birth and continues over a lifetime. Every individual experiences the process in a different way, depending upon their gender, culture, education, geographical location, environment and the culmination of life events. Improvements in public health care, living conditions, income and the control of infectious diseases were important factors in the first half of the twentieth century that led to increases in life expectancy, while in the second half it was improvements in social conditions, health technologies such as antibiotics, and widespread immunisation. As a consequence people are now more likely to die of diseases associated with living longer, such as stroke or heart disease, rather than the infectious diseases of childhood.

In Australia the cohort of people born since 1995 may live longer than previous cohorts because they have benefited the most from lower child mortality rates. Older people will make up a larger proportion of the population and in the future more people will be living past 100 years – there are expected to be 78,000 people aged 100 years or older by 2055. Because of overseas migration waves in the years between 1996 and 2011, older people from non-English speaking countries will comprise around 66 per cent of the older population, compared to 23 per cent of Australian-born people. The ageing experience of Indigenous Australians however is not the same, with their life expectancy up to 20 years less than non-Indigenous Australians.



Older people of the future will be healthier, wealthier and better educated with many funding their own retirement. The huge contribution they make through social and voluntary activities cannot be underestimated or undervalued. Many older people say they are only as old as they feel, while researchers are finding that those currently aged over 60 years are much less accepting of being seen and described as 'older' than the generation before it.

As awareness of ageing is strongly ingrained in our society, many people may be conscious of portraying certain kinds of behaviour that they believe is expected at a certain age. This would not be a problem if such behaviours did not result in the acceptance of stereotypes about older people and lead to discrimination on the basis of age.

While older people welcome the positive changes that lead to a longer lifespan, other people, of various ages, express a view that the increasing number of older people place a drain on health services and the economy.

Unfortunately, 'old' is still being used as an insult prefaced by 'silly' or 'stupid' and vocabulary for describing older generations will often fail to account for the great diversity and contributions of older people. Media portrayals of old age in

terms of frailty, senility, poverty, powerlessness and loneliness reinforce stereotypes. The media also send mixed messages through advertising anti-ageing products, and with stories and literature focusing on looking younger and being healthy in order to live longer.

Some older people may accept and adopt the negative images attributed to them. They may be subconsciously aware of having to 'act their age'. On the other hand, many older



“Myths, more than many forms of word play, create images that inaccurately characterise everyday experiences of the majority of older people. Myths of ageing are found in our jokes and conversations, are expressed in the popular literature, and subtly shape social, health, and work experiences in the presence of extraordinary knowledge to the contrary”

Thornton, J.E., *Myths of Aging or Ageist Stereotypes*. Educational Gerontology, 2002.

people revel in challenging stereotypes, seeing older age as an opportunity to undertake new ventures. Some stereotypes even focus on the positive aspects of age such as the kindness and wisdom of older people, and these views can be equally unrealistic.

“Negative stereotypes about older adults abound – they are sickly, frail, forgetful, unattractive, dependent, or otherwise incompetent. Such stereotypes can lead to ageism, or prejudice against elderly people. Most elderly adults have internalised these negative views but believe they apply to other older adults and not to themselves”

Sigelman, C.K. and E.A. Rider, *Life-span Human Development*. 5th ed. 2006, Australia: Thomson.



Myths of ageing, which are targeted in this publication, are associated with general perceptions about being old, such as older people: being in poor health, ill, or disabled; having a lack of mental sharpness, senile; being sad, depressed, lonely, grouchy; sexless, boring, all the same; lacking vitality and vigour and in inevitable decline; being unable to learn or change and being unproductive. These myths about older people are based on a lack of knowledge about ageing, and when they are used to portray older people in the media, or even in professional literature, they support negative attitudes that lead to age discrimination.

As the older population grows and the Baby Boomers begin to move into retirement at the traditional age of 65 years, new myths are emerging. In the following pages, statistical information, research findings and the opinions of older people themselves provide an understanding of how negative perceptions about ageing can be challenged.

“The complete life, the perfect pattern, includes old age as well as youth and maturity. The beauty of the morning and the radiance of noon are good, but it would be a very silly person who drew the curtains and turned on the light in order to shut out the tranquility of the evening. Old age has its pleasures, which, though different, are not less than the pleasures of youth”

W. Somerset Maugham (1874-1965) British novelist and playwright.



Perceptions

Older people's perceptions of ageing

When do people become old? Is it related to a number of years or to other traits? An Australian study asked people aged between 65 and 89 years about their perceptions of age and found that they thought of oldness as a state of being rather than a particular number of years. A person thinks they or someone else is old if they are showing certain negative characteristics. Oldness was described as:

“... not trying, withdrawn, isolated, irritating, self-oriented, living outside the mainstream, unattractive, uninteresting, frail, senile, silly, over the hill, narrow-minded, a burden, lonely, vulnerable, dowdy, and unproductive”

Minichiello, V., J. Browne, and H. Kendig, *Perceptions and consequences of ageism: views of older people*. Ageing & Society, 2000.

Most of these characteristics could apply to a person of any age.

Commonly, older people believe that myths of ageing are generalisations and can apply

“... stereotypes are useful for camouflaging the social arrangements which we impose upon the aged members of our society. As the unspoken assumptions upon which ‘scientific’ theories of ageing are constructed, they become doubly dangerous, being mindfully or inadvertently employed to determine the fate of fellow human beings”

Hazan, H., *The cultural trap: The language of images*, in *Ageing and Everyday Life*, J.F. Gubrium and J.A. Holstein, Editors. 2000, Blackwell: Malden, Massachusetts.

to any age group. Older Indigenous people share the belief that everyone is an individual and develops differently. Other people believe that men seem to carry age better than women and that old age begins earlier in some instances because of their lower life expectancy. Additionally, people from culturally and linguistically diverse communities say that cultural background makes an enormous difference in perceptions of ageing. Some people perceive ‘old’ to be at 40, while others are energetic and active at 80.

There is no way to stop the decline of the physical systems of the body, but the changes are so gradual that people adjust to them over their lifespan. Research has found that those people who understand the physical, social and psychological changes that occur with ageing are likely to have high levels of life satisfaction. Importantly, older people do not expect to have the same level of physical fitness as in younger years but can still feel satisfied about their health.



Satisfaction with life is something that people can experience regardless of their health status and is a characteristic that tends to apply equally to all age groups with slight increases for older people. There is research that suggests that widows, mainly older women, tend to experience higher than average wellbeing in spite of lower than normal health satisfaction.

The Triple A (Australian Active Ageing) survey of people aged 50 years and older found that 80 per cent reported being happy and in good health. They had positive social relationships and were actively engaged with others and the community. Around 60 per cent were involved in a group activity of some kind, and were interested in using their abilities and skills to help others.

“Being active keeps you feeling young. Learning something new gives meaning to the day. Mentoring younger people is fulfilling. Seeing others successful and achieving their goals is my aim in life”

Triple A Survey respondent cited in Dimensions

A sense of optimism – feeling that life is ‘getting better’ – can continue to age 75 years and beyond, and it is thought that positive feelings can reduce a person’s susceptibility to accidents and disease and therefore increase longevity. Some older people do seem to accept negative stereotypes, yet they can improve their chances of keeping their self esteem well into late old age if they avoid blaming their difficulties simply on old age. Many older people challenge the pessimistic view of ageing:

“If we want a healthier and less stereotypical old age, then we need to stop seeing age as the enemy and start taking better care of ourselves while demanding that the media grows up from their perpetual adolescence”

Corbin, D.E., *Health and Sexual Media Content, in Mass Media, on Aging Population, and the Baby Boomers*, M.L. Hill and J.H. Lipschultz, Editors. 2005, Lawrence Erlbaum Associates: Marwah, New Jersey.

Some theories suggest personality is something that remains stable throughout life, and as such we can generally expect older people’s interests, values and opinions to remain fairly consistent, even though their life directions may change. Genuine respect for older people means ‘seeing them as they really are’, in fact, in terms of personality, ‘they are not different from any other adults’.

“... in clinging to stereotypes, we overlook the advantages of having larger numbers than ever before of older people rich in skills and life experience that they can, and do, contribute not only to the economy but also to their families and communities”

Welcome Trust, *Ageing: Can We Stop the Clock?*
WelcomeFocus, 2006.

Older people report seeing some changes for the better in media depictions of ageing, and while this is very encouraging, some myths and misinformation about older people still persist in the wider community. The following pages look at commonly held negative myths about ageing and older people, and the positive realities of ageing drawn from recent studies and surveys.



Myth and reality

Myth: Older people are all the same.

There is a perception that older people are all the same, and that they are boring.

The reality

Far from being boring, many older people find the years between the mid 50s to mid 70s are a time of liberation where a sense of personal freedom allows them to speak their minds and make plans for new and different experiences.

“Stereotypes are a composite of ideas and beliefs attributed to people as a group or a social category. They may incorporate some characteristics or attributes that accurately describe some people who belong to the group, but they always fail to capture the diverse qualities of all the individuals in the group”

Quadagno, J., *Aging and the Life Course*. 3rd ed. 2005, New York: McGraw-Hill.



To highlight ageing as a problem immediately defines older people as a separate, single category, when in reality, as they age, they become more diverse. The ageing experience of all people is affected by their gender, culture, education, and geographical location, tending to make individual biological variations greater between people the older they become.

Older people represent a broad spectrum of economic, political and social backgrounds, with a composite of lifestyle, beliefs, educational achievement and personal resources. Adjustment to older age also differs greatly between individuals, consistent with a person's self-image, goals, attitudes and strategies developed throughout life.

“...health and activity in older age are largely a summary of the experiences, exposures and actions of an individual during the whole life span”

World Health Organization, *Ageing: Exploding the Myths*, in *Ageing and Health Program*. 1999, World Health Organization: Geneva.

Men and women experience ageing differently as a result of the different roles they have undertaken throughout their lives. Women tend to live longer than men, and are most likely to be the majority of oldest people in most parts of the world. However, longevity results in different outcomes for men and women. Chronic diseases such as osteoporosis, arthritis, incontinence, diabetes and hypertension are more likely to afflict women, while men are more likely to suffer from heart disease and

stroke. As women age and live longer they, too, suffer from these major causes of death and disability.

Notably, as people grow old, they tend to have less anxiety about ageing. This is thought to be because they have gained experience about how to overcome negative stereotypes and learned how to handle social, psychological and situational changes. In fact, the group most worried about ageing seem to be the ‘young-old’ who are approaching retirement. Most older people cope very well with the day-to-day problems of life, while those aged 64-74 years have the least worry of all age groups.

Many older people regard ageing as being a state of mind that can be seen in people of any age.

“... each adult carries into old age unique abilities, knowledge, personality traits, and values, and each will cope with the challenges of ageing and dying in his own characteristic way”

Sigelman, C.K. and E.A. Rider, *Life-span Human Development*. 5th ed. 2006, Australia: Thomson.

Many older people agree that some are boring and forgetful, but most remind us that they have a lot of life experiences and memories that they can share with the younger generation, and that can help society.

Myth: All old people are unwell

There is a perception that older people must be in poor health, ill or disabled.

The reality

“Recent improvements in health care and prevention now mean that most older people will remain in relatively good health and that the years spent being disabled are likely to be compressed into the final years of life”

Quadagno, J., *Aging and the Life Course*. 3rd ed. 2005, New York: McGraw-Hill.

Ageing is a continuous process, rather than a distinct phase with a particular starting time. It includes our genetics, natural developmental stages, and environmental factors. Ageing is not an affliction but a natural part of the life cycle.

Older people reject the myth that they are in poor health, sick, and say that this idea is slowly changing in the media. Growing old does not mean becoming sick. Most are active and living in the community – not in nursing homes. In 2003 only five per cent of the population aged 60 and older were in cared accommodation (nursing home or hospital), with the median age being 85 years – those in the oldest age group.

The majority of older people are healthy and active, particularly those under 80 years of age. In 2003 only five per cent of the

population aged 60 and older were in cared accommodation (nursing home or hospital), with the median age being 85 years – those in the oldest age group.

“Only one per cent of people aged 60-74 years were living in cared accommodation, increasing to seven per cent of those aged 75-84 years and 31 per cent of those aged 85 years and over. Women made up 72 per cent of all older people in cared accommodation”

Australian Social Trends, Catalogue No. 4102.0. 2006.

Decreases in good health are likely to occur in a final short period at the end of life, with those aged 75 years and over experiencing more illnesses. Dementia and Alzheimer’s disease together were reported by only four per cent of the older population, although 17 per cent of older people with a profound or severe core activity limitation had this condition.

“Overall, 87 per cent of people aged 65 and over reported a long-term health condition, with many reporting more than one. The five most commonly reported conditions were hypertension (37 per cent), arthritis and related disorders (36 per cent), hearing disorders (29 per cent), heart diseases (18 per cent) and back problems (16 per cent) ... Other health conditions affecting more than 10 per cent of the older population were diabetes, high cholesterol and stroke”

Australian Institute of Health and Welfare, (AIHW), Australia’s Welfare 2005. 2005.

The health and longevity profile of Indigenous Australians demonstrates differences from those of other ethnic backgrounds.

The median age for the non-Indigenous population is 36 years, while it is 21 years for Indigenous, with only three per cent of Indigenous people aged over 65 compared with 13 per cent of non-Indigenous people. Figures show that in the 65 years and older category, Indigenous people were 1.4 per cent more likely than others to report fair to poor health. For Indigenous people 65 years and over, 77 per cent of men and 69 per cent of women had a long-term health condition (such as hypertension, arthritis or hearing disorders).

Most Queenslanders in the 65-74 year age group are mentally alert, physically healthy, and functioning independently, with those over 75 years being most likely to have greater health, social and economic needs. Even if older people are affected by one of the common diseases of old age, it does not mean that life will be any less fulfilling.

Despite the long term health conditions described, people aged 65 and over in Australia rate their health as good (32 per cent), or very good to excellent (36 per cent). The positive self-assessments of health status are an indicator of general health and wellbeing, and a strong indicator of future mortality.

Family relationships were found to be important for happiness and wellbeing according to 54 per cent of people aged over 50 who took part in a national telephone poll; with 26 per cent

choosing health, and three per cent choosing money. There is also a tendency for personal wellbeing to increase with age, and while highly dependent upon having a partner for those aged 26 to 65 years, this tendency decreases after age 65. Involvement in volunteer work also increases personal wellbeing and older people seem to have more secure personal and community relationships that tend to buffer them against negative impacts of world events.



Myth: Disabilities come with age

There is a perception that growing old inevitably means becoming frail and disabled.

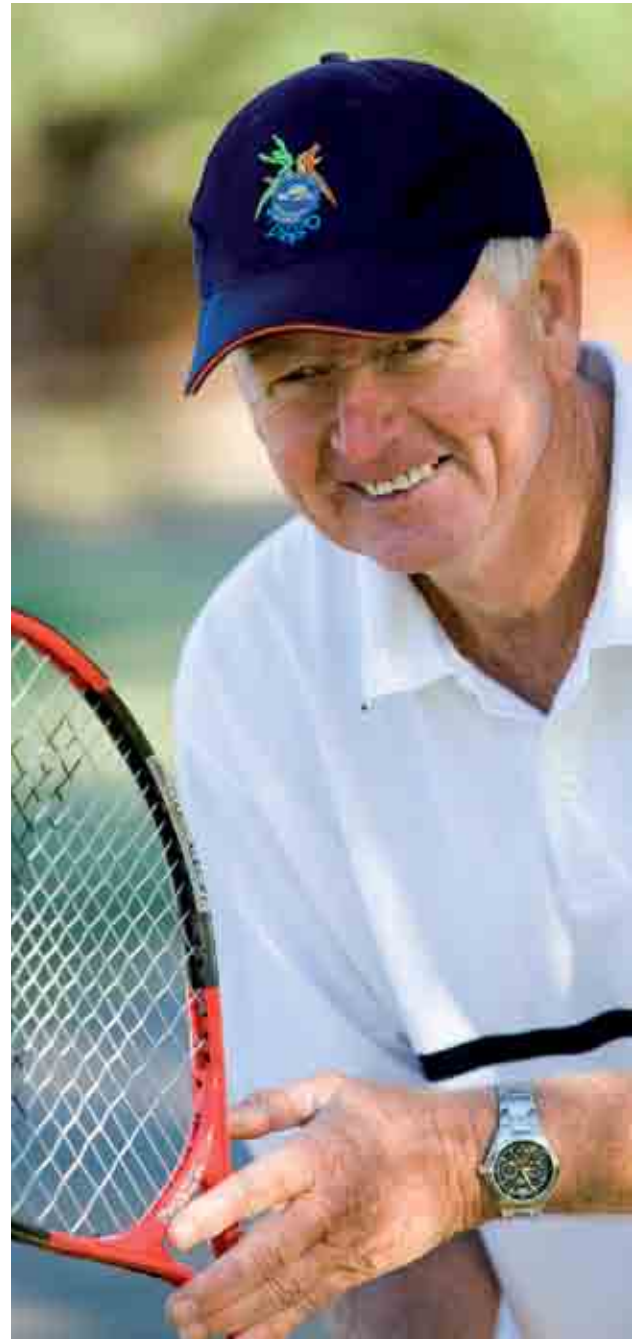
The reality

Far from being frail, the majority of older people remain physically fit well into later life, carrying out the tasks of daily living and playing an active part in community life.

Advances in medical knowledge and disease prevention mean that people are living longer, and therefore we are seeing an increase in chronic diseases that cannot be cured, but which may be managed over time (for example, arthritis, heart disease, diabetes). However, it is mostly the very old who reach the point that they need care and assistance with the activities of daily living. It is important to remember that although the rate of disability is higher for those aged over 60, age in itself does not signify dependence.

Most older people remain alert and aware, involved and interested. Some may appear frail, but most are active.

Around 40 per cent of the adult population in Australia had either a disability or long-term health condition: 46 per cent of people aged 45-64 years, increasing to around 56 per cent of those 65 years and over. In 2003, less than half (41 per cent) who reported having a disability said that they needed help to manage their health conditions or to cope with everyday activities. As people grow older, their need for assistance does increase (84 per cent of those



aged 85 years and over compared with 26 per cent of those aged 60-69 years). However, older people receive help mostly from their spouse or family and 24 per cent of primary carers for people with a disability were aged over 65 years.

A large Australian study of vision loss has estimated that in 2004, 480,300 people had low vision – 62 per cent could be assisted, 14 per cent was caused by cataracts, and 10 per cent was age-related macular degeneration. Because good vision is strongly related to driving ability and continued independence and wellbeing of older people, regular eye examinations are very important.

In Queensland, 45 per cent of people aged 60 years and older reported having no disability. However, the rate of impairment increased with age, with 77 per cent of people aged 85 years reporting this experience. In the very old aged over 85 years, 88 per cent experienced an impairment that lasted six months or more, indicating temporary loss of function.

In 2003, 21 per cent of Queensland carers were primary carers who provided most of the informal help to a person with a disability; 53 per cent of all primary carers were aged 45-64 years (the majority – 74 per cent – were females). Between the ages of 55 and 64 years people are more likely than at any other age to be carers – over 25 per cent in this age group provide care for another person. More than one quarter of Queenslanders 55 years and older assisted people, and 31 per cent provided support to relatives living outside their household.

The World Health Organisation's definition of health does not refer only to the absence of disease but also to the broader notion of physical, mental and social wellbeing. While some factors that cause poor health are beyond the control of individuals, there are many preventative measures and lifestyle practices that can enhance good health. Therefore it can be difficult in practice to distinguish between disease and processes of ageing.



Myth: Memory loss and senility come with age

Older people are often stereotyped as having memory loss, lacking in mental sharpness, and being senile.

The reality

“Losses are not synonymous with growing old, the later decades of life are not necessarily impoverished, and there are viable alternatives to the inevitability of decline”

Lindauer, M.S., *Aging, Creativity and Art: A Positive Perspective on Late-Life Development*. 2003, New York: Kluwer Academic/Plenum.

Studies have shown that intellect and creativity can be maintained into old age, although being old differs for individuals. Old age can involve losses and gains in varying degrees. Biological changes, individual differences, and lifestyle factors can affect memory, and not surprisingly, the oldest-old, those approaching 90 years, seem to be most affected by health and memory decline.

Unfortunately, the tendency is to include all older people under the umbrella term of decline when there may be other explanations for certain behaviours. Beliefs about the inevitable decline of the memory with ageing are very strongly entrenched and some studies are investigating how such stereotypes influence older people into accepting these age-biased beliefs.

Dementia is not a normal or inevitable part of ageing. It is true that there is a greater risk of

Alzheimer’s disease or other forms of dementia as age increases, but it affects only about five per cent of older people. Most people keep their knowledge and skills.

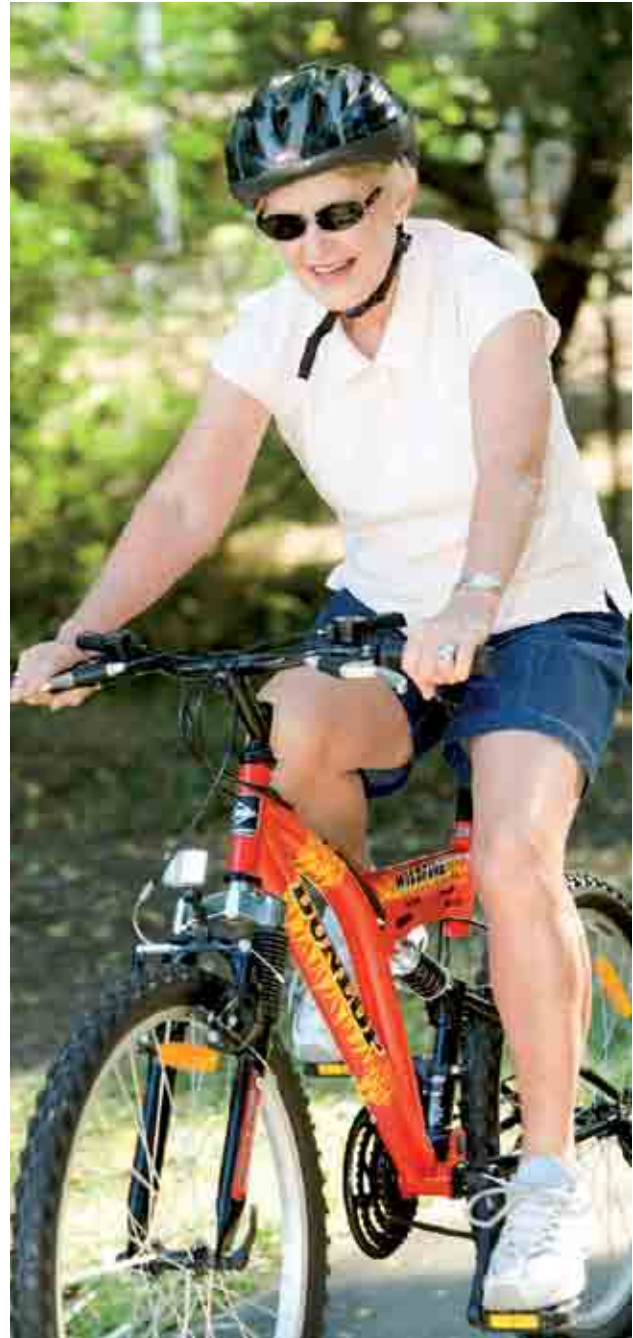
However, as there will be more older people in the future there may be more people with dementia in the oldest age group, although pharmaceutical developments and improved lifestyle factors may lessen the predicted numbers.



Many people assume that memory loss indicates cognitive decline. However, memory loss may occur at any age through factors such as disease or substance abuse. Studies have found great variability in the effects of normal ageing on memory, such as the differences between short-term memory and long-term memory, with long-term memory being most resilient. Ageing can slow reaction time and the retrieval of information from memory, requiring a few more seconds. However, in some ways there are indications that older people, with their broader knowledge and perspective, make better learners.

While depression and stressful life events can have a negative impact on older people's mental health, remaining in the work force can be a positive influence. Various preventative measures can prolong competencies as people grow older and give them good quality of life. These include minimising the demands of the home and social environment, following appropriate health behaviours, and even undertaking cognitive training to improve skills. Older adults undertaking challenging mental exercises have shown lower rates of memory loss proving that the 'use it or lose it' hypothesis has merit and that training and practice can offset some mental losses.

A study investigating the links between cognitive decline and social relationships found that those with higher levels of family ties and social engagement with relatives maintained better cognitive function up until 80 years, after which levels declined.



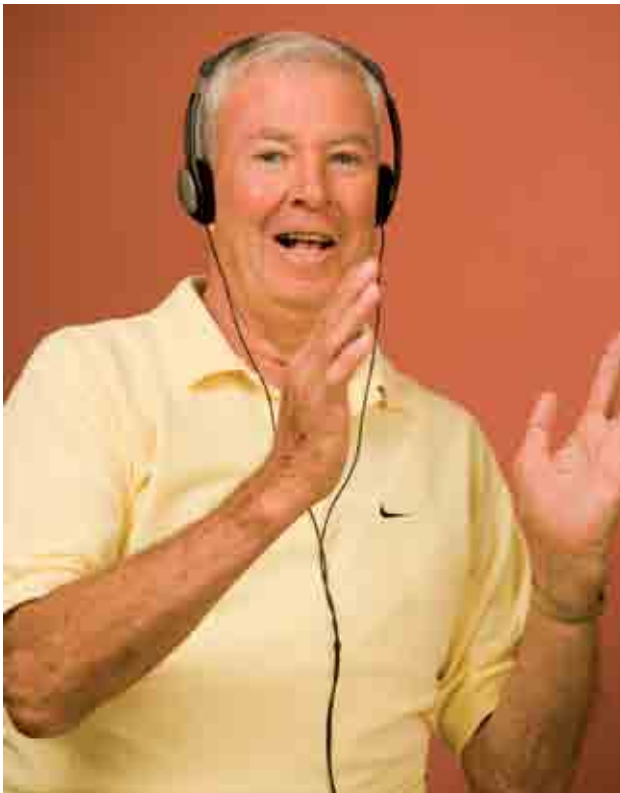
Myth: The increase in the number of older people is the main reason for the rising health care costs

There is a perception that because of the ageing population there will be a catastrophic impact on the health care system.

The reality

The ageing population should be seen as one of the great success stories of the 20th century.

As the number of older people increases as a proportion of the population, there are myths



emerging about the high costs of medical care for the last years of life, about technology used to needlessly prolong life, and a view that there will be an economic burden on the health budget. Living longer healthier lives should not be seen as a problem, particularly while there is considerable potential for higher incomes as a result of continuing growth in productivity.

Ageing is not the principal determinant of rising health care costs, and limiting acute care for those at the end of their life would save only a small fraction of health care costs. Studies show that the older the age people reach, the less likely they are to receive aggressive and costly treatment. But those who need these treatments survive and do well for extended periods.

Economic calculations predict that living standards will be 35 per cent higher in 25 years time and 84 per cent higher in 50 years time; there will be increased demands on health expenditure, but a richer society prepared to pay; health productivity is increasing, which tends to lower the costs of supply. In fact, some believe that better management of health policy would be more effective than making people stay in the workforce longer.

Older people are interested in maintaining their health, yet because of ageist stereotypes may not be the focus of health promotion programs that could assist them to lead active and healthier lives.

Recent research indicates that there is a survival benefit associated with positive images

of ageing (around a 7.5 year mean advantage) for those older people who have had optimistic self-perceptions, and this is strong evidence that internalising negative stereotypes may be a health hazard.

Older people in the community point out that they are a big market for industries like pharmaceutical companies, the catering and tourism industries. People of all ages use support services, which assist individuals to remain independent, living within their own home, and out of hospitals.

While some factors that cause poor health are beyond the control of individuals, there are many preventative measures and lifestyle practices that can enhance good health. Current policy directions are focused on preventative medicine, and healthy, active ageing, which will ultimately lessen hospital admissions. The preferred outcome is for older people to remain in their own homes, with tailored packages to support them if and when their needs for assistance increase.

Many members of the community agree that drug and alcohol abuse, trauma and violence, and future obesity problems are more of a drain on the health system than older people.



Myth: Older people are an economic burden on society

There is a myth that older people are a burden on society, and that an increase in numbers of older people will be detrimental to the economy.

The reality

“Older people are actively involved in Australian society in a number of ways, making important contributions to the family, community and economy”

Australian Institute of Health and Welfare, (AIHW),
Australia's Welfare 2005. 2005.

Most people aged 45 years and older who have already retired (44 per cent) have a government pension or allowance as their main source of income. By contrast, only 25 per cent of those intending to retire in the future expect the government pension or allowance to be their main source of income at retirement; many expect to have superannuation or annuity.

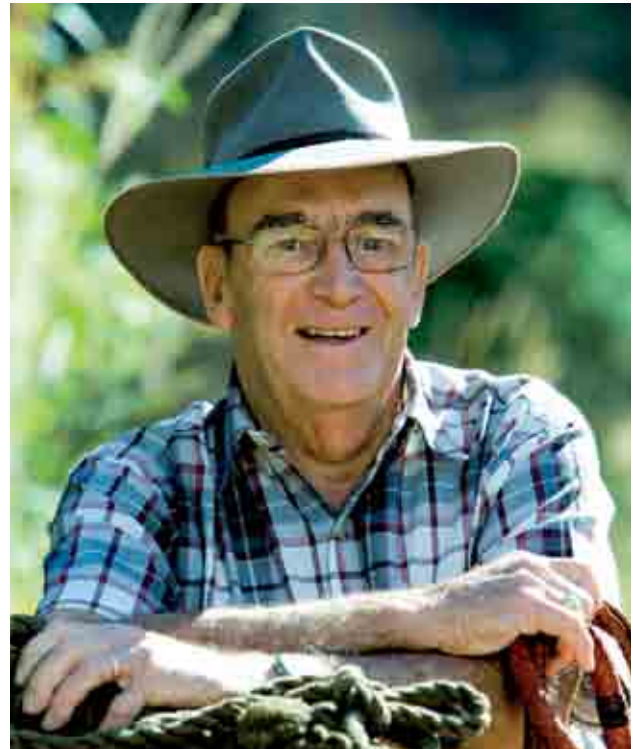
The government will feel the impact of an ageing population, yet the government pension bill by 2041-42 is projected to increase by only 1.7 per cent of GDP, a small amount considering the expected higher living standards in the future.

Changes to taxation and superannuation are also in place to encourage older people to remain in the workforce longer.

Since the 1990s, a range of legislative and policy changes in social security and superannuation have removed incentives for early retirement.

These include gradually increasing the age at which women can access the age pension, ongoing increases to the minimum age for accessing superannuation benefits, and the introduction of incentives for workers who stay on in employment beyond the Age Pension age (e.g. the Pension Bonus Scheme).

Of those people aged 45 and older in 2004-05 who intended to retire, 90 per cent had contributed to superannuation at some time, while for those who had already retired it was only 55 per cent. Improved education and health may also positively create an increase in future workforce participation.



People aged over 50 are more likely to have lower incomes, but they also have high rates of home ownership, with 70 per cent of those aged 65 and over owning their home, four per cent purchasing, and 12 per cent renting. Home ownership is an important factor that contributes to wellbeing. Financial stress generally declines as people age. Data suggests that people over 65 living alone experience greater financial stress than those living in couples or family households.

Much of the anxiety about the financial burden of ageing focuses on the myth of the disappearing taxpayer. This reasoning does not take account of the retention of mature aged workers in the workforce, and the continuing taxation paid by retired people through the Goods and Services Tax (GST), income and investments, and the changing patterns of expenditure on leisure and travel by older people.

Expenditure on health and support for older people is therefore not a one way street – older people make a significant contribution to the economy. Australia's 2.97 million seniors spend \$895 million on domestic travel annually, with an expected increase to \$2.3 billion by 2051. The seniors travellers' market has been identified as a promising target with potential for growth. The travel industry, however, operates on assumptions based on stereotypes of ageing while in reality the older market is diversified more by factors such as socio-demographic characteristics and lifestyle interests rather than age.

Time-use studies of Australians aged 65 and older have assessed the monetary value of their unpaid contribution to be almost \$39 billion per year (rising to \$74.5 billion per year if the 55-64 year old grouping is included). The unpaid work of older people as carers and volunteers is, therefore, a huge cost saving for the government.

“... instead of focusing only on the costs of an older population, it is important to take into account the positive contributions and savings generated by the unpaid work of older people”

de Vaus, D., M. Gray, and D. Stanton, *Measuring the value of unpaid household, caring and voluntary work of older Australians*, in *Research paper No 34*, Australian Institute of Family Studies, Editor. 2003, Commonwealth of Australia: Melbourne.

It is not generally known that older Australians are generous givers and make high levels of charitable donations. A study of the taxable donations of Australians by age group showed those aged 65 and over donated 22 per cent of the \$1.3 billion total in charitable donations made by all Australians in the 1999-2000 tax year while comprising 8.5 per cent of the taxpaying population and earning only seven per cent of the total income.

Older people in the community point out that they have worked all their lives, many from the age of 14 years, and continue to pay taxes through GST. Many are self-funded, or part funded retirees. They resent being thought of as greedy, and the new myth that seems to be emerging that they are spending the kids' inheritance.

Myth: Older people do not contribute

Retirement often signals the onset of poor attitudes towards older people when it is assumed that they are no longer productive.

The reality

Older people make considerable contributions to families and communities as carers and volunteers, and continue to be interested in learning new things.

Retirees are a diverse group just like the rest of the Australian population. The retirement phase of life can last for 20 or 30 years, perhaps even a third of a person's life. Yet younger retired people can be wrongly thought to have the same limitations that are expected after 85 years of age, such as financial or physical dependency.

Volunteering is an important facet of social and community life in Australia that allows people to help others and the community, and provides personal satisfaction. It appears that formal volunteering has a direct impact on wellbeing, functional health and longevity, apart from other factors such as health levels and socio-economic status.

Volunteering is undertaken in both organised and casual ways. Taking these contributions together with the costs of travel involved, the worth to the Queensland economy has risen from \$5.3 billion in 1992 to \$16.2 billion in 2004. Volunteering through organisations provided \$5.9 billion to Queensland's economy in 2004;

\$3.6 billion from the activities of middle-aged and older people. Although retired Queenslanders have lower rates of volunteering than any other labour market status group – on average 37 per cent – a retired volunteer gives a high number of hours per year – 289 – 35 per cent more than the average volunteer in Queensland (214 hours).

Another area where older people make a valuable contribution is by providing care to family and friends. They are highly represented as family carers of people with dementia and have provided 80 per cent of informal care without compensation. In Queensland, people aged 45-64 accounted for 40 per cent of Queensland carers, and those in the age groupings 45-54 and 55-64 were the most likely to provide support to relatives outside the home.

Measures of economic growth ignore volunteer work and the Productivity Commission (2005) estimates that the value of volunteering will rise from 1.8 to 2.1 per cent of GDP. In any case, the extra leisure that older people are enjoying has value in the same way as other activities. It just does not get picked up in GDP estimates.

Older people from Indigenous and Torres Strait Islander cultures and those born overseas in non-English speaking countries are involved with their families and communities in different ways from mainstream Australians. They play an important role by maintaining or promoting their culture and sharing common experiences. As grandparents and elders they encourage and support young people.



Myth: Older people are lonely and will gradually withdraw from society

There is a perception that older people lack vitality and vigour, are sad, depressed, withdrawn from society and lonely.

The reality

It was once thought that older people naturally declined in health and wanted to disengage from social roles and interests. Nothing could be further from the truth. There is a difference between living alone and being lonely.

“... perhaps the most extreme and omnipresent stereotype of the aged is that they are depressed, unhappy, and pervaded with a sense of failure, disintegration, and pointlessness”

Hazan, H., *The cultural trap: The language of images*, in *Ageing and Everyday Life*, J.F. Gubrium and J.A. Holstein, Editors. 2000, Blackwell: Malden, Massachusetts.

Depression and loneliness can affect people of all ages for various reasons. The milestone of retirement for older people may be felt as an initial depression because of factors such as role loss, financial concerns and poor health.

Older people reject this myth as generalising and believe it depends on the individual. Some may be grouchy or lonely, but many older people resent the assumption that they are always at home with nothing to do. Many are busy with family and no other group of people in society has such organised outings and community activities.

An interesting study of depressive symptoms across the lifespan found that as people aged they were less susceptible to anxiety and depression. It is thought that older people may respond less to negative emotions, they may control their responses better, or they may develop resistance to adverse life events over time.

Research in the Netherlands contradicts the myths about loneliness, finding that those aged 15-24 years, and those over 80 years are most lonely, while people between these ages do not differ much in loneliness levels. People do not get lonelier as they get older. In the United Kingdom a study of people over 65 years found social activities were important for retaining an interest in life and keeping busy. Solitary activity could provide mental stimulation, and voluntary activity made people feel valued for giving something back to society. Another large study of community dwelling people aged over 65 years in Great Britain found a low seven per cent reported being lonely, a stable result that has continued throughout the post-war period.

“The majority of older people demonstrate high levels of contact with family, friends and neighbours and do not experience loneliness, so there is very little evidence to support the assertion that older people are lonelier now than in previous generations”

Victor, C., A. Bowling, J. Bond and S. Scrambler, *Loneliness, Social Isolation and Living Alone in Later Life*, in *In Plain English*, E.S.R. Council, Editor. 2002: Swindon, United Kingdom.

Out of all people over 65, 26.2 per cent live alone. Of this number, more than twice the number of women (459,945) than men (191,005) over 65 lives alone. Men and women over 65 represent 37 per cent of lone person households – a trend that is predicted to rise as the population ages.

Older Australians, generally, spend 10 per cent of their time on social and community

interaction and as they age, tend to spend more time in their homes and local neighbourhoods.

Longitudinal research with people up to 80 years of age found those who were goal directed in midlife tended to continue this characteristic well into the later years, highlighting the important relationship between their self concept and continuity of satisfying interests.



Myth: Mature age workers are slower and less productive than younger workers

The retirement age once was set at 65 for men and 60 for women in order to make way for the younger generation of workers who were perceived to be more productive than older workers.

The reality

Government policy encourages older workers to stay in employment, reinforcing the usefulness of older people.

Unfortunately, mature aged workers are the ones most likely to be retrenched or encouraged to take redundancies due to organisational restructuring and they are likely to face age discrimination when seeking work.

In July 2006, there were 462,000 unemployed people (54 per cent male, 46 per cent female). Twenty-four per cent were aged over 45 years of age; 76 per cent of these older unemployed were looking for full-time work, and 29 per cent of them reported the main barrier to work was that they were considered too old by employers.

With almost one third of Australian employees in the 45-64 year age group, there are moves to encourage mature aged workers to remain in the workforce longer. Research highlights several challenges to retaining older workers: recognition of the health and wellbeing of individual workers, a workplace environment

suited to older workers, and ways to retain those who are financially secure.

Some of the myths about older workers include:

People over 65 years are too old to keep working; they do not care about their employer; absenteeism is high; it is a waste of time training them because they will only retire; and they are technophobes who are unable to use new technologies.

While the majority of workers regard 'old' as beginning around 60 years, employers classify workers as 'old' at much earlier ages.



Nearly 40 per cent of workers think that employers begin to view a worker as old by the age of 50. The reality is that over the past three decades serious health problems have been declining and a study in the US found that almost 70 per cent of workers expected to continue working either full-time or part-time after retiring from their main job, as they needed the income.

Mature age workers have been shown to have experience, a commitment to quality and lower rates of job turnover, absenteeism and accidents than younger workers. They are strongly motivated to succeed in the job and companies with more highly engaged employees outperform their industry peers on a range of key business and financial measures. Rates of absenteeism for older workers are around 4.1 per cent for the 55 years and over, only slightly more than the 3.8 per cent for those between 25-54 years of age.

Studies of work practices in organisations in Australia and the United Kingdom found stereotypes about skills and qualities existed on the basis of age. However, there is growing evidence that workers aged 50 and older bring experience, dedication, focus, stability and enhanced knowledge to their work while the costs of replacing experienced workers is considerable.

Younger workers are more likely to receive training, especially with new technologies, while older workers are more likely to be offered redundancies.

However, the rate of growth in the use of internet technology among older people is greater than that of other age groups in the US, where they have grown from 19 per cent to 38 per cent of the internet audience. Employers should make the best use of all employees and manage organisational changes so that all are integrated.

Older workers provide valuable corporate history and knowledge, and when given opportunities they shine. Some have been working since they were 14 years old, were brought up in times when physical work was hard, and may choose to retire early; others would like to continue to work longer, even part-time. They have a high work ethic and experience, but often feel pressured to retire.



Myth: Older people are unable to learn or change

There is a common belief that ‘You can’t teach an old dog new tricks’.

The reality

There are many examples of older people learning new things in later life.

“Contrary to what Sigmund Freud believed, early experiences rarely make or break us. Instead, there are opportunities throughout the lifespan – within limits – to undo the damage done by early traumas, to teach new skills, and to redirect lives along more fruitful paths”

Sigelman, C.K. and E.A. Rider, *Life-span Human Development*. 5th ed. 2006, Australia: Thomson.

Many older people continue to learn new things, often because they did not have the opportunity to receive a formal education when younger. They attend informal classes provided by the University of the Third Age (U3A) and there are increasing numbers of older people pursuing university studies. For example, in 2001, 866 people in Australia over 60 years began university courses. Learning is undertaken by older people for reasons other than paid employment, for instance, to gain knowledge and skills, and for interest.

In 2002, 6.9 per cent of all Australians between the ages of 45 and 64 took part in the public VET (Vocational Education Training) system compared with 3.4 per cent in 1994. While the

majority of learners are under 55, the National Centre for Vocational Education Research National VET Provider Collection indicated that 30,000 students were over 64. As the need for workforce training decreases, older learners prefer non-assessed courses, and the motivation to study is more related to personal interest and life enrichment.

A study of 2,645 Australians showed a strong association between active ageing and an interest in learning new things, including new technology, new activities and leisure interests. Good health, transport and prior education were some of the factors that were involved in a continuing interest in learning.

Studies show that older people are keen to continue to learn, and that learning needs may centre on transportation, health and safety. Learning about technology is sometimes a low priority for many older people as they do not



see the relevance of it in their day-to-day lives. However, there seems to be a link between a desire for continued learning, including learning about technology, and a positive attitude towards the future.

In general, people aged 55 and over had a lower usage of both computers and internet at home than younger age groups (2007). Of those aged 45-54 years, 63 per cent had used a home computer and 46 per cent had used the internet. This was higher than people aged 55-64 years where 43 per cent had used a home computer and 30 per cent the internet. For those aged 65 and over, it was 18 per cent for home computers and 11 per cent for the internet. This pattern may change as people who are currently comfortable and confident with computers and the internet move into older age groups and technology use becomes the norm.

“Proponents of the worth of old age, in opposition to those who see it as a time of woe, believe some abilities do not fade, and they reinterpret losses as independent of age, arguing that declines can be offset through practice, exercise, training, and improved working conditions. They also hold that compensations draw on remaining strengths, and new skills can be developed”

Lindauer, M.S., *Aging, Creativity and Art: A Positive Perspective on Late-Life Development*. 2003, New York: Kluwer Academic/Plenum.

The Triple A (Australian Active Ageing) survey investigated older people’s ideas about ageing and found that many had an interest in learning about new things. A 62 year old said that active ageing meant ‘Trying new things. It means continuous learning and exploring’; an 80 year old said ‘learning new things, looking forward to new experiences in life’, and a 61 year old commented that they were always willing to learn new things. Try to keep up with all the new innovations in technology – such as the mobile phone and internet. Always keep a ‘yearning for learning’.



Myth: Older people do not want or need close physical relationships

There is a belief that older people have no capacity for or interest in sexual activity.

The reality

Many older people want – and are able to lead – an active, satisfying sex life.

“Historically, sexual decline was assumed to be an inevitable and universal consequence of growing older; thus, ageing individuals were expected to adjust to it gracefully and to appreciate the special moral benefits of postsexual maturity”

Katz, S. and B. Marshall, *New sex for old: Lifestyle, consumerism, and the ethics of aging well*. Journal of Aging Studies, 2002.

The idea that older people have no interest in sexuality is based on beliefs about their inability to perform, their lack of interest in sex, or thinking that those who are interested are perverted.

Older people reject it, saying that media images are changing. Acknowledging that health problems and lack of a partner hinder some people, they point out that sex is more than a physical act and can be expressed in other loving ways. It can also be more fun without hang-ups and there are medications that can help.

Many older people agree that while needs change over time, a sexual relationship can be physically and psychologically beneficial.

A study of older people with an average age of 60 indicated most wanted to maintain a sexual relationship that included touching and kissing. Other studies show that there is a continuing desire to be in an intimate relationship.

“... sexual behaviour is not only influenced by age and marital status but also by other relevant factors, such as changes in the nature of people’s relationships over time, lifelong sexual practices, the influence of medicine on sexual performance, and changing notions of how people have ‘sex’ with each other across the lifespan”

Minichiello, V., D. Plummer, and D. Loxton, *Knowledge and beliefs of older Australians about sexuality and health*. Australasian Journal on Ageing, 2000.

The capacity for and interest in sexual activity at any age can be influenced by disease, medications, psychological, social and cultural conditions, and religious beliefs, but it does not necessarily abate with age. Many people retain sexual ability and interest, well into old age.

The myth of the ‘sexy oldie’ can be as confining as the myth about the ‘asexual’ older person by pressuring people into using sexual enhancement drugs and reinforcing the youthful ideals of sex and beauty.

“Less sexual activity tends to contribute to decreased interest and a diminished sexual response. It may also contribute to a decline in the overall sense of wellbeing”

Nusbaum, M.R.H., P. Lenahan, and R. Sadovsky, *Sexual health in aging men and women*. Geriatrics, 2005.



Myth: Older people are more likely to be victims of crime than other age groups

There is a belief that older people are more likely to be the victims of criminal assault and robbery.

The reality

People aged 65 and over have lower rates of victimisation for all types of offences than those between 20 and 64 years. They are also less likely to be victims of crime than other adults.

Australian and international studies show that the risks of violent crime are lower for older people. While the 55 to 64 year age group accounts for nine per cent of the population, they account for only three per cent of victims of common assault, sexual assault and robbery, and the 12 per cent of the population aged over 65 account for only two per cent of victims.

Compared to the whole population, people over 65 have the lowest rate of personal offence victimisation. Older people or married people with family responsibilities were less likely to be at risk of personal victimisation because the time they spend in public places differs from that of the young, single people, students or the unemployed. However, older people who are victims of assault (usually associated with a robbery) are more likely than younger victims to sustain fatal injuries because of physical vulnerability.

Consequently, while statistics show they are less likely to be victims of violent crime, older people do seem to have disproportionate anxiety about crime. Vivid and sensational media stories about crimes can also make older people more fearful and aware of their vulnerability. It is interesting that older people who are most active and involved in their community are least likely to be anxious about crime.

A South Australian study of 287 people (16-90 years) found that fear of crime was moderately high in all age groups, regardless of the actual incidence of crime, and the media stereotype of the vulnerable and fearful older person was not substantiated. This is not to trivialise the risks older people feel. Notably, it is consumer fraud that makes up a greater proportion of older people's experiences of crime in general. Older people who are socially, commercially and financially active are more exposed to risks of consumer fraud than younger people but less at risk of internet or vehicle purchase fraud.

A national survey found that family members were often involved in the asset management of older people's affairs. Many older people lack confidence, or have problems with complex financial matters or technology, and this can leave them at risk of fraudulent activities. It would be beneficial for them to have better financial literacy so they could manage their affairs while able.



Emerging myths about the Baby Boomers

Baby Boomers represent a large proportion of the future ageing population and there are concerns they will force up costs for health services, aged care, pensions and community support. As with previous generations, they are subjected to stereotypes and ageism, but are likely to push change as they have throughout their lives.

The proportion of Baby Boomers in Queensland's population is predicted to increase until 2021 (23 per cent of the population), then decrease to 18 per cent in 2031, and decline to five per cent by 2051. In 2051 there are predicted to be about 350,000 Baby Boomers aged 86 years and older.

Baby Boomers are the generation born between 1946 and 1965 in the post-war high fertility period in some, but not all, countries. 'Older' Baby Boomers were born from 1946 to 1955 inclusive, and 'younger' Baby Boomers were born from 1956 to 1965 inclusive. In 2001 in Queensland they comprised 29 per cent of the population, similar to the national average, with 53 per cent in the younger group, and 47 per cent in the older group; 23 per cent were born overseas; 7.5 per cent spoke a language other than English at home. Around 19 per cent of the Indigenous population were in the Baby Boomer age range,

and they comprise 2.3 per cent of Queensland Baby Boomers; overall, 68 per cent of Baby Boomers were married, 19 per cent divorced or separated, 12 per cent never married.

In 2003, 52 per cent of families in Queensland were Baby Boomer families; the majority were couples with children – 57 per cent; while 30 per cent were couples without children; and 13 per cent were lone-parent families.



Around one in five (20 per cent) of Baby Boomers were carers, with five per cent being primary carers, and 61 per cent combining caring and employment, while 39 per cent were working full-time.

Myth: Baby Boomers are one homogenous group

There are two decades separating the oldest from the youngest of the Baby Boomers, and an AC Neilsen study found differences within this large cohort of people, related to mindset and life stage, rather than age. Their study identified 'Life Jugglers' and 'Life Surfers'. Life Jugglers seek a work-life balance; are short-term rather than long-term focused – retirement still seen as a long way off to most; they have strong family ties, value relationships with children and are focused on wealth-building and reducing debt. The Life Surfers feel like they are riding the crest of a wave;

they have a clear and strong set of values based on life experiences; they want to prolong a lifestyle plateau before 'old age' and are enjoying some 'me time'.

Myth: Baby Boomers are rich and spoilt

"Cashed-up retirees, free from the responsibilities of kids and work, who are living longer, travelling the world and spending their kids' inheritance – just some of the common misconceptions or stereotypes that are all too often used in marketing and advertising campaigns to target Australia's 45-64s"

B & T, *Exposing the Baby Boomer Myth*. 2006.

In contrast to media depictions, an Australian study found that few Baby Boomers were thinking of a sea change move, or of being grey nomads. While they did not want to restrict their



own spending in retirement most wanted their children to inherit something. Many expected to be caring for grandchildren, with some women looking forward to doing this, but others working longer rather than feeling the need to retire for child-minding.

Myth: Baby Boomers will retire early

It is a misleading generalisation to think that the Baby Boomers are the lucky generation, happily pioneering a trend towards the end of retirement. Baby Boomers associate retirement with negative stereotypes of old age, such as frailty, disempowerment and redundancy, and few expect to be fully reliant on the age pension. A survey has found that 43 per cent of those currently employed expect to continue working in their job beyond the traditional retirement age, with many more contemplating setting up a small business, doing casual work or consulting.

Although the Baby Boomers are being encouraged to financially support themselves in retirement, most will not be able to because compulsory superannuation was introduced late in their working lives. Their accumulation of superannuation is not yet high. For instance, in 2000, of pre-retirement Baby Boomers earning \$60,000 a year or more with superannuation, 41 per cent had \$100,000 or more in superannuation and 16 per cent had less than \$20,000; while 68 per cent of pre-retired Baby Boomers on low incomes of under \$20,000 had less than \$20,000 in superannuation.

The assumption that Baby Boomers are the generation that will never retire is dependent upon individual levels of wealth, and the reality for most lower income earners is a worry about how they will fund their retirement, leading to a delay in retirement.

Myth: Baby Boomers will be a drain on health and retirement resources

Baby Boomers are more health conscious than previous ageing cohorts. Studies show that 82 per cent of Baby Boomers (2001) reported having good, very good or excellent health. In 2000-01 the health expenditure per person for Baby Boomers was 25 per cent lower than the Australian average, although health care costs rise with older age and 55 per cent had private medical insurance.

It is interesting to contemplate that what we have accepted as the signs of normal ageing in our older generation may have been strongly influenced by their critical developmental stages in early life, such as nutritional deficiencies, poverty and lack of education. With better education, health and nutrition histories, the older people of the future are likely to have less cognitive impairment and lower disability rates. Advances in preventative medicine, pharmaceuticals, and surgical and restorative treatment such as joint replacements could mean fewer people with high care needs. The economic burden of ageing should be no greater than the economic burden faced when educating the large numbers of Baby Boomer children in the 1960s.



Acknowledgments

The Department of Communities, Child Safety and Disability Services wishes to acknowledge the following authors, researchers, publishers and publications for helping inform the content of the *Ageing: Myth and Reality* publication.

1. *Population Projections, Australia, 2002 to 2101, Catalogue No. 3222.0, 2002.*
2. Department of Health and Ageing, *Aged Care in Australia - May 2006*, Australian Government, Editor. 2006.
3. *Ageing Well, Queensland, 2005, Catalogue No. 4409.3. 2005.*
4. Minichiello, V., J. Browne, and H. Kendig, *Perceptions and consequences of ageism: views of older people*. Ageing & Society, 2000.
5. Thornton, J.E., *Myths of Aging or Ageist Stereotypes*. Educational Gerontology, 2002.
6. Hazan, H., *The cultural trap: The language of images, in Ageing and Everyday Life*, J.F. Gubrium and J.A. Holstein, Editors. 2000, Blackwell: Malden, Massachusetts.
7. *Mature age Persons Statistical Profile, Catalogue no. 4905.0.55.001. 2004.*
8. Costa, D.L. and J. Lahey, *Becoming oldest-old: evidence from historical US data*, *Genus: An International Journal of Demography*, 2005. **61**(1): pp. 125-161.
9. Australian Dept of Health and Ageing, *Aged care in Australia*, Department of Health and Ageing, Editor. 2006: Canberra.
10. Australian Institute of Health and Welfare, (AIHW), *Australia's Welfare 2005*. 2005.
11. Curnow, J., *Myths and the fear of an ageing population*, Australians for an Ecologically Sustainable Population, Editor. 2000, NSW Division AESP: ACT.
12. Commonwealth of Australia, *The National Strategy for and Ageing Australia: Attitude, Lifestyle & Community Support Discussion Paper, in The National Strategy for an Ageing Australia*. 2000: Canberra.
13. Laz, C., *Act your age*. Sociological Forum, 1998.
14. Corbin, D.E., *Health and Sexual Media Content*, in *Mass Media, on Aging Population, and the Baby Boomers*, M.L. Hill and J.H. Lipschultz, Editors. 2005, Lawrence Erlbaum Associates: Marwah, New Jersey.
15. Sigelman, C.K. and E.A. Rider, *Life-span Human Development*. 5th ed. 2006, Australia: Thomson.
16. Maugham, W.S., *British novelist and playwright*, Proverbial.net, Editor. 1874-1965.
17. Davis, N.C. and D. Friedrich, *Knowledge of aging and life satisfaction among older adults*. *International Journal of Aging and Human Development*, 2004.
18. Cummins, R.A., *Australian Unity Wellbeing Index, Survey 14.1, Fifth Anniversary Special Report*, D. University, Editor. 2006, Australian Centre for Quality of Life: Melbourne.
19. Kahn, R.L. and F.T. Juster, *Well-being: Concepts and measures*. *Journal of Social Issues*, 2002.
20. Cummins, R.A., *The Wellbeing of Australians*, in *Australian Unity Wellbeing Index: Survey 15*. 2006, School of Psychology, Deakin University: Melbourne.
21. National Seniors, *Active and productive ageing: What is the real experience of Australians?* *Research Bulletin*, 2005.
22. Pavot, W. and E. Diener, *The subjective evaluation of well-being in adulthood: Findings and implications*. *Ageing International*, 2004.
23. McCrae, R.R. and P.T.J. Costa, *Personality in Adulthood: A Five-factor Theory Perspective*. 2nd ed. 2003, New York: Guilford Press.
24. Welcome Trust, *Ageing: Can We Stop the Clock?* WelcomeFocus, 2006.
25. Cohen, G.D., *Research on creativity and aging: The positive impact of the arts on health and illness*. *Generations*, 2006. **30**(1): pp. 7-15.
26. Quadagno, J., *Ageing and the Life Course*. 3rd ed. 2005, New York: McGraw-Hill.
27. World Health Organization, *Ageing: Exploding the Myths*, in *Ageing and Health Program*. 1999, World Health Organization: Geneva.
28. Cavanaugh, J.C. and F. Blanchard-Fields, *Adult Development and Aging*. 4th ed. 2002, Belmont, CA: Wadsworth/Thomson.
29. Lynch, S.M., *Measurement and prediction of aging anxiety*. *Research on Aging*, 2000.
30. Neikrug, S.M., *Worrying about a frightening old age*. *Ageing & Mental Health*, 2003.
31. Johnson, M.L., Ed. *The Cambridge Handbook of Ageing*. 2005, Cambridge University Press: Cambridge.
32. Stein, C. and I. Moritz, *A Life Course Perspective of Maintaining Independence in Older Age*, in *Ageing and Health*, WHO (World Health Organisation, Editor. 1999, World Health Organisation: Geneva.
33. *Australian Social Trends, Catalogue No. 4102.0. 2006.*

34. *Health of Older People in Australia: A Snapshot, Catalogue No. 4833.0.55.001*. 2004-05.
35. Queensland Health, *Health Determinants at a Glance: Queensland 2004*, Public Health Services and Health Information Centre, Editor. 2004, Queensland Health.
36. Hamilton, C. and E. Rush, *The Attitudes of Australians to Happiness and Social Well-being*, The Australia Institute, Editor. 2006.
37. *Disability, Ageing and Carers: Australian Summary of Findings, Catalogue Number 4430.0*. 2003.
38. Taylor, H.R., J. E. Keefe, Hien T. V., Vu, J. J. Wang, E. Rochtchina, M. L. Pezzullo, and P. Mitchell, P., *Vision loss in Australia*. The Medical Journal of Australia, 2005.
39. Lindauer, M.S., *Ageing, Creativity and Art: A Positive Perspective on Late-Life Development*. 2003, New York: Kluwer Academic/Plenum.
40. Jeon, H., R. Dunkle, and B.L. Roberts, *Worries of the oldest-old*. Health & Social Work, 2006.
41. Bieman-Copland, S., *Social perceptions of failures in memory monitoring*. Psychology and Aging, 2001.
42. Australian Institute of Health and Welfare, A., *Older Australians at a Glance*, in *3rd Edition*. 2002, Australian Institute of Health and Welfare and the Commonwealth of Australia Department of Health and Ageing: Canberra.
43. Tufts University, *You can't teach an old dog new tricks (and other myths about the aging process)*. Health and Nutrition Letter, 2002. **20**(3).
44. Senior Net, *Use it or lose it?*, in *Press Release*, S. Net, Editor. 2002.
45. Beland, F., M. Zunzunegui, B. Alvarado, A. Otero, T. and del Ser, *Trajectories of cognitive decline and social relations*. Journal of Gerontology: Psychological Sciences, 2005.
46. Alliance for Aging Research, *Seven Deadly Myths: The Truth about The High Cost of Dying in America*. 2000-2005, Alliance for Aging Research: Washington, D.C.
47. Australian Government Productivity Commission, *Long Term Ageing is Today's Policy Challenge*, in *Media Release*. 2005.
48. Official Committee Hansard, *Employment: Increasing participation in paid work*, in *Standing Committee on Employment and Workplace Relations*, House of Representatives, Editor. 2004: Canberra.
49. Ory, M., M. K. Hoffman, M. Hawkins, B. Sanner and R. Mockenhaupt., *Challenging aging stereotypes*. American Journal of Preventive Medicine, 2003.
50. *Retirement and Retirement Intentions*, in *Year Book Australia, 2007*. 2007.
51. *Paid work: Mature age workers*, in *Australian Social Trends, Catalogue No. 4102.0*.
52. The Treasury, *Older men bounce back: the re-emergence of older male workers*. Australian Government, 2006-07.
53. *General Social Survey, Summary Results, Australia, Catalogue No. 4159.0*, 2006.
54. Council on the Ageing, *Response to Department of Treasury Australia's Demographic Challenges*, C.N.S.N.S. Partnership, Editor. 2004: Melbourne.
55. Golik, B., *Not over the hill just enjoying the view*. 1999.
56. Horneman, L., R. W. Carter, S. Wei and H. Ruys, *Profiling the senior traveler: An Australian perspective*. Journal of Travel Research, 2002.
57. de Vaus, D., M. Gray, and D. Stanton, *Measuring the value of unpaid household, caring and voluntary work of older Australians*, in *Research paper No 34*, Australian Institute of Family Studies, Editor. 2003, Commonwealth of Australia: Melbourne.
58. Steinberg, M.A., R. Crow, L. Cain and C. Milford., *Living and giving: Older Australians and charitable donations*. Australasian Journal on Ageing, 2005.
59. Onyx, J. and J. Warburton, *Volunteering and health among older people: A review*. Australasian Journal on Ageing, 2003.
60. Ironmonger, D., *The economic value of volunteering in Queensland: A report commissioned by the Department of Communities*. 2006, Households Research Unit, University of Melbourne.
61. Productivity Commission, *Economic Implications of and Ageing Australia*, in *Research Report*, C.o. Australia, Editor. 2005, Productivity Commission: Canberra.
62. Warburton, J. and D. McLaughlin, *Passing on Our Culture: How Older Australians from Diverse Cultural Backgrounds Contribute to Civil Society*. Journal of Cross-Cultural Gerontology, 2007.
63. Atchley, R.C., *Retirement as a social role*, in *Ageing and Everyday Life*, J.F. Gubrium and J.A. Holstein, Editors. 2000, Blackwell: Malden, Massachusetts.
65. Jorm, A.F., *Does age reduce the risk of anxiety and depression? A review of epidemiological studies across the adult lifespan*. Psychological Medicine, 2000.
65. Aldridge, S., *Dispelling the myths around loneliness*, in *Health and Age*, P.A. Centre, Editor. 2007.
66. Gabriel, Z. and A. Bowling, *Quality of life from the perspectives of older people*. Ageing & Society, 2004.
67. Victor, C., A. Bowling, J. Bond and S. Scrambler, *Loneliness, Social Isolation and Living Alone in Later Life*, in *In Plain English*, E.S.R. Council, Editor. 2002: Swindon, United Kingdom.
68. *Census of Population and Housing: Ageing Australia, Catalogue No. 2048.0*. 2001.
69. Australian Bureau of Statistics, *Australian Social Trends*, in *Catalogue No. 4102.0*. 2005.
70. Australian Local Government Association. *Age Friendly Built Environments - Background Paper*. in *Community and Disability Services Ministers' Conference*. 2004.

71. Holahan, C.K. and J.R. Chapman, *Longitudinal predictors of proactive goals and activity participation at age 80*. Journal of Gerontology, 2002.
72. Encel, S. and H. Studencki, *Older workers: Can they succeed in the job market?* Australasian Journal on Ageing, 2004.
73. *Job search experience, Australia, July 2006, Catalogue No. 6222.0*. 2006.
74. National Seniors, *Participating productively: the experience of mature age workers in Australia*, in *Research Bulletin, Vol 1, No. 2*, N.S.P.A. Centre, Editor. 2005.
75. Reynolds, S., N. Ridley, and C.E. Van Horn, *A work-filled retirement: Workers' changing views on employment and leisure*, in *Worktrends Survey, Vol. 8.1*, John J. Heldrich Center for Workforce Development, Editor. 2005, Rutgers: New Jersey.
76. Ferrier, F. *Older workers: Working forever?* in *9th Annual CEET Conference*. 2005. Melbourne.
77. Towns Perrin, *The Business Case for Workers Age 50+*, American Association of Retired Persons, Editor. 2005, AARP Knowledge Management: Washington, D.C.
78. Brooke, L. and P. Taylor, *Older workers and employment: Managing age relations*. Aging & Society, 2005.
79. Anlezark, A., *Older Learners 2002: Australian vocational education and training statistics*. 2004: Adelaide.
80. Boulton-Lewis, G.M., L. Buys, and J. Lovie-Kitchin, *Learning and active ageing*. Educational Gerontology, 2006.
81. Purdie, N. and G.M. Boulton-Lewis, *The learning needs of older adults*. Educational Gerontology, 2003.
82. Boulton-Lewis, G.M., L. Buys, J. Lovie-Kitchin, K. Barnett and L. N. David, *Ageing, learning, and computer technology in Australia*. Educational Gerontology, 2007.
83. Katz, S. and B. Marshall, *New sex for old: Lifestyle, consumerism, and the ethics of aging well*. Journal of Aging Studies, 2002.
84. Salzman, B., *Myths and Realities of Aging*. Care Management Journals, 2006.
85. Minichiello, V., D. Plummer, and D. Loxton, *Knowledge and beliefs of older Australians about sexuality and health*. Australasian Journal on Ageing, 2000.
86. Ginsberg, T.B., S.C. Pomerantz, and V. Kramer-Feeley, *Sexuality in older adults: Behaviours and preferences*. Age and Ageing, 2005.
87. Huyck, M.H., *Romantic relationships in later life*. Generations, 2001.
88. Nusbaum, M.R.H., P. Lenahan, and R. Sadovsky, *Sexual health in aging men and women*. Geriatrics, 2005.
89. Gott, M., *Sexuality, Sexual Health and Ageing*. 2005, New York: Open University Press.
90. *Recorded Crime - Victims, Catalogue 4510.0*. 2005.
91. James, M., A. Graycar, and P. Mayhew, *A Safe and Secure Environment for Older Australians*, in *Research and Public Policy Series, No 51*, Australian Institute of Criminology, Editor. 2003: Canberra.
92. Carcach, C., A. Graycar, and G. Muscat, *The Victimization of Older Australians*, in *Trends and Issues in Crime and Criminal Justice*. 2001, Australian Institute of Criminology: Canberra.
93. Johnson, H., *Crime Victimization in Australia: Key Results of the 2004 International Crime Victimization Survey*, in *Research and Public Policy Series, No. 64*, Australian Institute of Criminology, Editor. 2005.
94. James, M., A. Graycar, and P. Mayhew, *A Safe and Secure Environment for Older Australians*, in *Research and Public Policy Series No. 51*, Australian Institute of Criminology, Editor. 2003: Canberra.
95. James, M.P., *Fear reduction. Crime prevention for older Australians*. Crime Prevention Series: 44-53., 1993.
96. Australian Institute of Criminology, *Preventing crime against older Australians*, in *AICrime Reduction Matters No. 29*. 2005: Canberra.
97. Ranzijn, R. and K. Howells, *Fear of crime and protective behaviours in older and younger adults: Results of a community survey*. Australasian Journal on Ageing, 2002.
98. James, M. *Understanding and responding to crime and older people*. in *4th National Outlook Symposium on Crime in Australia*. 2001. Canberra.
99. Muscat, G., M. James, and A. Graycar, *Older people and consumer fraud*. Trends & Issues in Crime and Criminal Justice, 2002. **No. 220**.
100. Tilse, C., J. Wilson, D. Setterland and L. Rosenman, *Older people's assets: a contested site*. Australasian Journal on Ageing, 2005. **24**(Supplement).
101. OESR (Office of Economic and Statistical Research), *Population projections to 2051: Queensland and Statistical Divisions (median series)*, Q. Government, Editor. 2003: Brisbane.
102. *Baby Boomers in Queensland: A Profile of Persons Born 1946-1965, Catalogue no. 4149.3*. 2006.
103. ACNielsen, *Bye bye Boomers, hello life jugglers and life surfers. Latest Nielsen study torpedoed baby boomer myths*, in *Trends & Insights*. 2006.
104. B & T, *Exposing the Baby Boomer Myth*. 2006.
105. Hamilton, M. and C. Hamilton, *Rich Boomer, Poor Boomer*, T.A. Institute, Editor. 2006, The Australia Institute.
106. Hamilton, M. and C. Hamilton, *Baby boomers and retirement: Dreams, fears and anxieties*, in *Discussion Paper Number 89*, T.A. Institute, Editor. 2006.
107. Knickman, J.R. and E. Snell, K., *The 2030 problem; Caring for aging baby boomers*. HSR Health Services Research.

