



# **Kicking Up Autumn Leaves**

**A Report on the  
Women Owning Wellness Evaluation Project**



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Women Owning Wellness Evaluation Project



Older Women's Network

*in partnership  
with*

NORTHERN SYDNEY  
CENTRAL COAST  
NSW HEALTH

**Kicking Up Autumn Leaves:  
A Report on the Women Owing Wellness Evaluation Project**

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**I felt that I was liberated.  
When I say 'liberated' I felt that I could do all sorts of things.  
One day I was walking with my husband  
he wasn't very impressed I might add –  
all the leaves were off the trees,  
I was living at Oyster Bay at the time,  
and there were leaves on the footpath and  
grass where we were walking, it just looked beautiful,  
all the autumn colours.**

**I just couldn't resist it,  
I just picked them all up, threw them over him,  
threw them over me and then I laid on them.**

**It was just something I felt,  
and I'm sure if I hadn't been in Wellness,  
with different things that have happened during my time there,  
I just felt you should be able to do what you want to do,  
and that's what we do at Wellness,  
we do what we feel we can cope with at the time,  
and that particular day I thought I'm going to do this.**

**He wasn't very impressed because a bus went past  
and all the people in the bus were looking at us.**

**I wouldn't have ever done that  
if I hadn't been to the Wellness Centre, it opened me,  
I call it liberated, such that I can express my feelings,  
because I'm with other women up there and the facilitators,  
and it made me feel that way, so everybody gets something out of it.**

**(Bianca, Wellness group participant)**



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# Wellness

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Wellness is a dynamic and complex concept, viewed differently by different people. Because part of this evaluation is about exploring ideas of wellness among women in Older Women's Network (OWN) Wellness groups, the description below should be regarded as a starting point for our thinking about wellness. Our understanding of wellness was significantly enriched in the process of conducting this evaluation, and we hope that this report will also deepen your understanding.

*The OWN Model of Wellness is a concept of health promotion designed by older women for older women to increase and develop the wellness of older women. Wellness emphasises lifestyle and wellbeing rather than illness. The aim of wellness activities is to give back to older women a sense that they can live with fullness and richness in their life. Wellness is about having a balance between the physical, emotional, social, intellectual, and spiritual aspects of life. It implies a positive attitude, strength of mind, and captures the essence of women participating, playing, acting, working, contributing to and enjoying life.*

*(Northern Sydney Health, 2003a: 3)*





# Preface

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In this report we provide an inspiring story about older women's initiative, creativity and determination in relation to wellness. Throughout the document the women's voices provide clear and timely commentary and insight about wellness. Their fresh observations and engaging stories are rich with important messages for their peers, all professionals involved in promoting health and wellbeing, and those designing effective policy and support.

Health professionals and university researchers – privileged collaborators in this evaluation – join their voices with the older women to comment on how this evaluation was carried out. We hope that its celebratory tone will make the reading enjoyable, and that it will inspire and support others to consider using story harvesting in the evaluation of health promotion initiatives and services.

In Section 1 – Summary, we provide a succinct overview of how we conducted the evaluation, a summary of our findings, and our recommendations. In Section 2 – The Evaluation Project, we outline the aims and background of the project. In Section 3 – Evaluation Methodology, we provide a detailed account of the story-harvesting approach, which was the main method we used in this

evaluation, and the SF-36 Functional Health Status and Wellbeing questionnaire, which was used as a supplementary method of evaluation. Section 4 – The Process is about the ways in which we collaborated in carrying out the harvesting of stories. It contains reflections from the 14-person decision-making Creative Reference Group (CRG), which comprised older women, health professionals and university researchers.<sup>1</sup> In Section 5 – Findings, we document in detail what the 43 women who participated in the story harvesting said about wellness. Their stories and insights were collected through individual and group interviews and as independently submitted stories, poems and artwork. This material was used to construct a collective story about the nature of wellness in general and the Wellness groups in particular. The richness of these women's voices will enable you to make your own judgments about the complexity and meaning of the lived experience of wellness for these women. Results of the quantitative study of functional status and wellbeing (using the SF-36 questionnaire) are also reported. In Section 6 – Summary of Findings and Key Recommendations, we have highlighted the main findings and identified areas of action we believe need urgent consideration.

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<sup>1</sup> The Creative Reference Group was originally called the Critical Reference Group (Wadsworth 1997). We changed the name to highlight the creative nature of the group's engagement with this project. See page 29 and Section 4 for details of the CRG.

## HOW TO READ THIS REPORT

We have structured the report so that the reader may choose how to read it. There are four options. You may read:

1. From beginning to end. You will experience some repetition in this reading.
2. Section 1, which provides a summary of the whole project. This section is written so that it can stand on its own.
3. Sections 2, 3 and 6. Read together, these provide details of this evaluation and its findings, but without the words and stories of the women.
4. Sections 2, 3, 4 and 5, which together provide rich and descriptive comments from the women, health professionals and researchers about how the evaluation was undertaken and what we discovered about women's wellness. This option includes the results of the SF-36 but does not include the recommendations, which are in Sections 1 and 6.

We believe that Sections 3 and 4, the *how* of this project, are as important as what we discovered, because the collaborative way in which we carried out the story harvesting contributed significantly to the sense of wellbeing among the older women involved.



# Summary

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*Kicking Up Autumn Leaves* is the title we chose for our report on the Women Owning Wellness (WOW) evaluation project. The report is based on the rich stories of wellness told by 43 older women. We have described how the stories were gathered and what they reveal about wellness, and we have highlighted significant policy implications for older women's health.

This evaluation was undertaken in three Older Women's Network (OWN) Wellness groups operating in Bankstown, Chatswood and Sutherland, suburbs in the metropolitan area of Sydney. Carried out collaboratively during 2005, it involved a group of older women from OWN, researchers from the University of Western Sydney (UWS) and University of Technology (UTS), and health professionals from Northern Sydney Central Coast Women's Health Services (NSCCWHS) and Northern Sydney Central Coast Health Promotion (NSCCHP), which also provided administrative, management and funding support.

The evaluation was designed to both broaden and deepen our understanding of wellness in older women and to do this in ways that enabled meaningful participation in the research process by the older women involved.

How the story harvesting evaluation was done is as important as what was discovered.

In 2005 there were seven Wellness groups in NSW that were initiated by OWN, a community-based network run by and for older women. Rather than focus on addressing illness, OWN has consciously chosen to emphasise wellbeing and its achievement through enabling its members to find a balance between the physical, emotional, social, intellectual and spiritual aspects of their lives (Northern Sydney Health 2003a). As well as participant-initiated activities, in OWN Wellness groups there is a strong belief in an holistic approach, community ownership, developing partnerships and advocating for older women's health and wellbeing (Older Women's Network 1993). In addition to setting up Wellness Centres and groups, OWN NSW has initiated many other projects, including an Aboriginal support circle, a Sydney Theatre group, a music group, a film discussion group, an advocacy group, and other discussion groups. OWN produces a monthly newsletter, OWN Matters, and has a range of publications and videos available. OWN NSW is the peak body for over 20 OWN groups in NSW and emphasises the rights, dignity and wellbeing of older women. It was incorporated in 1993 and is managed by a voluntary management committee.<sup>2</sup>

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<sup>2</sup> OWN can be contacted at OWN, 87 Lower Fort Street, Millers Point, NSW, 2000, Australia. Phone (02) 92477046 or on [www.own.org.au](http://www.own.org.au)



Women from OWN initiated this evaluation. They sought an approach that was congruent with the participatory processes central to their Wellness groups.

This demanded innovation. A Creative Reference Group (CRG) comprising older women, health professionals and university researchers was established to design the direction and nature of the evaluation. This dynamic initiative involved older women in a pivotal role in designing the methodology and promoted and used those women's skills, knowledge and experience in the collection and analysis of the data. The principles and practices of participation were central to the process.

Because it was designed to extend the discussion about issues of wellness and wellness activities for older women in three OWN Wellness groups, rather than be a comprehensive evaluation of wellness and Wellness groups in general, *Kicking up Autumn Leaves* focuses on women's stories of wellness.

These stories provided a rich source of data about women's lived experience and their particular perceptions of wellness. The responses revealed not only women's individual experience, but also significant contextual settings and social conditions that enable us to develop a more comprehensive understanding of the many interrelated factors that generate and sustain wellness.

The Functional Health Status and Wellbeing questionnaire (The SF-36) was also administered in the three Wellness groups to provide us with a profile of women's physical and psychological wellbeing.

Across the whole inquiry there were three main areas of discovery:

1. Although wellness will continue to be hard to grasp, because of its holistic nature, we now have a much richer, detailed and grounded picture of what types of activities are effective in enabling wellness.
2. We now know that the processes used by OWN are effective for setting up and sustaining Wellness groups.
3. The use of participatory and narrative research methods, which are congruent with OWN's wellness philosophies, resulted in a richer body of data, as well as being more acceptable to the participants, than if the study had relied only on quantitative data.

Specifically, the evaluation found that:

- Wellness groups provide an affordable gateway for older women's journeys into wellness.
- Women's wellness activities enable them to challenge stereotypes of older women and replace them with a growing realisation that they are valuable and empowered elders and potential leaders within their communities.
- Wellness groups' culture of acceptance and self-direction is central to enabling wellness and providing support for the development of self-esteem, confidence, courage and emotional intelligence.
- Support for lifelong learning is a vital aspect of wellness and leads to the development of new skills and an improved sense of wellbeing.
- Social action, advocacy and citizenship develop through wellness activities, and women became more competent and active citizens.
- Epiphanies brought about transformative understandings of wellness and led to women trying out new activities, taking meaningful risks and changing their sense of themselves.
- Expressions of wellness are complex and often paradoxical. As these expressions are not easily mapped or measured, Wellness groups, their activities and research with them

must be approached in ways that reflect this richness and complexity.

This evaluation was successful in building a new and sustained partnership between older women's Wellness groups, health professionals and university researchers. As a result of a collaborative evaluation methodology, all involved now have a shared ownership and understanding of the data and will continue to collaborate in advocating for particular policy directions relating to older women's wellness and health.

## KEY RECOMMENDATIONS

We recommend that:

1. National, state and local agencies support the operation of initiatives like OWN Wellness Centres. Because of the demonstrated resourcefulness of the participants, practical support may come in many forms:
  - funding
  - providing paid staff to work with the volunteers in Wellness
  - providing rent-free space that is suitable for the activities
  - including Wellness activities in social and community service plans, as well as considering Wellness activities when designing new facilities and buildings.

2. A longitudinal study in a new program site be undertaken. Such a study will need to be thorough and sensitively designed in order to examine the cost effectiveness of the OWN wellness model. The funding needs to at a realistic level and extend for a period that is long enough to demonstrate useful results.
3. Research methods for evaluating such projects need to be congruent with the philosophy, content and processes of wellness.
4. Future initiatives, such as the establishment of additional OWN Wellness Centres, be grounded in the community development philosophy of the program and involve groups of local women in a prominent collaborative role.



# The Evaluation Project

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This inquiry was a pilot evaluation undertaken in OWN Wellness groups in three suburbs of Sydney. As a pilot study, with limited time and resources, our emphasis was on finding out what value the women placed on two aspects of wellness: women's perception of their particular Wellness group and its activities, and what wellness means to each of the women involved. This was done by enabling the women to tell their stories of wellness in their own words.

The stories were supplemented by the SF-36 questionnaire, a 36-item self-report health survey used to assess perceived functional status and wellbeing (see Section 3 – Evaluation Methodology, for a full description of the story harvesting and SF-36 methods).

It was not designed to be a comprehensive study of these Wellness groups. The women involved in the evaluation self-selected by agreeing to tell their stories and by answering the SF-36 questionnaire. As a pilot study, we wanted to paint a full picture of wellness for older women and of the contributions of the three Wellness groups in supporting their members. We expected that our study would generate many additional questions. It is our hope that the value of our approach to evaluation, plus the important questions raised, will inspire others in further studies.

## AIMS

We wanted an evaluation that would extend our understanding of wellness in older women and to do that in ways that enabled participation by the older women involved. In particular, we were interested in what the women who attend the Wellness Centres thought. The evaluation aimed to contribute to:

- › understanding wellness and its relationship with wellness activities for older women
- › the design of effective policies and programs for supporting older women's wellness, and
- › the design of effective and appropriate methods for evaluating wellness.

## CONTEXT

### **'Older Women' - Demography.**

OWN identifies 'older women' as women over 50 years of age and/or those who identify as 'older'. Older women's lives demonstrate the interplay of the structural, social and individual factors that influence health and wellbeing. In Australia, many women spend significant periods engaged in family care, with less engagement with paid work than men. Opportunities to acquire sufficient resources to support themselves adequately in retirement

are thus limited (Olsberg 2005). Such gender inequity has generally been ignored in recent government discussions of the ageing population (Lee 2005), as in the *Intergenerational Report* (Costello 2002), although issues for the ageing of the population generally are discussed broadly at both policy and media levels. As health care and opportunities for healthy behaviour become increasingly privatised, those on low incomes become disproportionately affected.

Other structural issues that may prevent women from engaging in exercise and other forms of leisure activity include the gendered nature of place, with sporting clubs and facilities serving primarily men's recreational interests. Furthermore, women in rural communities may experience more difficulties than their urban counterparts (Warner-Smith & Brown 2002). Ethnicity, culture and religion may reduce access to facilities as a result of gendered practices. Older women generally engage sub-optimally in physical activity, with poor participation rates exacerbated by lower socio-economic status (SES) and non-English-speaking backgrounds (NESB).

## **Wellness**

The discussion about the meaning of wellness has been evolving both nationally and internationally since the 1980s (MacDougall 1999). The current literature is increasingly supporting a holistic understanding of wellness that

involves a lot more than illness prevention. Such holistic views emphasise that wellness must take into account a range of spiritual, intellectual, physical, emotional, environmental and social factors (Anspaugh, Hamrick & Rosato 1994; Ardell 1998; Eckersley 2005a, 2005b; Eckersley, Dixon & Douglas 2001; Mills & Brown 2004; Stallibrass 1989; Williamson & Pearse 1965).

Wellness provides an important focus for health promotion in that it encourages people to increase their control over their health (McMurray 2003). This necessitates not just individuals accepting greater responsibility, but more importantly that our policy-makers and relevant institutions take responsibility for enabling and resourcing wellness initiatives. This requires such groups to take into account wider political and social influences. Emphasising a holistic approach, wellness initiatives tackle a wide range of social determinants of health. For example, they identify and address the structural and social inequalities that are major barriers to wellness (Jamner & Stokols 2000).

One community endeavour still considered by many to be a groundbreaking initiative was The Peckham Experiment, which was conducted in Peckham (London) just before and after World War II. As part of this 15-year study into the 'causes' of health and wellbeing, research was undertaken in a community centre, designed to enable members of the

local community (if they so chose) to meet their recreational, communal and health needs. Some of the keys to enabling wellness included providing a supportive environment and recognising that wellbeing is a process that requires freedom and opportunity to experience being in mutual and creative relationships with others and the environment. With this provision of support for self-direction, health and wellbeing became both emergent and 'contagious' (Scott-Samuel 1992; Stallibrass 1989; Williamson & Pearse 1965).<sup>3</sup>

A more recent study of a community health centre in the United Kingdom also concluded that the success of the centre in delivering health promoting and wellness practices was based on its experimental, holistic and relational approaches (Frogett, Chamberlayne, Buckner & Wengraf 2005). The research highlighted the difficulty encountered by this centre's approach of adopting open-ended, relationship-building strategies in a political climate dominated by target-setting and regulatory governance. This same climate of regulatory, performance and outcome-driven community services is also currently a potential barrier to such initiatives in Australia.

The need to address issues relating to wellness for older women is being increasingly acknowledged, although the literature in Australia in this area is still sparse (Leonard 2000; Onyx, Leonard & Reed 1999; Wieneke, Power, Bevington & Rankins-Smith 1999). Several reports in Australia have been pivotal in both describing the dynamic nature of older women's wellness and in advocating for the establishment of Wellness Centres throughout the country. In these documents women stressed their need to operate as equal partners and participants in developing their own health and wellness services, and indicated the importance of a rich qualitative description of the nature of wellness in evaluations (Southcare Wellness Centre 1997; Northern Sydney Health 2003a & 2003b; Older Women's Network 1992, 1993, 1997, 1999, 2000; Windus 2000).

### **Wellness Groups**

The wellness activities run by OWN are a remarkable and rare phenomenon. They are a genuine participant-initiated, evolving program for the promotion of wellness. Since the first Wellness Centre was established in 1995, the initiative has successfully 'seeded' seven centres in NSW, although only one has received recurrent funding.

<sup>3</sup> Recent Australasian initiatives, partly inspired by the Peckham Experiment, include a proposal for 'Healthy Living Centres' in New Zealand (Hoare 2005) and 'Life Centres' in Canberra by Stephen Boyden (2004) and colleagues at 'Nature and Society Forum' ([www.natsoc.org.au/html/life\\_centres](http://www.natsoc.org.au/html/life_centres)). A related, though much narrower, earlier initiative in ACT – established in 2001 to provide 'consumer space for psychosocial support ...to respond appropriately to the needs of those with serious mental illnesses' – was evaluated, as in our study, using a mixture of qualitative and quantitative methods (Mikhailovich, Lilley & Rogers 2003).

The three Wellness Centres evaluated for this pilot project have diverse histories, facilities, and socio-economic conditions, but they share the same commitment to providing health-promoting wellness activities for older women based on a model of wellness developed by OWN (Older Women's Network 1993):

- *Bankstown OWN Wellness Centre* was the first in Australia and was originally set up in 1995 as a pilot centre, funded by the National Women's Health Program. In 2005 it had a multicultural mix of more than 200 women, 57% of whom had a non-English-speaking background (NESB). The centre offered 16 activities, spread over three days per week, at four venues, for 40 weeks per year (for a list of activities for 2006 see Appendix 1a). The program of activities is available in English, Arabic, Vietnamese and Greek. The Centre has recurrent funding from the NSW Department of Health, which enables it to employ a four-day-per-week coordinator, working together with a nine-member volunteer project team.

Demographic information was collected from women who completed the SF-36 questionnaire at each of the three Centres (see Section 3 – Evaluation Methodology, page 18). Women attending the Wellness Centre at Bankstown had an average age of 66 years (range 47 to 86 years), and had been attending wellness activities for an

average of four years. Over half (52%) indicated that they speak at least one other language than English at home, demonstrating their ethnic diversity.

- *Chatswood OWN Wellness group* (sometimes referred to as 'Wellness Northside') has been meeting since 1996 on the northside of Sydney in premises rented from the local council. It has never had recurrent funding. During the study period it was providing three activities each Wednesday, with an average of 35 women attending one or more activities each day (for a list of activities for 2006 see Appendix 1). In the past it has attracted one-off grants and employed a project worker. However, it now operates successfully without a paid worker and survives on limited funds, support from NSCCHP and occasional small grants from the local government Community Development and Support Expenditure scheme.

Women attending the Chatswood Wellness group are on average older than women at the other centres, with an average age of 78 years (68 to 87 years). They had been attending the group for an average of seven-and-a-half years. Only one woman (6% of the 17 women who completed the questionnaire) indicated that she speaks a language other than English at home.

› *Sutherland OWN Wellness Centre* was set up in 2001. During the study period it was operating over two days of the week, offering nine different activities to its 140 members. It also hosts two monthly lunch discussion groups for socially isolated women, and organises computer classes (for a list of activities for 2006 see Appendix 1). Older women become mentors and role models for other women seeking to access new technology. The Centre began with a grant from the local council, which also provides the premises rent-free. Seeking funding from business and government takes up a substantial amount of the core group of women's time and effort. Annually the participants offer their comments in an evaluation process. These are used to determine the activities and topics for discussion for the next year's programs. This process puts into practice the OWN policy of 'by older women for older women' and ensures all feel included in a collaborative decision-making process.

Of women completing the health questionnaire at Sutherland, the average age was 72 years (range 52 to 94 years), and they had been attending the Wellness Centre for an average of just under three years. A language other than English was spoken at home by 5% of the women.

OWN Wellness participants find out about their local groups from a variety

of sources. These include word of mouth, the OWN NSW website, paid advertisements and community announcements in local newspapers, including ethnic press where possible, and distribution of programs to organisations such as local councils, libraries, community health centres, women's health centres, divisions of general practice, hospitals, neighbourhood centres, and physiotherapy, social work and psychiatry departments (for more information on these three Wellness groups see Section 5 – Findings, page 33).

### **Wellness Groups and Health Promotion**

Wellness is a central aspect of health promotion philosophy and practice. At their best, Wellness groups and health promotion are based on a people-centred, participatory process of enabling people to have more control over improving and maintaining their health. NSCCHP is committed to advocating for health promotion and wellness and facilitating change and education in that direction. It has, for several years prior to this project, supported OWN's Chatswood Wellness group with small grants, which OWN has succeeded in using to support its activities stretching out over a long time.

NSCCHP generously took on the role of administratively facilitating this evaluation, which involved two Wellness groups outside their jurisdiction.



# Evaluation Methodology

## METHODOLOGY

This evaluation is based on qualitatively harvesting older women's stories. Central to harvesting stories was the women's participation in all aspects of the evaluation.

As a supplementary method, to provide us with a profile of the women's physical and psychological wellbeing, we measured functional health status and wellbeing using the SF-36 questionnaire (Ware 1993; Ware & Sherbourne 1992). Additional demographic data were collected from women at the same time.

This mixed-method research was designed to capture a more comprehensive understanding and diversity of perspectives on wellness and wellness activities (Greene 2000). Each of these methods has a different purpose and set of assumptions.

Our storytelling/harvesting approach enabled us to:

- › explore the richness of individual and social meaning using the women's voices
- › involve evaluators and subjects in democratic and participatory decision-making
- › build local capacity through a practice of inquiry, learning and program improvement, and

- › be congruent with the beliefs and practices of OWN Wellness groups.

The SF-36 is an international instrument that:

- › is a quantitative, objective and standardised measure, and
- › enables the measurement of wellness at a specific site to be compared with national data.

## METHODS

### Harvesting Women's Stories

*I really loved the storytelling approach - this is the first time I have been involved in such an innovative, enjoyable and personalised research strategy.*

Patricia, NSCCHP



*I loved the whole storytelling process from start to finish and was really excited when I heard harvesting stories was the preferred approach for our evaluation. It consolidated my view that storytelling is a really powerful strategy and works well with both community groups and health workers.*

Robyn,  
NSCCH Women's Health

We believe that our participatory story-harvesting approach contributed significantly to the wellness of the older women involved. Because we took this collaborative approach, the method continued to evolve and be refined throughout the study. In particular, the level of participation expanded so that older women became increasingly central to the evaluation process, rather than being the recipients of the researchers' analysis. The older women were trained to conduct the recorded interviews and facilitate the group discussions at which the stories of wellness were harvested. In each of the three Wellness groups older women took responsibility for recruiting women to tell their stories, and they harvested stories over a period of several months. Women who had conducted the interviews were invited, along with others in the CRG, to thematically analyse the transcripts through a series of three workshops.

*While I have tried some collaborative research projects in the past they were less ambitious than 'Women Owning Wellness'.*

*This would be the first time where we set out explicitly to do it right and it has worked wonders.*

*The mix seems right on so many levels - first and foremost the people, but also content with research method; Wellness practice and story telling.*

Pete,  
Assistant Director, NSCCHP

We harvested women's stories of wellness from the three Wellness groups by recording older women's descriptions of their experiences and how these experiences related to OWN's Wellness program.

Harvesting personal stories is a method used by ethnographers interested in exploring how participants live their lives in the context of their diverse values, beliefs, practices and environments (Chase 2003; Clandinin & Connelly 2004; Czarnlowska-Joerges 2004; Have 2004; O'Leary 2004; van Manen 1990).

Using storytelling as a health promotion tool can take diverse forms (Johnson 2004; Labonte & Feather 1996; Labonte, Feather & Hills 1999; North and West Metropolitan Region 2004). There has been an increasing emphasis on using narrative methods in health research, including the use of structured storytelling, discovery interviews, narrative correspondence and open or solicited diaries. The act of being involved in storytelling often provides a positive, healing and transformative experience, as well as the possibility of social change (Milligan, Bingley & Gatrell 2005; Rappaport 1995; Razack 1993; Williams, Labonte & O'Brien 2003).

The approach we chose was harvesting stories through ethnographic interviews with self-selected individuals and groups within the three Wellness Centres. The project came alive as the women had a direct

voice in describing their emotional, spiritual, social, physical and intellectual responses to wellness, rather than having these mediated by a researcher. This 'thick description', as Geertz (1973) called it (see also Ortner 1997), seeks to reflect both the diversity of the women's experiences and their explanations of everyday events. By focusing on individual experiences, information about the women's social conditions were also revealed, enabling a more comprehensive understanding of the interrelated factors involved in wellness.

In keeping with the diversity of women involved in OWN, our harvesting of stories included four options:

- one-to-one, recorded semi-structured interviews (for those who preferred to tell their story alone in a flexible and conversational way)
- recorded group discussions (where women met to share stories and help shape each other's explanations and memories)
- creative expressions such as poetry, painting, collage and songwriting (for those in the groups who wanted to express their ideas in other forms), and
- email and other written stories (for those who preferred to write alone).

Narrative evaluation is an addition to the more common quantitative evaluation methods used in health promotion. Many of the narrative approaches involve health

professionals, researchers and service participants in some kind of participative process. We chose to include older women and health professionals in harvesting of stories. This necessitated a series of training workshops.

### Training

*I appreciated being given an opportunity to learn some interviewing skills. I think some more role-playing, observation and feedback would have been good – as frightening as that can be.*

*If there had been more time available it would have been good to be able to put into practice some of our learning 'on the job' and then come back with more feedback.*

*However time was of the essence and in the short time available I feel a lot of valuable information was provided.*

Jan,  
OWN Wellness Project Officer, Bankstown

The CRG decided that, rather than the researchers doing the interviews, any of the older women from OWN who wanted could be trained as interviewers and group facilitators (see Appendix 2). Our decision was based on the premise that peers have empathy with the women whose stories are harvested and that, with appropriate training, including the ethical aspects of interviewing, this can lead to increased participation and better responses from the storytellers.

Our approach to story harvesting was one that perceives interviews and group discussions as open conversations – as exchanges of views during which women seek knowledge and understanding together. This is different from being a detached, uninvolved ‘expert’ interviewer or facilitator holding firmly to a set of fixed questions. It necessitates a significant amount of listening, empathy and improvisation by the interviewer (Bloom 1998; Fontana & Frey 2005; Hesse-Biber & Leavy 2004; Reinhardt 1992; Rubin & Rubin 2004).

The training, which took place over two days with 20 participants drawn from the three Wellness groups and from health professionals, was designed to:

- › provide an overview of story harvesting as an approach to evaluation
- › allow for collective design of the guiding questions to be used in harvesting stories
- › provide an opportunity to learn about, and practise, semi-structured interviewing and the facilitation of group storytelling, and
- › allow people to understand the application of ethics to this form of evaluation.

The story harvesting questions we developed focused on three main themes:

- › the Wellness groups and their activities
- › what wellness means to the participants, and
- › personal stories of developing wellness.

Proposed themes and questions were initially drafted by the CRG and were further developed and refined during the training, particularly as we practised interviewing and group facilitation (see Appendix 3).



Health professionals in the CRG were also invited to the training. It was during this period that it became clear that older women were the ones who would be most effective in harvesting the stories. As one professional put it:

*The biggest learning for me was to sit back and realise where the wisdom and experience lay. A big awakening.*  
Patricia, NSCCHP

In addition, by all of us being experientially involved in the training we came to understand more fully what the process of story harvesting actually entailed.

*We made the health professionals  
(and I include myself here for a sec)  
have a go at telling their stories.  
And we all participated in the painting exercise.  
So I think that we all got to experience the  
process we were asking others to undertake.*  
Cara,  
Liaison between OWN & NSCCHP



Feedback from the training indicated that the women felt that they needed more time, practice and demonstrations to feel really confident about their interviewing and facilitation skills. We recognised that it was a huge expectation that the older women would feel prepared in two days, but the subsequent transcripts indicated that the interviews and groups were conducted well. It seems that the older women's involvement and passion for wellness and Wellness groups enabled them to listen, improvise, share their own experiences and converse effectively. The interview questions became more of a guide than a rigid way of interacting.

At the beginning I felt inadequate in my interviewing technique.  
I feel much more confident now about tackling further fields of stories to be harvested from wellness activities – the ones in place and those to come.  
Noreen, OWN Woman



*Normally you have consumers and professional researchers.  
We had participant researchers.  
I think the boundaries crumble really, really easily and this has been a process of all of us learning something;  
and that you wouldn't expect, at the beginning, for any of us to be doing it perfectly, that develops over time.*  
Bev,  
Research and Evaluation Co-ordinator  
NSCCHP

The spoken stories were recorded (on audiotape) over a period of five months, and the tapes were transcribed using a professional service. The transcripts were given back to the participants for editorial approval and possible second thoughts. Other stories were collected

from handwritten and email offerings, and from creative expressions.

Only two visual creative expressions and three poems were submitted. This area of data collection did not produce as much as we had hoped. It was perhaps a bit too ambitious to expect a greater response given the limited time and resources available. On reflection we recognised that we had devoted much less effort to the harvesting of these expressions in comparison to the stories.

### **The local evaluation hubs**

Older women in each of the three Wellness groups took responsibility for the story-harvesting process in their areas. This was a pivotal part of the women owning the project. It involved



a huge amount of both creative and administrative activity, including advertising the project and providing, over several days, information sessions that detailed the nature and purpose of the project. An example of Sutherland Wellness Centre's approach to this is outlined in Appendix 4. It is interesting to note that one woman encouraged her peers to be involved in the storytelling with a poem.

### **Tell us your story!**

Tell us your story, oh please do  
 Tell us of wellness, and what it means to you  
 We all love a story, so come sit with me  
 And together we'll learn of its meaning for you and me.  
 This wellness centre, what activities do you do?  
 And how are they affecting you?  
 Do you feel that you belong?  
 Or what might we be doing wrong?  
 How often do you come along?  
 Do you feel you have become strong?  
 Stronger in the things you do?  
 Strong of mind to think things through?  
 Wellness in so many ways helps us through all our days  
 Because we travel many paths,  
 Sometimes we cry, sometimes we laugh  
 So tell me, please oh tell me do.

(Written by Kathy Stathis  
 from the OWN Wellness Centre, Sutherland)

NSCCHP took central responsibility for supporting the local hubs by having the tapes transcribed, keeping records of the transcripts, and providing superb backup and support for the training and analysis workshops.

### Analysis

To be consistent with our commitment to participation we decided to analyse the transcripts collaboratively. The members of the CRG and the older women who had conducted interviews were invited to participate in a series of workshops, during which we thematically analysed the transcripts. This involved using coding, annotating and searching for interconnections as a simple and effective way to work with the transcripts and written stories. We determined the themes by examining ideas that were frequently repeated, contradictions between stories, and one-off ideas and suggestions in relation to wellness and wellness activities.

At three separate workshop days, over a period of two months, the transcripts were analysed by a group of 16 people (see Appendix 5). The workshops provided learning about thematic analysis at the same time as actually undertaking the analysis. One of the university researchers then took all the transcripts and finalised the details of the seven themes that were identified. These provide the framework for Sections 5 and 6 of this report.

The themes that were constructed from the efforts and interactions of 16 people were far more multilayered in meaning than they would have been had one person conducted the analysis. Many of the participants now have the capacity to pursue continuing evaluations themselves, and all involved now have a shared ownership and understanding of the data. Informed by this data and by this evaluation approach participants are able to advocate for particular policy directions relating to older women's wellness.

*I love the way the project has emerged.  
Together we have a strong ethic of participation.*

*Each time we had to make decisions about the next phase, we would say, 'lets all do it', which meant that we had to learn our way into it.*

*I remember when we decided to analyse the transcripts, I said, 'I've analysed with three others before, but with sixteen - this will be learning for me!' One of the women laughed and said, 'that's good'.*

Judy, UTS Researcher

*It's been great to hear over and over from so many women, their unique description of wellness. I always knew we were doing something right at Bankstown.*

Jocelyn, OWN Woman



*There is the wonderful message that this research is giving that this model of wellness works and has tremendous implications for older women. That I guess is the icing on the cake for me. When something I have believed in is shown to be correct I can stand a little taller.*

Renate, OWN Woman

*I love listening to people's stories,  
wondering with amazement at the  
experiences and strength that come from  
ordinary people.*

*I loved the smashing of stereotypes,  
I loved the bravery, the thoughtfulness,  
the acceptance, the humour and the  
streetwise-know-how.*

Chris, NSCCHP

## Ethics

The ethics of story harvesting was emphasised in the training and backed up with a consent form to be signed by all participants. This was a requirement of the ethics approval, which was granted by the Northern Sydney Health Ethics Committee. Story harvesting requires sensitivity to feelings that might emerge during or after the telling. It was also important for those who told their stories that their identities would remain confidential and that they had the opportunity to read their transcripts and make any changes they wanted. The names used in Section 5 – Findings, have been altered to keep that confidentiality.

Ethics was also central to undertaking the analysis. This area of ethics was more difficult to manage. We took care to give the transcripts for analysis to people from a Wellness group other than the one they belonged to, and to delete any names from the transcripts. As some of the people analysing transcripts were interviewers, and some members of the CRG had been interviewed, some of the identities of older women were known by some people. After the first workshop the

complexities of the ethics had to be reinforced, to ensure that those identities were not inadvertently revealed. Overarching all this was an undertaking with each person in the analysis workshops to maintain the confidentiality and anonymity of the women in the transcripts.

## Functional Health Status and Wellbeing (The SF-36)

The SF-36 is a 36-item self-report health survey used to assess perceived functional status and wellbeing (Ware 1993; Ware & Sherbourne 1992). It is comprised of eight dimensions:

- physical functioning
- role-physical (perceived impact of physical health on role performance)
- bodily pain
- general health
- vitality
- social functioning
- role-emotional (perceived impact of emotional health on role performance), and
- mental health

(the dimensions are described in Section 5 on page 73).

The SF-36 is considered a valid measure of the general health of Australians (McCallum 1995) and has been validated with older populations.

Demographic data included Wellness Centre, postcode, age, living arrangements (alone; husband/partner, extended family, other), language spoken at home, and years attending wellness activities. The data were used for descriptive purposes and to enable comparison of scores on SF-36 dimensions between the centres.

Participants were invited to complete the SF-36 as a one-time activity. It was administered at three centres: Bankstown and Chatswood in Term 3, 2005, and Sutherland in Term 4, 2005 (the Wellness program generally runs parallel with the four school terms). Only interested and willing participants filled in the questionnaire. It was self-administered, took up to 15 minutes to complete, and was collected immediately upon completion. Women of non-English-speaking background were supported to complete the questionnaire if necessary. Those with poor fluency and low English literacy were assisted by a centre member who read out the questions in English. Alternatively, the survey was read out in the woman's native language by a speaker of the same language. The survey was also read out by a group leader to one larger group of Greek women. At all times the survey participants completed the survey themselves, and great care was taken to preserve confidentiality of responses (data collection materials are in Appendix 6).

Data were entered to an MS Excel spreadsheet and were subject to computer validation and verification checks to identify anomalies. The software analysis package SPSS v14 was used for data analysis, which involved descriptive statistics and multiple regression analysis. These are described in Section 5 and in Appendix 7.



# The Process

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Here we tell the story of how the story-harvesting aspect of the evaluation evolved. At the centre of our process was the equitable participation of the older women. Consultation with the community is considered desirable in health promotion (Crisp, Swerissen & Duckett 2000; McMurray 2003). Many evaluation methods proclaim the rhetoric of participation, but the extent to which that is practised varies widely. In this section of the report, members of the Creative Reference Group, which was the decision-making group for the evaluation, reflect on our participation in the project.

## PARTICIPATING

Participation was a key aspect of this project and as important as our other findings about wellness. Consequently, the inquiry process was designed to be as participatory as possible, thus ensuring a good fit between the research process and the activities being looked at.

*R - There was an equality in this project that I've never experienced.*

*L - I think that's what loosened our tongues!*

Part of a conversation between Renate & Laurel, OWN Women.

Our participatory process did not imply agreement, although there was a remarkable coalescing of ideas and practices. Because we felt that we

could speak out, we readily shared our critiques of the process, challenged ideas and suggested improvements.

*Most of the OWN women involved have been around long enough to know how ugly group politics can get (especially with the bureaucrats). Without thinking, we have one eye out for the alternative agenda. But in this project that eye has been just casually taking in the view and clarifying the context. It felt right from the beginning and we have all learned that we have a common goal and a common interest. We still had the opportunity to caucus, but we only used it to confirm that we were happy to speak for ourselves.*

Cara,  
Liaison between OWN & NSCCHP

The process was enjoyable for everyone involved. Together we expanded our understanding of ourselves, each other, our evaluation methods, wellness, and the nuances of participation.

*I want to talk about the pleasure, yeah pleasure is a good word, to be involved in something that provided lots of enjoyment, brought up ideas that made me think of my own life, the way I work, getting older and how to build a meaningful life.*

*So those things will not stop when 'Women Owing Wellness' is completed. It was about the creation of genuine relationships around a piece of work and it brought those parts together that often struggle to fit. Working at what has meaning.*

Chris, NSCCHP



*The whole of the process for this project has been unique - fun, joyful, full of rich wisdom, knowledge and experience, humbling and inspiring.*

Patricia, NSCCHP



*I think it is very exciting to be involved in evaluating a Wellness model that is process driven, using a process driven evaluation strategy.*

*That sounds incredibly wanky, but I reckon that that's part of why we have all enjoyed it.*

*Whether or not we are all process driven people, I think we are all people that recognise the value of process, and that's what has been reflected in the whole project. We have not made the mistake of saying 'that would be nice but it's just too hard'. We have all the way, from the decision to even do it, said lets give it a try. And I think that's why everything has gone so smoothly too, because we have been prepared to go with it and just trust each other.*

Cara,  
Liaison between OWN & NSCCHP

## EVALUATING

This project started because women from OWN wanted their wellness work evaluated. This is in itself unusual, as evaluations are generally imposed by funding bodies rather than initiated by service providers eager to examine their effectiveness.

*It can be very frustrating knowing you are involved in a project that's good - a project that's cost effective and working but still not being able to attract recurrent funding.*

*I did that with Northside for many years. I was even more frustrated by the fact that we had tried on several occasions to get the money to evaluate the project and failed.*

*So I guess by the time this evaluation started I was feeling like my own wellness was in jeopardy.*

*I was also somewhat defeated.*

*I was worried about how we could evaluate the project I had been working on when it no longer had a worker, and no foreseeable way of getting funding in the future.*

*My cynicism was heightened by the notion of finally doing the evaluation after we had removed most of the support.*

*A sort of 'lets find out its fantastic while we watch it die'.*

*Maybe I was just tired.*

*Anyway, some of us talked a lot about it (evaluating) informally, and eventually decided a meeting should be called for all the OWN wellness groups.*

*We had our first meeting and Pete suggested we could get some 'real academics' so that we could try to do something a bit different.*

Cara,  
Liaison between OWN & NSCCHP

It was Cara, quoted above, whose passion, persistence and perception were hugely important in getting this project off the ground. OWN women approached NSCCHP, who in turn asked two researchers from UWS and UTS to be involved in initial discussions.

*The day I met everyone great ideas for the project were being bounced around in a somewhat chaotic meeting with lots of laughter.*

*The women knew what they wanted, and their clarity about needing the evaluation to be creative and collaborative resonated with me. The health professionals seemed eager to support the women's process rather than dictate an approach.*

*I knew this was a group that I could enjoy working with.*

Judy, UTS Researcher



*Because of my enthusiasm I was quite anxious as I entered the room where I was to meet the group of older women responsible for this initiative.*

*There were some similarities to feelings I've had on a first date – a mixture of unlimited expansive hopes and meaningful collaborations together with fears of disappointment and possible rejection.*

*I was absolutely bowled over by the clarity and competence of this amazing group of determined and effective older women, and was relieved to find they were willing to share their stories with me, and were genuinely interested in what I had to share.*

*I felt privileged to have this opportunity to learn about their experiences and to possibly be able to support them in their important project.*

Stuart, UWS Researcher

The women were clear that they wanted to be involved in the process of evaluation as equal participants, in keeping with the way Wellness groups are run. A good working relationship already existed between OWN wellness, NSCCHP and NSCCH Women's Health Service. The latter has always had strong links with OWN and older women's Wellness groups. Collaborative initiatives have included a series of community information forums called 'In Our Own Time' (Northern Sydney Health 2003b), specifically funded preventative health projects, the employment of a Women's Health Education Officer focusing on wellness initiatives, health information discussion groups, the development of 'Mind the Gap' (a risk management strategy for wellness activities) and support for local Wellness groups. NSCCWHS continues to celebrate this partnership through its participation in this pilot evaluation project.

## COLLABORATING

The discussions evolved and, at the point where the older women, health professionals and university researchers were all comfortable with each other's involvement, the collaborative partnership was agreed on and formalised through the formation of a CRG of 14 people (12 female and 2 male) responsible for making decisions about the direction and nature of the evaluation. The CRG comprised seven older women, five health professionals and two university researchers. All members of the group were strong

advocates for both the older women and participatory approaches.

*In the beginning -  
I thought the group (CRG) may have had  
difficulty in reaching consensus because  
so many were part of the group -  
but there was never any problem -  
because of the wonderful way  
in which the group came together.*

Patricia, NSCCHP



*I loved being immersed in the  
immense vitality, commitment, power and  
respect that emanated from the CRG.  
It's a life sustaining way of being and  
that probably sums up the  
whole experience for me.  
And they paid me to do it!!!!!!*

Chris, NSCCHP

Within the CRG, smaller informal groupings took responsibility for particular tasks, in consultation with the rest of the group. These tasks included gaining ethics approval, designing the training, and presenting a conference paper.<sup>4</sup>

Evaluations are often studies done 'on people' with no direct or immediate benefits to those involved in the studies. We chose to design our evaluation so that the story harvesting could be undertaken 'with people'. This reflected the ways that OWN women and their Wellness groups

*I always wondered whether true collaborative research was somewhat of a pipe dream, one could get close to it, but there had to be a little hint of hierarchy. Now I know it can happen and I am so lucky to be part of it. The miracle has happened on both sides, the fact that the bureaucrats, the academics and the consumers could be so completely and excitedly on the same wavelength seems the most amazing part of this experience.*

Renate, OWN Woman

operate, which meant that it involved the older women in designing the methodology and promoted and used their skills, knowledge and experience. Because of this, it enabled all involved to learn throughout the project, and in that sense it was a health-promoting evaluation.

*My experience in the past  
of much research is that of  
being studied as an object  
or part of an age-related movement,  
detachedly and from the top down.  
There has been no such detachment  
in our case.*

*The process and analysis has  
not been 'cold' science,  
but an exciting and genuine  
understanding that human (individual)  
experience and self-analysis informs and  
enriches research.*

Noreen, OWN Woman

<sup>4</sup> The story's the thing', Pat Donaghy, Noreen Hewitt & Christine Pearce, Australian Health Promotion 15th National Conference, Canberra, June 2005 project.

*The assumption that the researchers know best means we are effectively placing a whole field of knowledge generation out of bounds.*

*This serves to constrict and constrain the field of inquiry and imagination.*

*If there is nothing that is beyond inquiry then we can constantly learn/discover.*

*We end up in a zone of appreciation/mindfulness/gratitude/wonder that is above the every day; not quite transcendence but heading in that direction.*

Pete,  
Assistant Director, NSCCHP

The researchers, health professionals and women from the Wellness groups entered into and learned about each other's worlds, something Meme McDonald (1992) illustrates beautifully in her book of stories of older women. In this kind of evaluation process, new relationships develop.

*At one Wellness group that I visited I couldn't resist joining in the dancing. I tripped around the floor grinning and laughing for half an hour, line dancing, folk dancing and Greek dancing with thirty other women who welcomed me warmly.*

*It was obvious that the dancing, and the whole centre, was much more than 'activities'.*

*The support and acceptance I felt, coupled with infectious life energy for creating a place of wellness, was palpable in one visit.*

*Since then closeness, familiarity and friendships have developed.*

Judy,  
UTS University researcher

*I certainly have never before experienced such a process and involvement at a level which developed into genuine partnership, trust and friendship, even intimacy - the latter in the sense of feeling I know in fine detail the commitment and personality of each of you - professionals and also friends.*

Noreen, OWN Woman.

## LEARNING

The health professionals and university researchers continued throughout the project to learn and expand their skills, knowledge and experience.

*In my job as the worker employed at Bankstown, I see 'wellness' happening every day, in so many different ways and on so many levels.*

*This project captures what the participants themselves say about wellness and how life affirming it is for older women.*

*It has been a delight to work with such a wonderful group of researchers, health promotion workers, volunteers and well older women.*

Jan,  
OWN Wellness Project Officer,  
Bankstown



*By accepting that expertise comes in many forms, then every contribution has a place.*

*The mutual growth philosophy of OWN spilled into the project. That made the learnings easy to enjoy.*

Pete, Director, NSCCHP

*Among the many layers of learning that I experienced during the collaborative evaluation process three stand out:  
greater clarity and respect for these women's ways of knowing and engaging (more holistic, relational, inclusive and wellbeing enabling than had been my experience in men's groups);  
the enormous benefits of taking a genuinely collaborative approach to evaluation research (more comprehensive [enabling the emergence of more powerful 'truths'], innovative and mutually supportive in our learning journeys);  
and the realization of the importance of designing structures and processes that can enable individuals to meet their unique wellbeing and learning needs, including particularly their relational needs (this being very different from the more usual situation in which 'professionals' organize activities for 'clients').*

Stuart,  
UWS Researcher



*The learning in this project came at a time of transition for me – as I grow older.  
The wise words from women's stories have resonated strongly.  
I pulled out some quotes from their stories and put them on my notice board.  
I had been looking for an older woman mentor for years.  
Now I have at least 10, with more on offer!*

Judy,  
UTS Researcher



# Findings

## HARVESTING STORIES

### ***Wellness Groups Provide a Gateway for Older Women's Journey into Wellness***

A variety of activities are offered in the Wellness groups around physical movement, access to relevant health information, group discussions, creative endeavours and social opportunities. Coupled with the timetabled activities are informal activities such as women having lunch and coffee together, chatting, organising and planning wellness activities and activities with others outside the groups, such as trips to the movies, theatre and church.

These activities, and the associated development of trust, support and friendship, provide a gateway for developing women's understanding of wellness. For example, one woman (Gail) said that she didn't understand wellness and thought it was a bit whacky, a bit unusual, but came because she liked folk dancing. Later, after support from the Wellness group through a serious mental illness, this woman described a deeper understanding and appreciation of wellness. Her new understanding included both physical and mental dimensions and a personal challenge to be positive in her thinking.

Apart from activities being therapeutic, energising and enjoyable, most of the participants' stories of wellness activities include a relational dimension where support, acceptance and friendships are integral to the activities, as expressed by this woman:

*I'm not looking for perfection,  
I'm looking for what I get out of it –  
the friendship, the fun, talking to  
different people and finding out  
how other people live or did live.  
It's just good.*

(Bronwyn)

Many women told stories about coming to a Wellness group, undertaking one activity, then another, then gradually doing more and finding themselves growing and developing as a person. The process of participating, engaging and bonding with other women through activities gave them the confidence to eventually take on new roles and responsibilities within the group and in their own communities.

Women develop the activities offered in Wellness groups and arrange for facilitators for the activities. Being collaboratively self-directed ensures an evolving and invigorating environment. A study undertaken to review social isolation and loneliness among older people (Cattan, White, Bond & Learnmouth 2005: 62) noted that

programs that 'enable older people to be involved in planning, developing and delivering activities are most likely to be effective'. This was reflected in women's stories and, as one participant said:

*[B]ecause we're the ones that decide what we're going to do, what we're going to have as activities, sometimes you get a say in when we're having them. So at least it is older women for older women, it's not like having a younger boss or somebody from outside saying what we should and shouldn't do. I think that's another really vital part of us owning our own wellness.*

(Bianca)

Devising appropriate activities and self-managing the Wellness groups is markedly different from 'being busy' without deeper consideration about whether the 'busy-ness' is worth doing, as one woman, newly retired from work, pointed out:

*I felt I had to keep up an image, not just sit at home and do nothing, and had to keep going to things and keep myself busy, but there didn't seem to be any point in it at all. So the Wellness centre was like a lifeline to me really. Particularly as I got more involved than I am now. Coming to activities and so on.*

(Jill)

Importantly, Wellness groups offer affordable access to relevant activities and it is that affordability that often brings women to Wellness groups initially.

*That's another thing I think is marvelous – what you pay per term is very little. You couldn't do much for that money anywhere else. It's marvelous really...*

(Caz)

The physical activities that women most referred to were gentle exercises, swimming, aqua-aerobics, Tai Chi, Feldenkrais, drumming and dance. Frequently they alluded to not only an increased sense of physical wellbeing, but also mental stimulation and the relational aspect of developing friendships with others.

*Regular exercise had helped me cope with a spinal injury some years earlier so I looked for ways of strengthening my body. A phrase running around the older community 'use it or lose it' had the ring of truth. Stretching and strengthening exercises were on offer at the Wellness Centre and so I found what I needed physically. A bonus was the friendliness and wisdom of the women I met.*

(Evelyn)



For those who had experienced Feldenkrais, drumming and dancing there was high praise. Often the praise went beyond just doing an activity to include other dimensions.

*I was interested in Feldenkrais because it has a theoretical basis other than exercising muscle groups and gaining strength and endurance.*

(Monica)

For one woman, drumming was the most wonderful thing that has happened to me. It provided a sense of belonging.

*In the drumming, it is such a caring group,  
and such a funny group,  
there is humour there and carrying on,  
and we work hard, I go home tired.  
It's a lovely family and if someone is away,  
it's 'oh we must find out'*

(Ilse)

Dancing was referred to not only as providing exercise and therapeutic follow-up after operations, such as a knee replacement. It was also an opportunity for mental stimulation and physical contact and connection with

others. One woman said that folk dancing was the only physical contact that she was getting from week to week.

*We do a great variety of dances and the amount of concentration that's needed to carry out these dances – we all have to concentrate on what we are doing so it is good for your brain as well as your feet.*

(Effy)



*I like the dancing.  
I was only thinking about it recently,  
why is the dancing so good and so popular?  
I just got the idea that some of the activities,  
although you're in a group, you do need individual help sometimes.  
However, in the dancing group you're mingling,  
you're going from one partner to another and there's dance formations and so on.  
It doesn't matter, every time you change partners you get a big smile and then it's something to do with touching and greeting, all those sort of things.  
Also it's something quite graceful.*

(Nancy)

One woman's poem encapsulates her development from fear of aging to peace of mind through such Wellness group activities.

My inner eye surveys the empty, barren plains of age,  
 How can it be that youth has fled?  
 The many busy years of 'doing' quickly sped.  
 And now there's time to pause,  
 Another stage of life begins.  
 How to traverse those plains so bleak?  
 I hear a voice of wisdom speak.  
 'Don't let the weary body weaken,  
 Use muscles, bones, and what you will,  
 Dance and stretch and best the beast of age.  
 Read and write, chat and laugh,  
 Share your skills with others.'  
 Now the empty plains of age  
 Will fill with movement, laughter, friends,  
 And peace of mind.  
 My fear of loneliness and pain is now assuaged.  
 The ageing process will be kind.

(Evelyn)



The stimulation of intellectual activities, such as visiting speakers and discussion groups, provided benefits beyond learning new information, including being exposed to different people and ideas and developing communication skills.

*Even just the discussions we've had I've quite enjoyed... I must admit now, while it isn't a physical activity, as far as I can see the communication skills are just as much part of your physical (wellness).*

*They're more your spiritual and emotional wellbeing - to hear what other people have to say, to hear what their lives have been like as well. I think I value too the openness of most of the women that I've met, the general acceptance.*

(Pauline)



The presentations and discussions are informative, particularly those on alternative medicine, which I was inclined to dismiss because of my background in sciences. Now I realize it works for some of the people some of the time.

(Monica)

*I like the discussion groups.  
It's good for things you wouldn't  
come across in your own general reading  
and contact with family and friends.  
There is new thinking there –  
that's what I find interesting.*

(Lorraine)

Sutherland Wellness group has Supportive Lunches, developed in partnership with Karimbla Community Restaurant Services. Once a month women meet over lunch with a predetermined topic for discussion. Many do research about the topic before they come. One of the women involved in organising the luncheons, which are particularly designed for women too frail to exercise, said that it had benefited her because she had developed new communication and organisation skills.

*The restaurant looks very nice;  
tables set nicely, people are really nice.  
I feel it's quite a success.  
We had music therapy this week,  
and we were amazed about one lady who  
never talked about herself,  
and we hardly get a word out of her,  
and we found out that she  
was a very good pianist,  
never told us anything about that  
and we were all amazed.*

(Nadia)

Many women volunteer to do the large number of organising activities that help to sustain Wellness groups – organising teachers and facilitators, setting up chairs, taking money,

welcoming new people – and these activities are just as important to them for wellness as the more formally organised ones.

*I was thrilled when asked  
to be part of the editorial group.  
Oh yes, by this time we were  
producing our own Newsletter!  
What a gem of a paper this has  
turned out to be, full of personal parts  
and interesting poems and articles  
contributed by members.  
What extraordinary talent has been shown.  
A chance to let their lights shine!  
With the help of council with the  
production side of the Newsletter  
it has become an interesting,  
informative part of the Centre's focus.*

(Mel)

Other women spoke affectionately about the singing and dancing improvisations and performances that are held regularly. They are enjoyed by the participants and spectators and are seen as providing a celebratory atmosphere.

*They always put on a show and  
they are well and truly attended  
and loved because it's such a lot of fun.  
We have singing, we have talented people  
who can compare sessions of humorous  
stories, we have people who can improvise.  
We have a regular concert  
at a particularly nice luncheon.  
It's a very, very nice atmosphere.*

(Bronwyn)



Women exercised choice around all activities. Several mentioned that they only went to those activities that interested them, although sometimes they were challenged by other women to try new things. Although some women chose only discussion groups, others chose not to be involved in discussion groups. One woman indicated that she didn't go to discussions as English was her second language. This may be a broader problem than this study uncovered.

Women indicated in their stories that there were additional activities that they wanted – some of which are available at other Wellness groups. Sometimes women just wanted more of the same, offered more often and

at alternative times. For example, more physical activities such as drumming and dancing were requested by some because they responded to other needs that women had for bonding, fun and closeness. Several women said they would like more stimulation for the brain. Meditation and creative endeavours, including crafts, music and singing, were mentioned as providing important mental stimulus, especially for those who are unable to do physical exercises.

*Meditation for example –  
there are some women at our centre  
who have said they would particularly like  
something like that because some of them  
have some mental problems,  
and I think old age itself is a powerful  
confrontation...(and)...*

*Creativity – we've got some very creative  
people and a lot derive a lot of pleasure in  
things like painting, ceramics, and other sorts  
of creative handicrafts.*

*There's no limit,  
people come up with wonderful ideas.*

(Nancy)

Another woman suggested the reintroduction of a second-hand clothes market, another a register of like-minded people that you could phone to go out, and another a book trolley particularly for disabled people. The range and availability of activities that can be offered is related to the resources available, an issue taken up later (see 'Social action, advocacy and citizenship develop through wellness activities', page 58).

The story below indicates the link between wellness activities, friendship and connection as experienced by one woman.

### ***'I've Grown Two Inches'***

I've been here now with this Wellness centre for 9-10 years. I read about it in the 'Torch' paper... it was a writing group followed by a discussion group and I thought that could be something very interesting. So I came and it was so interesting and then I came back to do another ... and then I came every week.

When I left work I became very ill with cancer. I had surgery and then I had the chemotherapy and when I went to have the chemotherapy the lady said to me, what height are you? I said I'm 5'4" and she said 'oh in your dreams dear', so when I went to the board I couldn't believe I was just 5 feet and about half an inch and it really surprised me how my body had shrunk and I had become so rounded with my back. So then I started doing Feldenkrais exercise and ... I've grown 2 inches ... by straightening my spine. We have our discussion group and after that we have a program called 'Wellness in Your Hands' where we have a different speaker every week. We've had speakers that have come from different other groups and they've talked on the absolute necessity of having exercise. So I walk continuously, I walk every single day and that has kept my weight down and improved my blood pressure.

Then Julie organised a course called 'Opportunity and Choices', and that built up my self-esteem. Jan organised, through South West Sydney Area Health, a self-management course that talked about our health, how to maintain our health, how to look after our medication and to keep up with the exercises. And that's what I do now.

I'm better and happier in myself than I have been for many, many years. And I would say from wellness, to wellness. My notion of wellness is that you can live only one day at a time. I think that when you are living that one day you have to do the best you possibly can as far as movement goes and what you eat, what you drink. If you get a major illness, well you can cope with it because your body is in a fit condition to cope with it. I am positive. And it's only from the courses that we've done here that it's made me so self-sufficient.

When I came here I'd just retired from work ... and I was at home just with my husband. I sort of got into a bit of a dull routine and by coming here I mixed with women of my own age in the same financial circumstances and we did things that were within our grasp of doing. While I was having chemotherapy one of the ladies would always come with me on the Tuesday when I'd have the blood

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count. My husband would take me on the Wednesday to have the chemotherapy... two years after that, my husband passed away rather suddenly and I think I quite possibly would have dropped my bundle if it hadn't been for the support of the women that were here. They called on me, they phoned me, they were very caring and that was wonderful. So all in all, not only have I learnt how to live healthy and be positive, I would say the Wellness centre has helped me considerably, physically and mentally.

You have to be a very tough old bird to grow old, there's no two ways about that. I have a lot of problems and there are a lot of things that I can no longer do. I can't run up hills, I can't even walk up stairs anymore without puffing and panting, but I don't miss out on anything just because I'm old. I go slowly, and I make sure that I've got now time to read, time to smell the roses, time to go to the movies and a lot of the times I go to the movies by myself because I love to wrap myself completely in the movie and not have somebody next to me saying, 'oh, what do you think of that... oh isn't that terrible... oh I didn't like that'. I like to be a judge by myself. I go with friends to the art gallery, and I go with friends to the theatre. I go to church by myself, but I sit with friends.

And, I just think the friendships that we have in the Older Women's Network, when we have somebody that is sick in the community one of the other ladies will tell somebody else and in that case there's always somebody to say, 'oh did you hear about so-and-so', and somebody will ring her up, or they'll go to see her, without being a nuisance, just on the off chance of doing that. And there's the support of other things when we've had Open Days and things like that all the women got together ... a lot of ladies have made great friendships that they would never have had if they hadn't had the Wellness centre to come into.

(Matilda)

### **Wellness activities enable women to challenge stereotypes of older women**

Older women have been constructed in particular ways by society, and this has influenced many women's view of themselves as invisible, a health burden and silly old women.

*I used to use the word invisible - that was the thing that attracted me to OWN. I read the word invisible in their brochure and used to say that to my daughter. She said 'don't be silly', but that was how I felt.*

(Jill)



*My daughter suggested I come and I remember saying to her I'm not going with all those old women, but thank God I did.*

(Sue)

In particular, women were expected (and they expected it of themselves) to be carers, often without receiving care for themselves or having their value acknowledged and appreciated. Recent figures indicate that women comprise 70% of the primary carers in Australia (Commonwealth Office of the Status of Women 2003: 57). Some women in our stories reached a crisis point.

These oppressive constructions contribute to women's feelings of depression and lack of confidence and in some cases, to illness.

Some women described being caught between what other people wanted of them and what they wanted for themselves. Wellness groups gave them the space they needed to make their own choices.

*...it wasn't until I came close to a complete breakdown that I realized I had to change my attitudes to many everyday things. Mostly I have changed my expectations that family members could read my mind. Once I realized that it was up to me to say when I couldn't do things they slowly began to assist more. Largely I think that family and community, weren't terribly concerned. I think I was expected to cope and so I did. ...it didn't occur to me that I should expect to be cared for and nurtured during this time. I don't think I had heard of the term 'role reversal.'*

(Evelyn)

One woman who had been looking after her husband's friend for 17 years, realised that she was doing too much:

*...because I got into such a state of crisis myself and still am at the moment, because it's not finished yet, and the Wellness centre has been my haven.*

(Wendy)

*I'm a 'we', I'm also an 'I', but my husband of course is not a joiner, he relies on me a great deal for his emotional support, but thankfully now he's doing up the trailer in the garage and every half an hour he'll call me down and I'll be painting in my studio, I'm quite happy, but he'll call me down, have a look at this, have a look at that, have a look at ... and sometimes that's very tiring, you know you want to go out and do your own thing, sort of thing.*

(Terri)



*I had only one day at Tai Chi – a lot of family commitments, caring for my husband and his hip is not too good, so we have to go to water therapy, so I don't really have the time to spend in the centre any more, which is a shame, but maybe things will look better one day. I still like going.*

(Nadia)

That doesn't mean that choices are always easy. For many the struggle to choose often involved *hard work, gearing yourself up, learning to not just be there to serve others and learning to say no.* It raised strong emotions of guilt and worry.

*...being able to make choices, n  
of feeling guilty about some of those choices,  
that is a hard one for me...*

(Pauline)



*...wellness is not having the  
guilt attached to choices you make.*

(Jill)



*I now take time out to read a novel,  
where once I'd have felt guilty wasting time  
on such pursuits.*

*In short I do what I feel I need to do to  
replenish my sense of wellbeing.*

(Evelyn)



*Guilt and worry are two of the worst emotions.  
You ask yourself by worrying am I making any  
difference to the outcome? I changed myself  
years ago. How silly this was.*

(Roxanne)

Some women in a group interview commented about women who chose to stay at home, or who *don't get out and about.* Women usually recognised it as a choice that women made, but sometimes found it difficult to understand why they wouldn't want to be more involved. This discussion is an

indicator of the struggle involved in challenging stereotypes without judging other women, or themselves.

*I think there are quite a lot  
of women who will never see,  
they don't choose to involve themselves,  
whether they can manage to or not,  
they just don't seem to bother.  
Why they do that, sit at home and  
just do housework and the  
same boring things I'll never know.  
It's evidently what they choose to do though.*

(Bronwyn)

Alongside these social constructions of older women there was evidence that through Wellness groups women were reconstructing the meaning of being 'older women'. They were challenging stereotypes and presenting positive models of eldership that recognise women as active and empowered, designing and organising groups that support older women into wellness. For example:

*OWN in the City had given me  
an appetite a little to see these women,  
much older than I was,  
and how delightful they were and  
how they had passionate beliefs  
about where women should be in society and  
what should be happening when you were  
aging, and very much in the political field in  
town, and I was rather over-awed by them to  
be honest. It certainly opened my eyes.*

(Jill)

*I believe centres such as ours help give a sense of purpose and a feeling that there is a place where we can be ourselves and not be judged as just 'silly old women'.*

(Evelyn)



*To get the idea that life doesn't end when you are 65, 75, 85. It is an ongoing process and I think a lot of women don't have that awareness, they think oh gosh I've turned 80 and that's it.*

(Lorraine)

As women claim their feelings and opinions and regard themselves as part of a group, stereotypes are challenged.

*At the weekend I said we were going to dance at the show and they said 'you are going to dance? And I said yes'. Out there, there is a perception of how women of our age should behave.*

(Maureen)



*And you have choices and I guess one of the important things is to own our own feelings, our own opinions and to say I am, I feel, I want. That is really important and in the society we live in that's considered egotistical, selfish and yet we need to talk about what I want in order to make my decisions of where I want to go next and even to be able to say well I'm scared of this, but I'll make it because I've made it before, or I know this woman who's made it and well, she wasn't well, but she got there.*

(Roxanne)

Some, but not all, women confirmed that having a Wellness group for women only was a vital part of their personal journeys towards wellness. For many this was a new stand for them, another way of reconstructing themselves as older women, and challenging stereotypes, having previously been primarily involved in family and social situations of mixed gender. In voicing their concerns they said that the dynamics would change in a mixed group, that conversations and activities would be different, that their ability to have a voice may be threatened and that there would be competition for space.

*Some of the jokes and conversations that come up in wellness talks, you wouldn't say that in front of a man.*

(Jill)



*I don't think men would cooperate.*

(Renee)



*If there were men here I wouldn't feel so free, I'd be very cautious about letting my inner child come out and dance, but because we are women I feel I can be cheeky, mischievous, and I think it's more pleasant – wouldn't have that freedom.*

(Gail)

Wellness groups were originally conceived as providing a need for women only, based on research that was undertaken by Linda Adamson showing that older women were often isolated in society (Older Women's Network 1993).

The idea of eldership, where women are acknowledged as positive, supportive and wise, despite illness and frailty, is a story that needs to be heard. William Thomas (2005: 4) talks about eldership as a time where 'spiritual and emotional dimensions of human life take precedence' and he notes that the old can 'provide a greater insight into and a clearer perspective on the human condition'.

The following story is by a woman from Lebanon who settled in Australia in 1949. She combines her traditional roles of carer with her newfound understandings of wellness that came from involvement with a Wellness Centre. The story begins as she speaks about the Wellness Centre.

### *'I wish I could do more'*

I thought, 'oh God this is what I want!' It absolutely changed my life, my health, my mind – mentally, physically, everything. It made living with my family a lot easier. It was wonderful for me to be able to relax and communicate with my children and grandchildren. I'm contented, I'm happy, I know I've got something else to focus on and they know I'm happy. I think on their conscience they feel responsible to worry about me, and they can't cope with that, but when they see me happy and relaxed I think they relax, which is very important. I know how much we used to worry about our parents, what we will do, so this is a very important thing to provide this facility. It means a lot to families...

I would love to see the statistics about health and older people and how much the government worried about it. Why don't we look at it and do something about it so that older people, men and women, can really have that peace of mind, security, communication, friendship, and it would take a lot from the health system.

#### **So the Wellness Centre does that?**

Yes, exactly, like the Wellness centre, I wish for something for the men. I have a brother; he was busy all his life as a physician and always with the family and nothing outside that. It's a shame to see him going like that. They need this too, it should be provided for everybody, a lot more emphasis should be put on it.

I wish I could do more. I only do a few a week. I hope one day I will sit down and describe it sincerely, how much I feel about it, because I want to share it with the world, I want to talk about it to everybody – come on, go do it, go to Wellness, go and see how much it will open your mind.

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I help my brother...He is a genius. At the age of 16, they called it schizophrenia. Fifty years back they gave him electric shock, it's not like today's understanding of the problem. He is now 63. After I had been to the Wellness centre, my family can not believe, they got a shock, how can I take him, I'm a very sick person, I had major back surgery, I lost my husband, I have a big family, but I'm on my own – you can't do that. I said I can look after him, but from the Wellness centre, the encouragement and confidence I had, be happy, be relaxed, you can do things and cope a lot more. I cope with him – they couldn't cope with half of what I do because they are all still stuck in their own little world, there is nothing for them. To go and explore things, have a laugh, jump, dance, do things, it makes a big difference, it really does, and that's why I can help a lot. I feel responsible to the community; wherever there is a problem anywhere. When your mind works a lot you manage better, you feel a lot happier. This is what the Wellness Centre gave me.

A lot of people turn to me because they know I can manage things. The whole thing is to find a way for everybody, not only me, to have something like this, like the Wellness centre, to give people an opportunity.

I have many stories. You just have to get up and do something, you learn to be confident. Coming to this part of the world where there are Jews, Muslim and Christian, it's very hard and families are very close and protecting each other. We couldn't really move much for a long time. My father was a very strong man, he gave me so much in my life, he dedicated his life to my mother and to his family. If you talk to the people from the heart, it gets into the heart, meaning always be very honest and you can solve any problem. That was the greatest thing, don't be shaky or upset or scared or nervous, speak right from your heart and it will get to the heart. That helps me in every situation, especially when I need that support from the Wellness centre to give me a lot more confidence...

And – fun. Have a dance...

If they did a study or research they would find it will be a lot more economical for the government to support it than not doing it, definitely. I very strongly believe in that, from my experience myself, if I had to be home and not go to the Wellness centre I would be getting sick, go to the doctor, be on medication and all that, so by doing this I'm saving all this and I'm helping others.

They're not planning enough for it. There really should be a lot more of these. They can see the benefit of it and there should be a lot more emphasis on it. The whole community would benefit. If grandparents and parents are well looked after it takes the pressure off the younger people, it takes pressure off the

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government, it takes pressure off everywhere. I'm sure everybody benefits, if that is done it would be the best thing ever they've done for the community. Now they think everybody should support themselves in their retirement, well this is one of the important things too, the wellness and wellbeing of every individual.

(Sharifa)

### **Wellness groups' culture of acceptance and self-direction is central to wellness**

The words that women repeatedly used in their stories to praise their experience of Wellness groups were ones that enabled them to feel accepted. These included words of belonging (bonding, acceptance, extended family), enjoyment (happiness, fun), support (shared understanding, understanding others' problems, respect, empathy, helping others, friendship, nurturing) and development (confidence to do things, sense of purpose, choice, and being able to be myself).

*The other thing I'd like to add is that nobody ever asks who you are, what have you done, where have you come from. You're just accepted as being one of the crowd. That's the thing that comes over so quickly when you come into our centre. It's just incredible. Nobody knows what religion you are, it's never discussed, or what politics – none of that comes into it at all and I think that's so special. When you haven't been there for a couple of weeks and you go, they all come and give you a cuddle and ask if you're alright, say they've missed you. I think that's a wonderful part of the centre and what makes it so special and why people want to keep coming back.*

(Pauline)

*I was amazed how friendly everyone was right away – like minded people, interesting activities, getting out there having fun and I really felt at home right away.*

(Loretta)

One indicator of how these three OWN Wellness group's demonstrate their acceptance, care and support of their participants is the set of systems they have established for connecting with women who have not been at the group for a while. For instance, OWN Bankstown Wellness Centre has a designated volunteer Welfare Officer whose role it is to check on the wellbeing of participants who, for example, may not have attended for a few weeks or have been ill. During 2004-2005 the Welfare Officer made 75 such contacts with individuals (out of a total of 213 participants) either by mail, telephone or home and hospital visits. If the Welfare Officer believes a participant requires extra help (for example, home care) she will contact the Project Worker, who will ring the participant and ask if she would like to be referred to an appropriate service provider.

Similar, more informal support exists in OWN's Wellness groups in Chatswood and Sutherland. Women note others who 'go missing' and a card is sent or a telephone call is made and the women are followed up in relation to any support that is needed.

*It opened the door to see the outside world....  
When my husband died three years ago,  
it was the first place I could see myself,  
to get out of the house  
and join the world again....  
I had been here for about four years.  
My husband died and I stopped coming,  
I just didn't feel I could come here,  
I didn't want to be among a group of people,  
this was the first place I could bring  
myself to come back to....  
When you have been away and return,  
everyone gives you a hug,  
it's lovely isn't it, it's spontaneous.*

(Ilse)

This comment that it's spontaneous links to the findings of the Peckham Experiment noted earlier, in which doctors Scott Williamson and Innes Pearse (1965) identified spontaneity as the 'key to health'. So when women come to Wellness groups they are embraced by this culture of acceptance in an environment in which spontaneous expression is possible.

*Oh honestly, the minute I walked in, you and B,  
the way you welcomed me and the way you took me.  
I had never seen that before,  
it was so wonderful.  
Straight away I felt heaven's doors are open  
for me and I enjoyed every bit.*

(Sharifa)

One woman wondered whether *wellness groups help women migrants more than we realise* (Monica). The feeling of acceptance in the groups, experienced by women from a diversity of cultures, ran through a number of the stories.

*I emigrated from South Africa  
and it was very traumatic.  
I was very depressed.  
I really enjoy coming here,  
the feeling of oneness has given me  
a feeling of belonging.*

(Susan)



*I've always been a joiner,  
and being a migrant, displaced person,  
I've always lived in a community...  
Actually I am a Malt. I've always been a little  
bit depressed and when I found this,  
I found life.*

(Liz)



*If we had had this group when  
I first came to Australia it would  
make such a difference.  
Very lonely, dreadful the first five years,  
and a group like this would have been  
wonderful to go to, there was nothing like it.*

(Ilse)

Also, some of the practical needs of migrants were addressed by being in a Wellness group.

*Mentally I have a lot out of it.  
I know too my English has improved.*

(Nadia)

Other women mentioned the importance of mixing with culturally diverse people, which they might otherwise not do if not for the Wellness groups.

*With the international dancing you learn something about other countries, and I enjoy meeting and making friends from so many people that are there from other countries in our group, which I'm sure I would never have come into contact with if I hadn't joined the Wellness centre, because it's very multicultural.*

(Joy)

*I think the integration of so many people from other countries has been an asset. They find it difficult to join particular groups, for instance a religious group.*

(Bronwyn)

*We don't always sit down and think of the struggle that migrant people have – leaving the country they've been brought up in and come out to something entirely different, but when you hear them it's very interesting to hear what they've said about coming out here and the different activities and things.*

(Marta)



This complex network of different types of friendships is one way to protect against loneliness among older people, according to research by Stevens and Tilbury (cited in Cattan et al. 2005) and to some of the women. For example, one woman felt that the discussion groups guarded against isolation.

*Perhaps because I'm on my own, it's good.  
I can actually talk to someone,  
and hear what other people are thinking and  
you don't feel so isolated.*

(Loretta)

The following story illustrates the power of acceptance, support and friendship between diverse cultures.

## ***'Happy With Your Friends'***

I wish I could help somebody who has problems because I was in deep trouble when I first had the problem. I needed someone to talk to. I had a tumour on my left arm, on the bone, on the joint – on the left scapula. They removed it and it wasn't very successful. Then the doctor said this time you will have to have radiotherapy because it's weak and they keep operating on it. So I went and had treatment for six weeks or so at Prince Alfred Hospital, they sent me to Westmead Hospital. After that I was really lucky, five years later it's good. I was scared at first; I didn't want to show everybody that I was sick, that I can't do things. I have a really good husband, he used to bath my son, I was very ill. After I had the treatment definitely I was good. Whenever I look at my body I think I've got here cancer or here or her. Always worried. I went to the college to learn something to help me stop worrying about myself. I didn't let my husband or my children see me crying. On my daughter's birthday ... I used to prepare everything and make the family happy, but at night I couldn't sleep, even though I have a very good husband. My husband said, 'for me you're my life, my everything', so maybe that's kept me stronger. I'm not sick, I'm all right. I guess I did something else, so I went to college, Bankstown TAFE.

I did Year 10 and 11, then English also. I had to go on to Year 12. I want to learn, do things. I take the children to school, go to college, come back, bring the children and go home. I heard about TAFE on the radio. Arabic, SBS. Talking, interviews. She said that Arabic women should go and learn instead of wasting time in the kitchen. I was cooking when I heard it! I thought I better do that. So instead of me just staying at home, go and learn. I met M in one of the classes. She told me about the Wellness Centre.

**That's often the way with the Wellness Centre, you meet someone who's just been ... When you were ill, did you feel that you started to learn about yourself? Was it a learning time?**

Yes. When the doctor said you have cancer, it was 'me?' No, not me. I don't get sick, I'm strong. Then I learnt a lot, I learnt more to communicate with people, more softer. I feel now with sick people now I'm a better person than before. Before I didn't understand. That's why I like, when somebody's sick or something, I like to talk to them.

**Did you have many other women friends your own age to talk to?**

At that time I was the only one. It was a shock. I didn't have... I have many friends, many and good friends, but no one ... one close friend whenever she saw

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me she cried. I didn't like to see that. If I want to go and visit someone I don't want to stare and cry. I like to go and put lipstick on ... I have many people come and visit me. They come and visit and feel sorry for you. They have to show you they feel sorry for you. It makes you feel miserable. The support is good, we've got expectation that people have to come and pay a visit. Sometimes it drags and you get the negative side. Then it brings the person down. It depends on the person. I like people to come visit me and cheer me up, talk normally. For a while I didn't like to talk about it. Afterwards, like now, I don't mind. I learned how to cope. At first I couldn't take it, I didn't know what to do.

### **Have you made new friends through coming to the Wellness Centre?**

Yes. They're all my friends. We visit each other and we went out at Christmas time – we went to the club, we had lunch together. They go to church, they're a group they go out, they asked me to go and I went.

### **They're Orthodox?**

Yes, and I'm a Muslim.

### **That's lovely. It's about friendship?**

Yes. Keeps the religion out. You're happy with your friends.

(Sabah)

Within Wellness groups, alongside acceptance, is a particular emotional intelligence among women that develops through nurturing and supporting each other in the group. Women's stories often described three stages in their emotional engagement with the group: how they felt before attending a Wellness group, how it felt when they first attended, and feelings that developed after belonging to the group.

Although it was not the only feeling women had before attending a Wellness group, many were despairing. They felt isolated, depressed, lost, dull, rejected, invisible, or were in crisis.

Many had a fear of growing older and moving into unknown territory.

*I've been in this terrible crisis.  
It's been months and months.  
This has been here waiting for me and the  
days that I haven't been able to get out of bed  
or I can't do anything and my house  
is in a big mess and my garden,  
I haven't had any energy.  
I have physically be fatigued to the point that  
all I want to do is sleep, but I've already known  
at the back of my mind when I get better this  
place will be here for me.  
It's waiting for me and when I ... and I came  
today because it was a meeting and J said  
I want you to come, and I made myself.  
I said I have to get up and I have to come.*

(Wendy)

Others felt more positive – that it was time, now that family and work responsibilities were over, to give something to themselves, to take some space from their usual activities.

*The children had all grown up and married, got their own life. The two of them married Australians. I thought I should look for alternatives, I should leave them alone and start to look for something else, and I found everybody is in the same situation.*

(Sharifa)

Women variously described themselves as nervous, anxious, curious and interested when they first came to a Wellness group.

*On the first day I was very nervous but curious to find out what the group had to offer. I was keen to meet people and make new friends. I was shy at first, but quickly found out that everyone was nice and easy to get along with.*

(Tuyen)



*It was a little bit daunting. It's in a big barn of a place and I didn't really know anyone.... I think we have learned a lot since then. You were left very much to your own devices, and left sitting like a lily on a dirt box, and no matter how confident you were, you had butterflies in the stomach and you look around and think I don't know if I'd like you.*

*Going into an unfamiliar situation is difficult, but once the classes started it didn't matter, there was a great deal of camaraderie with the women and facilitator as a group, and I'm not backward so I would speak to anyone. But now we make a point of introducing a new person to someone so they can sit beside someone, and little things like that make a difference.*

(Jill)

Once in a Wellness group, many women described how their relationships with others in similar situations to themselves helped them to grow and develop.

*Since joining Bankstown Wellness centre I have learnt to express my emotions better and, as a result, others respond well and encourage my feelings of love and friendship and happiness, and I also feel a sense of belonging.*

*When I was diagnosed with an illness (diabetes type 2) I was able to accept my illness, better knowing that I am well supported by friends at the centre and my family.*

(Tuyen)



*I've been in it about two years.*

*I started when I retired.*

*I retired at eighty and decided I had to keep everything going.*

*I find the meeting of people who are so relaxed and just talk naturally to you, don't bring a lot of baggage with them and through the discussions you realise they all have a lot of the same things you have. Aches and pains much the same and the lectures lead you to reading, and the more you read the more you get involved and forget the little things wrong with you.*

(Gerry)

They began to see a difference in themselves; they experienced increased self-esteem, confidence, courage, intimacy and friendship. One woman indicated that her Wellness group was the main place I come for myself because it gave her confidence and strength.

*I've found that working with women, to have a voice for women and some sort of empowerment over your own situation and health is a very energising thing and I get a lot of satisfaction from going to the centre and engaging in activities.*

(Nancy)

Women's feelings transformed through coming to Wellness groups. They moved from fear to confidence, from depression to intimacy. This development of emotional intelligence is encouraged by the culture of acceptance in the Wellness groups. As women express their emotions and demonstrate their care for others, a group ethos develops, as one woman described.

*It's like it is my place. If there is somebody new I talk to them and encourage them. The way somebody did for me. I know how they feel, the new people.*

(Sabah)

Others expressed their concern to do better in supporting others emotionally.

*Perhaps the members could make a better effort to welcome the new members. I find quite a number of people over the years that join the group and leave after a short time and I've often wondered why. I know we put ourselves out on the day to welcome them, but is there a follow-up?*

(Effy)

Emotional intelligence was recognised, in a study in the UK, as an important part of the success of a community centre (Frogett et al. 2005). The researchers found that an emotionally intelligent approach included creating a space where people could voice their concerns and be valued, and this promoted learning and personal development. This learning and development, based on a culture of acceptance, showed up strongly in the women's stories from our study (see 'Support for lifelong learning is a vital aspect of wellness' below).

There is, however, a self-selection process at work in Wellness groups. Those who stay do so because it benefits them in some way. For many of those who stay, the group came to mean much more to them than they had initially anticipated. This development of emotional intelligence, self-direction and culture of acceptance is part of Wellness groups; and this restoration of a time and space to dream and hope is a potent mix for encouraging and enabling wellness.

### **Support for lifelong learning is a vital aspect of wellness**

In Wellness groups women are recognised and valued for who they are rather than what they can do.

*As I walked in and sat down - it was Debbie's international dancing - here was Claudia putting her hand out saying, 'let's dance'.*

*That was when I got started.*

*I found that I was accepted for who I was, nobody asked, they knew my name and that was about all anybody wanted to know.*

*I thought that was great because nobody's keen to judge what you are or what you bring.*

(Pauline)

This acceptance enables learning. Women spoke about the ways in which both formal and, more importantly, informal learning (e.g. discussion groups, mentoring, workshops and conversations) were central to their wellness. Gillis and English (2001), in a Canadian study on health promotion, noted that many community-based health initiatives have learning as their basis, but that 'the learning dimension is rarely acknowledged'. In our study women consistently acknowledged the importance of learning.

For those women who had undertaken formal learning and training there was delight and liberation.

**Sue:**

*...there was a course advertised and called 'The Culturally and Linguistically Diverse'. The government was giving this course free at TAFE - an accredited course - and Jess says why don't you go?*

*What about all these young ones, you know, anyway 90 people applied, only 30 they wanted. I'm one of the 30! I'm doing the course. I'm studying at this age.*

**Facilitator:**

Without the Wellness centre would you have had the courage ...

**Sue:**

*No, I would not, no, because I say my time is finished, I'm 70 years old.*

**Facilitator:**

My time is finished. That is ... do you think your time is finished?

**Sue...** Not anymore.

The culture of support in Wellness groups that enables learning for older women is vital. Other organisations may offer courses, but if they have a different culture and purpose the learning experience can be detrimental, as is starkly illustrated in the following two women's stories of learning:

*When I did the computer course, I paid full fee for Loftus. I paid my fee and went there and they never took notice of me. I was sitting back, I was not important because they were training people who were looking for jobs.*

*I was really upset, I paid the money and didn't learn anything, then they sent me two letters saying I had failed.*

*That's the reason the centre means so much to me, one of the greatest things achieved, all the women together catching up with the world, we're not stupid old women, we can still do things.*

*So I used the computer, very important, now I can write letters to people, it corrects the spelling. What else does a woman need?*

(Sharifa)

I go to painting class I started last year,  
painting class to get back into the painting,  
the drawing classes and it was just like you sat  
there on your little butt and  
there was no interaction with people.  
Completely different, you know, and I love to  
turn up, and I'd pay you know \$90 for this,  
but I can't afford it.

(Wendy)

The following woman's story, related to learning the computer at TAFE, shows the power of formal learning.

### ***'I am equal for the first time in my life'***

I would not have been able to write and tell you this had I not belonged to a Wellness group.

Aged 62 my life has been changed forever. I am dyslexic, all my life I have had great difficulty, at school I was labeled a dumb kid. As a teenager I wanted to become a registered nurse, I completed two years training was considered an excellent nurse but was unable to transfer my knowledge onto paper as the written word so failed, I was ashamed embarrassed and lacked confidence, so I worked as a shop assistant. In my mid thirties I applied as a mature age student to train as an enrolled nurse, this relied to a much greater extent on my ability to care for people, observe, and attend to their needs, and not require me to give long written reports, I worked very successfully as an Enrolled Nurse in hospitals until I retired.

When I retired I made enquiries about learning to use a computer but discovered the combined costs of buying a computer and then to attend was too high.

Through the Wellness group I was offered the opportunity to learn to use a computer free of charge, because of a government grant to Wellness and the TAFE college. Now I am able to write letters, before to write a letter I needed to set aside many hours with a dictionary looking up how to spell the words I needed to use, I was a very poor correspondent it was just too hard.

Thanks to spell check I have been able to write stories of my parents, my husband and my life. And to write poems. I no longer have to feel I am unable to write and say thanks, voice approval or disapproval.

I have a new skill, freedom; I am equal for the first time in my life.

Thank you to all women who work so hard to get government funding to help us all live much more satisfying and fulfilling lives.

(Karen)

Informal learning through wellness activities, networks and relationships was mentioned frequently. A number of women talked about learning to use the computer and the difference it made in their lives. This is partly explained by the mentoring program that is being undertaken in the Sutherland Wellness Centre, in association with TAFE. Sutherland Wellness Centre women who have been trained assist the beginners enrolled in computer courses. This is a mutually rewarding program for mentors and the older women. They bond, go out to lunch, strike up friendships and create email networks.

Discussion groups and lectures prompted some women to read further. Casual conversations offered learning, and opportunities to hear others' life stories opened women's minds. Women indicated that whatever they learned was worthwhile in some way, even if not immediately useful. One woman described her interactions and connections with women's stories as her way of learning and, because she hadn't been formally educated because of the war, the engagement with others was *how I think I became streetwise*. She went on to talk about the courage it takes sometimes to learn:

It's not easy to get involved,  
especially say for people like me,  
who might use the wrong expression or term,  
but it's a learning curve and as long as I live I  
want to be learning.  
It's a place where you can learn a lot from  
each other, apart from what we do with  
discussions groups and so on.

(Heather)

Others had similar sentiments:

*Also being positive, being exposed to  
people with different ideas and cultures,  
it's all learning – that is where  
a part of wellness is.  
It's easy to find the physical thing that makes  
you feel well, but you have to find the  
emotional and learning part of it, not stop that  
learning.*

(Jill)

One woman spoke about joining a Wellness group because her mother was a home person and kept to herself. Even though this woman was *quite happy by myself* she decided it was important to join a group so that she wouldn't *avoid things*. She went on to say:

I read constantly and try to seek out  
things that I find are educating for me,  
in a sense of other people's true experiences.  
I've always been a bit introspective I suppose.  
I do learn from other people very much...  
from various life experiences you do hopefully  
learn each time.

(Joy)

Another woman told her story of coming to a Wellness group to learn Feldenkrais because the low cost made it accessible to her. She soon found herself learning dancing, and then English. She got involved in the management team, and then did some training to help her on the management committee. Such emergent learning stories were told often – one activity became the springboard for the next and learning snowballed.

The following story talks about the importance of both formal learning and informal learning. It demonstrates the process of learning, where the woman reflects on her experiences, wonders out loud, plays with ideas, struggles with some issues, and comes to some new understandings.

### ***'Never too old to learn'***

I'd been with the Centre for about three or four months when it was announced that we'd won this money for New Horizons, a program which was to give older women some strategies for the running of the Centre. At that stage I was doing exercises and dancing. I thought this is interesting, maybe I can use what training skills I have to help my peers.

I was feeling well and thought that as OWN's philosophy of "by older women for older women" was practiced, it should be an older woman who's the trainer. It wasn't really accepted with open arms, but nobody else put their hand up. Talking to the rest of the management team I realised that not everybody agreed with the concept of having new skills offered them. For me that was an eye opener because I believed that you are never too old to learn. We held an open forum to tell people who I was, where I was coming from and about the program. I tried to give them the feeling that they already had skills they could use, to lead discussions and facilitate groups or plan a program.

Some people accepted the idea with open arms but sometimes people said, 'mmm not sure about this, I don't need training'. It was a wake-up for me to agree 'all right people have choices. If other women feel they're happy doing what they're doing, their contribution is as much valued as anything I'm likely to give. I've learnt to stand back and accept that other people have choices too.

I needed to put a lot of time in to feel confident with running the training. Even though I come over as somebody who's confident, I'm not. I have always been insecure, but I know that if I have done enough preparation, I can stand up and not make a fool of myself. That was an insight for me. Another insight I valued

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more was the fact that once I started the training I understood where I was coming from and that I did have some skills to offer. I thoroughly enjoyed the training that we had here and we did quite a lot, we'd put 13 sessions of two-hour stretches before we enjoyed a three-day residential over at Bundeena.

I wouldn't call the New Horizon's training program a success – the number of women who attended and who are still actually involved do not match. One, however, moved to the country and set up an Older Women's Network group up, using her skills there. Two of them who came and said 'I don't know what it's about' but then stayed on and did the training became great facilitators and group leaders. I find it really confronting each time I think New Horizons didn't achieve much but yes, it did give two women the confidence to go ahead and do what they do now at the Centre. I think that is wonderful.

At the time my family wondered what was I on about. They haven't got used to a mother who decided at the ripe old age of 57 to go to uni and reskill. I still felt I had something to give back to the community, which happens when I am at the Wellness Centre.

There are times when I don't think I do enough. My idea of wellness means that you're totally occupied, so somewhere in my make up is this fear of not having something to do. The art of relaxation is something I need to learn. I can read a book, I could sit down and read all day, but somehow or other the guilt comes in and it's 'you should be doing something'.

If I could get a feeling of wellness that got rid of all that guilt, that would be great.

Also being involved in doing the evaluations from the Wellness Centre amazes me. Looking at our women, how many of us have reasons to be unwell. It never comes over. Looking at the disabilities, the illnesses, all sort of limitations, I'm just amazed at the fact that we all come over as being well: being happy, being content, even if it's only for those hours we're at the Centre. I think also the fact of being accepted. It's a place where nobody asks, 'are you going off to Europe this year?' I think the fact is that we're older women and we accept one another as we are. I think it's the environment and the fact that we're accepted. If you're feeling down and you face some problem you can be quite sure somebody will give you a pat on the shoulder or a hug and say, 'Can I help?' Maybe even come up with a solution or a suggestion. I think, for me, it's the total whole person who needs to be included, not just the physical bits. I think our Centre does that whole person rather well.

I think we each seem to respect the fact that we can stay anonymous for as long as we want to. If we have a problem or need some emotional support, we're

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there for one another.

The ability to take on new challengers, or challenges, and to be able to accept that maybe I've got something to give, that I can be sad, happy, welcoming, without somebody judging me means I too have learnt a lot from our Centre. I've always been someone "unemotional", having grown up outside home in a boarding school where emotion was something you didn't show no matter what. I think the Wellness centre has been a place where emotion is shown and accepted.

I remember when one of our 'girls' was killed in a car accident, I was just devastated even though I'd only known the woman for 12 months or so. The fact that we could all stand and cry and nobody said, 'well, you didn't know her all that well', I thought was wonderful. That allowed me to be emotional if I wanted to. Also, having someone come up and say, you need a hug, that's great – somebody can read how I'm feeling today.

I think that's the great thing about older women at our Centre.

**It's about 'being' as much as 'wellbeing'?**

Definitely – about 'being', that's a good word.

(Pauline)

### **Social action, advocacy and active citizenship develop through wellness activities.**

The supportive, interactive and participatory culture of Wellness groups generates citizenship skills that are put to use both within and outside Wellness groups. There were numerous examples of women taking on new community roles and activities, and they spoke of being able to *give back to the community*. This included being on the management team of the Wellness group, welcoming and initiating new members to Wellness, enrolling and completing courses at

TAFE, speaking at conferences, and becoming active in community politics, charities and boards.

One woman linked her involvement in Feldenkrais exercises to her new-found confidence to take up community activities. She felt that Feldenkrais had helped her brain functioning, which in turn had given her confidence to present at a conference. More recently she had been asked to be on a Department of Health taskforce in hospitals. She felt that most of her confidence had come from being with like-minded older women.



Increased confidence through acceptance and learning experienced in Wellness groups led many women to act differently and, in turn, their activism gave them an enhanced sense of achievement and confidence.

*I rang my Member of Parliament, hadn't met him, we were in a new area. I spoke to his offsider – so I think if we have a problem, we don't just sit and say 'what's going to happen', you get off your tail and do something about it, because once we lose these people we won't get them back, they will go elsewhere and do other things. As I understand it, and I think it's holding now for a couple of years, it's not just for me, but everyone should go one step higher and do something. If you ask my opinion I give it, I hope in a nice way, but I'm not backwards – like ringing the Member of Parliament. As I get older I feel I have to have answers, I get up and go to the local MP and I feel very confident that I can go and talk about these matters.*

(Maureen)

For many their activism began with their Wellness group. They were concerned with more than their own wellness and were advocates for the wellness movement and for securing the sustainability of groups by obtaining funding. They were advocating the need for more government support, to maintain what exists and to expand Wellness groups and activities.

There was evidence from some women's stories that their needs in Wellness groups were sometimes not met, particularly as Wellness group attendance grew. These stories reflect the lack of funding and resources for expansion that some Wellness groups experience. Some classes were full, premises were too small to contain all the activities, timetabling of classes was not able to be flexible enough because of lack of space, and often the program was too cramped. This has led to some women not continuing with a class.

The three Wellness groups that participated in this study are in premises that are inadequate. It is well known that buildings and physical environments affect health and wellbeing and that having purpose-built premises for community activities aids the development of wellness (Frogett et al. 2005; Stallibrass 1989).

**Facilitator:**

In trying to get some funding, we've been looking at trying to find premises. What do you think about premises where we could sit down and have lunch?

**Bianca:**

*I think that would be fantastic, I really do. I think that's one thing that has stopped – when we first went we had dancing, then we had morning tea, and everybody chatted and talked. But that has stopped – we don't have that time to have a bit of a chat...I haven't been for a long while now, I haven't been very much this year... It's just having that interaction, that's what I feel is missing. We had it before, I don't know how we lost it... I think it's because of the hours... The hours are one thing, but also we have got bigger. There are more people as we go on each year, more people in the activities and the classes and I think that's a thing. Before, when it was smaller... Well there were still a lot of people, but everybody interchanged and talked... We had time to sit down and have a cuppa and now we haven't.*

There was concern too, that Wellness groups often rely too heavily on volunteers, and that the services offered need to be recognised and paid for.

*Its not easy this volunteering, which is the main social capital component of our centre. Some of us work up to 30 hours a week, our homes becoming our offices in which we receive and return phone calls and e-mails, deal with correspondence and reports, produce information, newsletters etc. Recently three key volunteers had to withdraw from significant responsibilities to care for seriously ill husbands. A key coordinator is overseas helping a daughter cope with childbirth and moving house. Yet an appeal for more volunteers brought a rush of offers even though 50% of our registrants are over 70, an active minority over 80.*

(Noreen Hewett's presentation to Sutherland Council's Community Service Committee, August 1st, 2005)

This is a vexed issue. Volunteers can enable a group to flourish in flexible and self-determining ways. With government funding and associated control from outside, this flexibility and self-determination can sometimes be compromised. For some volunteers, however, there is a cost in terms of burnout. This was of particular concern for women in one of the Wellness groups that recently lost its paid coordinator. Many felt that their group needed both volunteers and a paid leader. Another woman at the same Centre pointed to the fact that they raised money as best they could:

*We don't just ask for handouts.  
We're prepared to help ourselves.*

(Jenny)

As Frogett et al. (2005: 128) point out, volunteerism can create 'anxiety and additional work ... which takes its toll in human and resource terms'.

*I think the government ought to  
endow it centrally with enough,  
because it's so low-cost compared to other  
activities and other organisations –  
it would be in their interests to  
enable us to spread this message  
throughout the country.*

(Nancy)

*This is only one experience.  
How much I have cost them or  
the government in looking after me with my  
sickness – three years under the psychiatrist.  
Medication that was I know \$85,  
but I was technically less because I'm a  
pensioner.  
That would cost much more than put a little bit  
of money into this ...  
to get up the activities, continuing,  
we were fretting because we're scared  
to lose our premises.*

(Sue)

The underlying assumption that volunteers can carry out services that otherwise would need to be provided by funded agencies needs to be challenged. Revaluing women's volunteering in particular is an issue well covered by Onyx and Leonard (2000).

*It's just that everybody is there being happy,  
being peaceful, being in harmony, a  
nd I think that's a fantastic thing.  
It would be nice if we could package it  
and sell it; we'd make lots of money a  
nd not have to worry about funding.*

(Jane)

Underlying the advocacy for Wellness groups from many women was the recognition that the whole wellness movement is based on the efforts to meet the demands of older women. Added to this, Wellness groups are so successful that they continue to create demand. Women aspire to wellness and want more support to do that. The following story is from a socially active woman who was instrumental in setting up Wellness groups and who, at 86, is still a strong advocate for wellness. The story begins as she describes her initial involvement with the Older Women's Network and the pensioner's organisation.

### ***'I quite enjoy the cut and thrust of advocating'***

Women pensioners felt that they had different priorities to those of men that didn't get attention in the same way men's did. So a very good woman researcher got some funds to research on the difference between older women's aspirations and older men's. As a result of that and other research women involved decided to form a separate organization. Older Women's Network – OWN - was formed early in 1988.

#### **As well as being part of the Sutherland Wellness Centre, you had an involvement in the Bankstown one?**

That's right, that was as a result of first of a statewide older women's health conference that the newly formed OWN held. We took its recommendations back to NSW Health and said this is what women were saying, what can we do about it. We believe we have our own distinctive health needs and we'd like to investigate those. Quite wide ranging focus groups were held with women, from non-English speaking backgrounds, various socio-economic levels and so on. Women talked about what they wanted and the results, published by OWN and the Office of Ageing in NSW, had widespread dissemination. It was highly regarded as a valid piece of research.

We went back to NSW Health with that and a submission. They offered \$50,000 for a pilot Older Women's Wellnes Centre with the condition that it be based in South Western Sydney with its diverse multi-cultural mix and low socio-economic background. So we went to Bankstown not really having any base at that stage for activities. However a coordinator was employed, I and other volunteers were recruited for a management team. Within that pilot year it became enormously popular and proved the need for it. So there was ongoing funding, then increased funding ever since.

#### **After Bankstown how did you become involved in getting Sutherland going?**

I came to live in the Sutherland Shire around 1996. B who'd also been at Bankstown and I decided to look at activities for older women, especially because social isolation had been singled out as an important issue in the Shire by Dr. Stathers at Southcare. We joined a seniors' advisory committee to the Shire Council, and got a general view of some good community activities in the Shire, but none of the type at the Bankstown Centre. We made a submission and received a \$17,000 seeding grant for a Wellness Centre which has expanded ever since.

For me, working with women has been an aspect of my personal wellbeing. To have a voice for women and some empowerment over your own situation and

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health is a very energising thing. I get a lot of satisfaction from going to the centre and engaging in activities. I hadn't been a particularly energetic person in earlier life - working in a sedentary occupation, a smoker until 1971, doing all the wrong things. Then I found out the value in being in the Centre, for the activities, the dancing, the smiling faces, the friendship ... it's something else that goes with the centre.

When it first started we only had three activities per day and of course we had to pay for everything out of the \$17,000 the council gave us. Immediately there was this sense of bonding and freshness about this activity for older women. We met marvelous women and, while we did the initial work, soon we had women on a management team who were skilled in various ways and dedicated to the Centre.

### **How do you feel now when you walk in?**

I feel as though I'm at home – not as in my little unit with only me the occupant, I mean at home in the sense of family within community. Many of us have family who live away and much as we love them it's not the same as having companionship here and now. So for me, as a woman in her 80s living alone, it has been a wonderful enrichment. I'm interested in their lives and they're interested in mine. That's Sutherland Centre.

### **What activities have you done to help with your feeling of wellbeing?**

I must say I quite enjoy the cut and thrust of advocating and exchanging ideas with different groups as well as enjoying the physical activities. I came this morning from the reference group, which supports the Centre. There were representatives from Council, the Division of General Practice, Area Health and community services. They have been very supportive of the centre and genuinely surprised at what we have accomplished.

(Nancy)

## **Epiphanies lead to transformative understandings about wellness**

About a third of women's stories included an experience of transformation that was like an epiphany – where things changed, where they saw through to a different understanding about wellness and life. This epiphany – a transformation

physically, emotionally and/or spiritually – meant that women acted differently. Learning through transformative experiences occurs in diverse ways (Belenky & Stanton 2000; Mezirow 1975). For older women, transformative moments or turning points have been linked to three factors: role transitions, an adversity, or an experience of personal growth (Leonard & Burns 1999). Many women's stories of transformation

confirmed these factors, and linked their experiences to their participation in Wellness groups.

For some there was an 'ah ha' experience, a moment of realisation, a spontaneous recognition of some significant change in themselves. The following story provided the inspiration for the title of this report.

*I felt that I was liberated.  
When I say 'liberated' – just from the different classes - I felt that I could do all sorts of things.  
One day I was walking with my husband – he wasn't very impressed I might add – all the leaves were off the trees,  
I was living at Oyster Bay at the time, and there were leaves on the footpath and grass where we were walking, it just looked beautiful, all the autumn colours.  
I just couldn't resist it,  
I just picked them all up, threw them over him, threw them over me and then I laid on them.  
It was just something I felt, and I'm sure if I hadn't been in Wellness, with different things that have happened during my time there,  
I just felt you should be able to do what you want to do, and that's what we do at Wellness, we do what we feel we can cope with at the time, and that particular day I thought I'm going to do this.  
He wasn't very impressed because a bus went past and all the people in the bus were looking at us. I wouldn't have ever done that if I hadn't been to the Wellness centre. It opened me. I call it liberated, such that I can express my feelings, because I'm with other women up there and the facilitators, and it made me feel that way, so everybody gets something out of it.*

(Bianca)

For some there was a watershed where a difficult experience, often related to death, transformed into something more positive with the support of others in the Wellness groups.

*There was a time in my life when I thought I was going to die, in fact I was in hospital and the CAT scan showed a large clot near my heart. To cut a long story short, it was an old clot, which indicated that I had had a large thrombosis at an earlier time.  
So there were all sorts of responses within family and friends. A very dear friend who was one of the original researchers, came to see me and burst into tears.  
So I had all sorts of indications that people were already grieving over my imminent death. At the same time I was getting ready to die, trying to mentally accept the fact that I was going to die. I think then, when it turned out I wasn't going to, when it turned out to be an old clot that fixed itself, I think it was a time when I reviewed my life. I think perhaps that release from the knowledge that I was going to die made me enjoy life more.  
I felt that life was very precious and I felt that I wanted to make the most of it, in more physical activity and seeing friends and making new friends.  
I've been able to do that through the network generally and through the Wellness centre. So it was a very good experience from that point of view, in hindsight, a sort of watershed – what do you do when you're so much older and still want to make the most of living.  
So this is what I did.*

(Nancy)

Others spoke of *reconceptualising self*, where their sense of self, their identity, began changing through involvement with other women. For many women, their identity had been tied up with work, husband and family. When these things changed they had to rethink their identity, because work and the nuclear family offers a different kind of belonging to that of a community of like-minded women. Involvement in Wellness groups can normalise women's experiences.

*When I lost my husband suddenly I lost my best friend who was there for me all the time.*

*In fact, we were there for each other for 41 years and two children.*

*The initial shock was, 'how will I go with no one to share good news and bad news, no one to be there when I'm sick?'*

*I realised the generation gap even more, the children were supportive for a while, up to a point.*

*I went overseas to see my family for comfort, but that passed quickly, they had their lives to live. I retired home and was diagnosed with breast cancer.*

*How will I cope? I had retired from my job and felt sorry for myself. I began looking around to find a group of senior retirees where we can share feelings and thoughts.*

*I found the community centre at Chatswood with activities and discussion groups, information. There I found myself.*

*That was about eight years ago.*

*The Wellness activities provide opportunities to share experiences and ideas; how you can maintain health and wellbeing.*

*The meetings are informal, friendly and supportive. I found that by running these meetings for older women, by older women, most of the time was very valuable.*

(Erin)

Other women spoke of being *challenged to think differently*, through mixing with a diversity of people.

*On the management team, something that I have to do is challenge some of my own beliefs.*

*I think we all have some entrenched beliefs.*

*I think some of it is plain lack of exposure to people.*

*That is something I have found very rewarding.*

*I feel privileged that I can be exposed to that sort of thing.*

*You don't always get it in everyday life, unless you are working in a situation.*

*You may have a different culture, if you don't you can get a blinkered idea and I think the Wellness Centre, it's all wellness to me.*

(Jill)

## **Expressions of wellness are complex and often paradoxical.**

More than one thing can be true for us at the same time and this was so with women's understanding and expressions of wellness. Their ideas about wellness were complex and often paradoxical.

One of the features of most of the women's perception of wellness was that it is not the opposite of illness. Many women, with serious illnesses, regarded themselves as well. This observation is also borne out by the literature (e.g. Cummins, Eckersley, Lo & Okerstrom 2004; Leonard 1999). Cummins et al. (2004: xi) found that personal wellbeing and happiness

increased with age, but that the reasons for this are not well understood, as it is usually a time when medical problems increase. They comment that: 'It is possible that wellbeing and illbeing become progressively decoupled as people age'.

This 'decoupling' between illness and wellness was evident in many women's stories.

*I'm always amazed at how much life and vigour our members have. I know many of them have had chronic or possibly terminal illnesses, yet they speak seldom of how difficult life has been for them. It is humbling and a tribute to the courage of ordinary people that they overcome huge obstacles and get on with their lives.*

(Evelyn)



*No one is going to live forever. I certainly feel a wearing-out, but it doesn't diminish what some people call holistic, some call it holy – but it's that overall feeling that no matter what affliction you could have – and I so much admire some of the women in that centre, people like Renee and Marta and so on, it's amazing, absolutely amazing – they've got afflictions or disabilities that they've had for many years or almost a lifetime, and they come along and take part. Ruth takes part in things that I can't do and she enjoys it so much. You can see from their faces too – I don't know how to express it, but there's a look of enjoyment – I can't find the words for it. When I look at R or M and there's a glow. So disability in itself doesn't signify ill-health or unwellness.*

(Nancy)

Wellness was often described in complex ways, indicating that these women's assumptions about wellness were holistic rather than narrowly based on one particular aspect of themselves.

*I think wellness is like wholeness isn't it? It just happens here because your whole body is taken care of – in the exercises, in the groups. It's lovely. I feel like the whole body is taken care of.*

(Erin)



*Wellness means being well in mind and body so that I don't end up in a nursing home. I am 82. I have improved my memory, my physical well-being, learnt to relax and have cut down on pill taking. Thanks OWN and wellness.*

(Jenny)

One of the most frequent comments was that wellness is a journey, a process that involves living in the here and now, living only one day at a time, while paradoxically growing through the difficulties of ageing, into the future. The focus was on the positive aspects of ageing, on an attitude of mind, as illustrated in these women's conversation:

**Matilda:** *I do, I love wellness and wellness means being well in spirit and mind and body.*

**Lena:** *That's right, it's just not a physical thing.*

**M:** *No, no it's not.*

**L:** *There's all those other things ...*

**M:** *It's a whole thing, it's a building of your self. If you're feeling well your self-esteem is lifted as well so that, it's a fancy sort of word self-esteem, but it just means that you have self-control and self-reliance.*

**L:** *And your life is in balance, you have balance between different areas.*

**M:** *Oh yes, I feel very happy some days and very sad other days, very cross and cranky other days.*

**L:** *So it is, it's a journey, isn't it, I think – wellness. And I think the people coming to the centre when they first come apparently they might feel very nervous and unsure but as time goes on they grow...*

**M:** *They grow and you can see the difference.*

As well as living the journey in the 'here and now', women's sense of the future was strong. Understanding wellness and being involved in Wellness groups enabled women to anticipate, have a sense of purpose and gain the confidence to develop strategies to deal with the future.

*I think I pine for a slice of life that you can look forward to – wellness is that slice.*

(Vera)



*It wasn't long before my fears of an empty, possibly pain ridden old age were banished. My body hasn't deteriorated (much) my mind is now filled with anticipation of things to do and places to see.*

(Evelyn)

Women's aspirations in terms of wellness were for independence, which included control over their lives, as well as interdependence with diverse people, religions and beliefs and with the environment.

*...and wellness to me is like quality of life, and my quality of life relates to how I interact with the environment, with people, with everything around me.*

(Terri)



*I think people who isolate themselves are risking the chance of falling apart.*

(Joy)

This interdependence helps create wellness. One woman reported her surprise that another woman in her group did not seem to *understand wellness*. Her observation was that the woman did not *get involved* and *didn't speak up*. She felt that one of the bases for wellness is involvement and learning through participation.

In a paradoxical way, although it is important for women to know that they are not alone and that others share their situation, many women also said that independence and control over their own lives was important to their wellness. This was often expressed as being able to do what they wanted, rather than adhere to others' demands or wishes.

*I come here to be me,  
not... I don't come here for my husband  
or for my sickness or anything,  
I just come here and I am me, you know.*

(Liz)



*The Wellness centre has actually given me  
a lot of knowledge and I could be myself.  
I don't feel I have to please anybody.*

(Nadia)



*I think that Wellness enhances the members'  
self-image by further development of  
independence and individuality.  
We all like to think that we can still do things  
on our own, so I think this helps us to be  
independent as far as the future goes.*

(Effy)

One woman described how she holds together ideas of independence and interdependence and a deep need for a sense of belonging. Clark (2002) recognises this along with autonomy and a sense of meaning as the three core needs and expressions of 'human nature'.

*Even if I am self-sufficient,  
even if I don't need much from life,  
even if this and that and the other,  
I still need this place.*

*I still need to belong somewhere  
and the best place for me to belong is  
to belong with women because they've  
had more or less a similar experience,  
or new ones for me to learn from them, a  
nd there's always going to be a place for us,  
for me. No matter how self-sufficient I am,  
I need to belong.*

(Sue)

Alongside emotional intelligence was the place of spirituality, or a spiritual intelligence, that helped some women move towards wellness. This was interpreted widely and not always associated with organised religion. In her report on education for positive ageing, Hatton (1995) indicated that spirituality, or the 'inner journey', was an area 'currently receiving more attention and exploration'.

*I see spirituality in terms of one's  
whole being and thinking and feeling,  
towards the universe – what we need to do to  
make it a better place, our environment  
and lots of other things, but particularly  
I think in terms of feelings for others.  
That's the sort of spirituality that I think guides  
many religions and also people within  
communities like our Aboriginal people,  
their bond to the land and so on.  
I feel I have that sort of spirituality.  
It's a very real thing.*

(Nancy)

*I see it as belief and open mindedness, caring, sharing; all those things to me are spiritual rather than having to attend church.*

(Jill)



*It's a spiritual sort of thing, nothing to do with religion, but to do with the life force within the individual, that's what I think about as spiritual.*

(Lorraine)

Despite the complexity of wellness there were many succinct expressions of wellness.

*Over the years it's evolved into a whole, of being well.*

(Zoe)

*I think it is the overall feeling that you have of being content.*

(Pauline)

*It's dealing with everyday things and getting over problems.*

(Gerry)

*I think that it's actually the art of living.*

(Heather)

*Wellness means being interested in life.*

(Liz)

*It's a feeling of belonging.*

(Jillian)

*Wellness is feeling in control of my life.*

(Loretta)

*It's an inner feeling, an achievement.*

(Lee)

Women in the training and in the interviews also talked about images of wellness. They included wellness as a journey, a tree, a river, a jigsaw puzzle, a garden, and a mountain.

*I have a thing about trees.*

*It relates to wellness.*

*When I see some beaten up old trees, and then you see new little twigs starting, to me a tree is life, and it's branches, it can have some all gnarled around, or have shade, and I like to sit under a tree.*

(Jill)



*Wellness is a diamond.*

(Tuyen)



*My example is a winding river. I'm going down a river it has all turns and things...*

(Pauline)



*I just think of it as a big picnic and everybody enjoying themselves.*

(Caz)

The following story illustrates one woman's evolving experience of wellness.

### *'Wellness works. Have a go'*

I've been involved in a Wellness centre for almost eight years now as a member of classes and more recently as a member of the Project Management Team. This is done on a voluntary basis. I attend the centre at least three days a week, participating in aqua exercises, gentle exercises, discussion group and I am contemplating at the moment if I can fit Tai Chi into my schedule. I also enjoy having a massage with our gentle exercise facilitator who is qualified in the practice of massage.

Wellness is about changing the things we can in our life, accepting those things we cannot and knowing the difference. It is about opportunities and choices, personal growth and improvement and maintaining our health as older women. Achieving the right balance between emotional, spiritual, social, physical and educational needs is important. I think I achieved a least four out of five, I am still working on the intellectual. There is still, I hope, plenty of time left for learning and new experiences.

In telling a little about myself I will go back about fifteen years ago and perhaps illustrate a few of the opportunities and choices that have brought me to this point. I'm proud of my accomplishments and achievements. Emotionally I am much stronger lady than I was then. Socially I am enjoying a wide and varied range of interests and friends. Spiritually I have a strong Christian faith and this has always given me strength when times were tough and physically I am doing more exercise than I did fifteen years ago. Intellectually I am still open to more learning and new experiences.

Just recently I turned sixty and had the most wonderful opportunity of traveling to England and Europe to visit my son and daughter-in-law. I never dreamed I would ever have been confident enough to attempt a trip like this.

Fifteen years ago I was your typical stay at home mum; two teenage children, one dog and one cat. A comfortable suburban lifestyle. My happily ever after married life ended after twenty years. I was left to pick up the pieces. My children were sixteen and eighteen at the time. It was a hard time for them as well. They did not know anyone else at that time whose parents were separated and about to divorce. I felt alone, depressed and disillusioned. I now had to walk a very different path to the one I had been on. I had to look for opportunities and make choices that I'd never made before.

The first opportunity came in the way of an advertisement in a local newspaper. An assistant was required to help the co-ordinator of volunteers at a hospital. Clerical skills were required, computer skills, of which I had none, were not

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*(Continued from page 70)*

needed; a friendly, tolerant disposition would be an advantage. One of the tasks would be to organise volunteer rosters for the day-to-day running of the hospital kiosk, four mornings, two afternoons and one to two people each shift. Banking daily takings with cashier also. I had done this on a voluntary basis at the school tuckshop for many years, so I thought I would try my luck and arranged an interview. This stay at home mum was getting out and about and taking a chance at something very new to her. I got the position and stayed for eight years. A whole new world opened up for me. I felt important I was somebody, I was respected, and I became a valued member of a busy hospital. It was a wonderful time in my life. I met some amazing people, I learned so much, and I enjoyed the hustle and bustle that is part of hospital routine.

My mother had had major health problems for many years and was on dialysis due to kidney failure. My father was feeling the strain of caring for her. As much as I enjoyed working at the hospital it was time to make a choice to stay or resign. My priorities of course were to them. I became a carer. It was the right decision. Three weeks after I left the hospital my father was diagnosed with cancer so I now had not one but two chronically ill parents to care for. I have no regrets. It is a privilege to care for those we love, some may not agree with me. I desperately needed some time out for myself.

Another opportunity - another advertisement in the local newspaper. Wellness centre, aqua classes, come and exercise in a lovely warm pool – sounded just what I needed. I enrolled for two hours two days a week. I didn't worry that I didn't look so good in a cossie anymore, neither did a lot of others in the pool. It was relaxing, therapeutic, I had fun and made new friends and left feeling a little more energised.

My parents passed away within fifteen months of each other. I had cared for them for over three years and I was feeling very tired. I made a choice that I would not return to paid employment; financially I was able to manage. I became a self-funded retiree at fifty-six. I would take time to relax, enjoy myself, and maybe take a holiday. I started to attend more activities at the Wellness centre, and volunteered at the hospital close to home. I realised again just how much I enjoyed working in a hospital environment. I wish I had done something in the health system when I was young. I also helped out at the functions our church put on for senior people in the district. I kept pushing myself; I just didn't feel well though. Must be really run down after caring for Mum and Dad, or so I thought. During this time doctors had diagnosed me with asthma, then anxiety. It was even hinted at some months after they had passed away that I might be "just a little neurotic", after all, I had been through quite an exhaustive time and I was a middle aged woman. Anyway I kept on huffing and puffing my way through exercise classes at the Wellness centre. I thought exercise classes would get me

*(Continued on page 72)*

*(Continued from page 71)*

out of the slump I was experiencing. I picked up a copy of Wella Longa, the Wellness centre's news bulletin. Volunteer needed to join the management team. Would I be suitable? I put up my hand. I attended one meeting and shortly after this I ended up in hospital.

Two tracheotomies, a six and a half hour operation and six weeks in hospital, the diagnosis was a very rare form of tumour, not cancerous, but my windpipe was gradually closing up. I would have just choked one night. I was relieved I wasn't a "neurotic, middle aged woman", I didn't need a psychiatrist. My instincts had been right, I had been telling the doctors for almost three years that I had something like a fur ball in my throat. Thanks to a wonderful surgeon I survived to tell the tale. My claim to fame is that I was written up in the Medical Journal, so at least I have helped the medical fraternity and perhaps helped some other woman who claims to have a problem in her throat and not to be classed as neurotic.

Happily I started back at the Wellness centre some months later. Feeling better than I had in years. I have been on the management team now for three years. The Wellness centre is a very important part of my weekly schedule. I love meeting and greeting new members. I value the friends I have made at the centre, and team members. The atmosphere when you come into the centre is one of happiness, a time to have some fun, to laugh a little, share a coffee, exercise a little or maybe have a discussion or two. Why not learn to dance or paint a flower in craft. Relax with Tai chi, calm the nerves. You will leave with a smile on your face and most will return the next week. Wellness works. Have a go.

(Lesley)

## **FUNCTIONAL HEALTH STATUS AND WELLBEING (THE SF-36)**

Analysis of the SF-36 questionnaires, which were filled in by 229 women attending the three OWN Wellness groups (127 from Bankstown, 20 from Chatswood and 82 from Sutherland), enabled us to make preliminary comparisons between Centres and with national data (ABS 1997).

### ***SF-36 Findings for Respondents from the three OWN Wellness Centres***

Mean (average) scores for the eight SF-36 dimensions for all respondents and for those from each of the three Centres are shown in Table 1. Also included is the data for the dominant age group attending the Centres and comparable national data for this same age group. The higher the score the 'better' the result. Among the three Centres, the women from Sutherland clearly reported the highest

levels of health and wellbeing, and scores for the 65-75 age group from the Centres was higher (largely because of the Sutherland data) for all dimensions compared with the national scores, although subsequent analysis revealed that few of these differences were at a statistically significant level (see Appendix 7).

Multiple linear regression analysis was used to indicate likely significance, taking into account differences among Centres in terms of participants' mean age, living arrangements, language spoken at home, and years attending the Centre. The effects of other potential influencing variables, such as income or some other estimates of socio-economic status (SES), could not be analysed as data on them were not collected. Bankstown was selected as the 'reference' Centre as, in general, it

had the lowest average SF-36 scores, and there were sufficient respondents to permit statistical comparison with both the other two Centres and national data. The main statistically significant findings for each of the SF-36 dimensions (from ABS 1997) are noted below (details of the analyses are provided in Appendix 7).

### The SF-36 dimensions

*Physical functioning:* Indicates the extent to which, on a typical day, a person is limited by their health in performing a range of physical activities, including bathing and dressing. Although no differences were detected between Centres, predictably physical functioning declined with increasing age.

*Role-physical:* Indicates the effects of physical health on a person's performance of their work or other

**Table 1:** SF-36 Dimension scores for respondents from the three OWN Wellness Centres, and comparisons of the main age group with national data

Centre	Physical functioning Mean (n)	Role-physical Mean (n)	Bodily pain Mean (n)	General health Mean (n)	Vitality Mean (n)	Social functioning Mean (n)	Role-emotional Mean (n)	Mental health Mean (n)
Bankstown	64.5 (88)	68.9 (114)	63.8 (120)	63.7 (109)	60.7 (107)	75.7 (121)	72.7 (117)	70.8 (111)
Chatswood	65.9 (11)	68.3 (15)	66.4 (19)	65.8 (17)	59.4 (17)	84.2 (18)	70.8 (17)	69.3 (19)
Sutherland	76.8 (60)	72.5 (71)	73.9 (76)	72.0 (67)	68.8 (72)	87.0 (80)	81.6 (79)	81.4 (75)
All	72.0 (159)	70.1 (200)	65.6 (215)	66.7 (193)	63.5 (196)	79.6 (214)	75.8 (209)	74.5 (200)
All: 65-75 age group	75.5 (60)	76.0 (76)	70.9 (84)	67.2 (75)	65.3 (75)	87.7 (82)	82.3 (81)	77.1 (81)
ABS (n=875)	65.2	65.8	69.0	64.1	0.0	82.2	75.9	75.3

daily activities. No significant differences were found for this dimension.

*Bodily pain:* Indicates the severity of pain experienced and the extent to which it had interfered with normal activities. Women from Sutherland had significantly higher scores for this dimension than those from Bankstown.

*General health:* This dimension combines self-assessed health status with indicators of current expectations and perceptions of health relative to the health of others. No significant differences were found for this dimension.

*Vitality:* This dimension indicates a person's energy level and level of fatigue. No significant differences were found for this dimension.

*Social functioning:* Indicates the impact of health or emotional problems on the quality and quantity of a person's activities with others. Although social functioning did not differ among Centres or with age, women who speak a language other than English recorded a significantly lower score.

*Role-emotional:* Indicates the effects of emotional problems on a person's performance of their work and other daily activities. No significant differences were found for this dimension.

*Mental health:* Indicates the amount of time a person experienced feelings of anxiety, nervousness, depression and happiness. Women from Sutherland had significantly higher scores for this dimension than those from Bankstown.

### **Interpretation of the results**

The finding that women from the Sutherland Wellness Centre reported higher health status on average for two of the eight SF-36 dimensions (bodily pain and mental health) than women from Bankstown may reflect socio-economic differences between the two areas, or it might reflect differential perceptions of their health status (those at Bankstown having higher expectations). Although we did not collect socio-economic data, other studies have shown that the Bankstown local government area (LGA) is significantly disadvantaged compared with the Sutherland LGA.<sup>5</sup> Other possible explanations, for which we also lack specific data, may include differential access to and use of health services, parks and other recreational venues, lower air quality and higher housing density.

We also found that speaking a language other than English at home predicted lower scores on the social functioning dimension. The items on this dimension ask respondents about the impact of their health on the quality and quantity of their social activities respectively. The results

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<sup>5</sup> Based on 2001 Census data, the SEIFA Index of Advantage/Disadvantage indicated 1,079.44 for Sutherland Shire LGA and 954.08 for Bankstown LGA. Of LGAs in the Sydney Statistical Division, Bankstown ranked 7th in terms of 'disadvantaged' and Sutherland Shire 39th (of 44 LGAs).

suggest that this group of women perceive that their health impinges significantly on their ability to engage in normal social activities. It is well known that immigrants, particularly those with low proficiency in English, are more inclined to experience social isolation and loneliness (Hugo 2001; Rice 1999) and this may have a number of causes that may be related to health.

### Comparison with a National Data

Comparison with national data  
Women's scores for each of the eight SF-36 dimensions were compared with national data from the Australian Bureau of Statistics for women in comparable age groups<sup>6</sup> (45-54 years, 55-64 years, 65-74 years, and 75 years and over). Age distribution for all of the respondents from the three OWN centres is shown in Table 2.

Of 32 comparisons with national data (eight SF-36 dimensions by four age groups) only four significant differences were found. Women in the two older age groups reported significantly better physical functioning than women in the national sample (Table 3). This is not surprising given that the focus of many of the wellness activities is on physical activity. However, women in the youngest age group reported experiencing more bodily pain and poorer social functioning than women in the national sample (Table 4). This may simply reflect the greater likelihood of younger women with health issues and concerns joining a wellness group. It should be noted, however, that of the 19 women in this age group 16 attended the Bankstown Centre and 12 of these were of non-English-speaking background.

**Table 2:** Age distribution of respondents from the three OWN Wellness Centres

Age Group (years)	Number	(%)
45-54	19	(8.5)
55-65	57	(25.4)
65-74	84	(37.5)
75 and over	64	(28.6)
All ages	224	(100)

<sup>6</sup> The method and a full table of the results are provided in Appendix 7.

**Table 3:** Scores on Physical Functioning dimension for women aged 65-74 years and 75 years and over

Age Group (years)	Data Source	Physical Functioning Mean and 95% Confidence Interval
65-74	ABS (n=875)	65.2 (62.7 to 67.8)
	WOW (n=60)	75.5 (70.6 to 80.4)
75 and over	ABS (n=539)	51.4 (47.9 to 54.9)
	WOW (n=41)	65.2 (56.7 to 73.7)

**Table 4:** Scores on Bodily Pain and Social Functioning Dimensions for women aged 45-54 years

Age Group (years)	Data Source	Bodily pain	Social functioning
45-54	ABS (n=1566)	74.8 (73.0 to 76.6)	85.7 (84.1 to 87.3)
	WOW	59.3 (46.9 to 71.7) (19)	71.1 (61.0 to 81.1) (19)

## Conclusions

Because this was part of a pilot study – with limited access to resources and conducted over a short time frame – our quantitative component had fewer respondents than we would have liked, and we were only able to obtain ‘snapshot’ data, rather than comparative measurements over an extended time frame. Despite this, our analysis of the data did indicate differences among the respondents both between Centres and against the

national data, in relation to certain dimensions of health, Centre membership and language spoken at home. We hypothesise that these may result from structural, social and environmental factors, including socio-economic status and discrimination relating to ethnicity. These would be areas for further examination in the event of a continuation of this research.



# Summary of Findings and Key Recommendations

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## HARVESTING STORIES

### ***Wellness groups provide a gateway for older women's journeys into wellness***

- Older women in conversation with other older women clarify their needs, develop the variety of activities offered in OWN Wellness groups, and arrange for their facilitation and delivery. Importantly, Wellness group activities are affordable and relevant, and that affordability often brings women to Wellness groups initially. Being collaboratively self-directed, 'by older women for older women', ensures a supportive, invigorating and evolving environment.
  - Apart from finding activities accessible, therapeutic, energising and enjoyable, participants spoke of a relational dimension where nurturing, acceptance and friendships are integral to the activities. OWN Wellness activities, and the associated development of trust and belonging, provide an effective gateway for developing women's understanding of wellness.
  - Many women come to a Wellness group, undertake one activity, then another, then gradually do more, and soon find themselves progressively growing and
- developing as a person. The process of directing their own program of wellness and participating, engaging and bonding with other women through activities gives them the confidence to eventually take on new roles and responsibilities within the group and in their communities.
- The physical activities that women most frequently referred to as important were gentle exercises, swimming, aqua-aerobics, Tai Chi, Feldenkrais, drumming and dance. Women alluded to an increased sense of physical wellbeing: *they helped me cope with a spinal injury, helped me keep my weight down and improved my blood pressure.* They also praised the mental stimulation and the relational aspect of developing friendships with others: *I have improved my memory, my physical wellbeing, learnt to relax, and have cut down on pill-taking.*
  - The stimulation of intellectual activities such as visiting speakers and discussion groups provided benefits beyond learning new information. In addition, it exposed them to different people and ideas, developed communication skills, and supported *the self-management of my health.*

confirmed that having a Wellness group designed for women only was a vital part of their personal journeys towards wellness. For many this was a new stand for them, another way of reconstructing themselves as older women, and challenging stereotypes, having previously been involved primarily in family and social situations of mixed gender. Some said that the dynamics would change if males were present, that conversations and activities would be different because their ability to have a voice could be threatened, and that there would be competition for space.

- › The idea and role of eldership, where older women are acknowledged as positive, supportive and wise leaders, despite illness and frailty, is a story that needs to be heard, amplified and better integrated into public stories at large in the wider community.

### **Wellness groups' culture of acceptance and self-direction is central to wellness**

- › In Wellness groups women are recognised and valued for who they are rather than what they can do or what they have achieved. Women repeatedly spoke of feeling accepted in OWN Wellness groups. So when women come to the groups from a diversity of cultures, ages and backgrounds they felt embraced by this culture of

acceptance. This complex network of diverse friendships is one way to protect against the common problem of loneliness among older people, while at the same time providing a stimulating and nurturing environment.

- › Many of the practical needs of migrants, such as improving their English and making friends, were addressed by being in a Wellness group. Other women mentioned the importance of mixing with people from other cultures they might otherwise not get to know if not for the Wellness groups.
- › Alongside acceptance there is a particular emotional intelligence among women within Wellness groups. Women's feelings were transformed through coming to the groups. Many talked of moving from fear to confidence and from depression to intimacy. Women often described three stages in their emotional engagement with the group:
  - Prior to joining a Wellness group many women felt isolated, depressed, rejected, invisible, were in crisis, or had a fear of growing older and moving into unknown territory. Others felt more positive – that it was time, now that family and work responsibilities were over, to give something to themselves.

› Women indicated that there were additional activities that they wanted – some of which are available in other Wellness groups. Sometimes women just wanted more of the same, offered more often and at alternative times. For example, drumming and dancing were requested because they addressed not only their physical needs but also their needs for bonding, fun and closeness. Other women said they would like more stimulation for the brain. Meditation and creative endeavours, including crafts, music and singing, were mentioned as providing important mental stimuli, especially for those who are unable to do physical exercises.

### **Wellness activities enable women to challenge stereotypes of older women**

› Older women continue to be constructed in particular ways by society, and this has influenced women's view of themselves as invisible, a health burden and *silly old women*. In particular, women are commonly expected (and they expect themselves) to be carers, or the taken-for-granted family stalwart, often without receiving care for themselves or having their value acknowledged and appreciated. These constructions contribute to women's feelings of depression and lack of confidence and, in some cases, to illness. These

assumptions were challenged and transformed in the OWN Wellness groups.

› Alongside these social constructions of older women, there was evidence that through Wellness groups women were actively reconstructing the meaning of being 'older women' and of wellness. As women claimed their feelings and opinions and regarded themselves as being part of a group, they individually and collectively challenged the stereotypes. Positive expressions of eldership, where women are empowered and active, are modelled in Wellness groups.

› This process of challenging stereotypes was often difficult. Some women sacrifice their own expectations to conform to a predictable (dull) model. Women described being caught between what other people wanted of them and what they wanted for themselves. Their struggle between what they thought they ought to do and what they actually wanted to do often involved strong emotions of guilt and worry. Some reached a crisis point. Wellness groups gave them the space, time and support they needed to make their own choices: *The Wellness Centre has been my haven.*

› Wellness groups were originally conceived as providing for the needs of women only. This was based on research showing that many older women felt isolated in society. Several, but not all, women

- When they first came to a Wellness group the women variously described themselves as nervous, anxious, curious and interested.
- Once in a Wellness group, women explained how their relationships with others in similar situations to themselves helped them to grow and express their emotions better. They began to see a difference in themselves and experienced increased self-esteem, confidence, courage, intimacy and friendship.
- › For many women the group came to mean much more to them than they had initially anticipated. This access to a time and space to dream and become is a potent mix for encouraging and enabling wellness.

### ***Support for lifelong learning is a vital aspect of wellness activities***

- › Women spoke about the ways in which the range of formal and informal learning opportunities (e.g. discussion groups, mentoring, workshops and conversations) was central to their wellness.
- › Women consistently acknowledged their delight and liberation associated with learning in OWN Wellness groups. They gave examples of other organisations that offered courses, but because they had a different culture and purpose the learning experience was not as positive and was sometimes even detrimental.
- › Informal learning – which occurred through being involved in wellness activities, networks and relationships – was frequently mentioned. For example, a number of women talked about learning to use the computer and the difference it made in their lives, both symbolically as well as in terms of acquiring a new skill.
- › Discussion groups and lectures prompted women to read more widely, casual conversations offered learning, and hearing others' life stories opened women's minds. They indicated that whatever they learned was worthwhile in some way, even if not immediately useful. For those women who hadn't been formally educated, interactions and connections with other women provided an important opportunity for learning.
- › There were many stories of emergent learning, where one activity became the springboard for the next and learning snowballed in a self-sustaining way.

## **Social action, advocacy and active citizenship develop through wellness activities**

- › The supportive, interactive and participatory culture of OWN Wellness groups generated citizenship skills that are put to use both within and outside the groups. Increased confidence, related to acceptance and learning through Wellness groups, led many women to act differently and, in turn, their activism gave them an enhanced sense of achievement. There were numerous examples of women taking on new community roles and activities, and being able *to give back to the community*. This included being on the management team of their Wellness group, welcoming and initiating new members, enrolling and completing courses at TAFE, speaking at conferences, and becoming active in local politics, charities and boards.
- › For those whose activism included their Wellness group, there was concern about the wellness movement and the sustainability of groups as a result of a lack of recurrent funding. They were advocating the need for more financial and political support from government agencies, to maintain what exists and to expand Wellness groups and activities.
- › There was evidence from women's stories that some of their needs in

Wellness groups were not always met, particularly as group attendance grew. This was related to inadequate funding to expand activities and Centres. Some classes were full, premises were too small to contain all the activities, timetabling of classes was not able to be flexible enough because of lack of space, and often the program was too cramped. All three Wellness groups that participated in this study are in premises that are inadequate in some way. It is well known that buildings and physical environments affect health and wellbeing, and that having purpose-built premises for community activities can aid the development of wellness.

- › Another concern was that Wellness groups often place a heavy load on volunteers, and that excessive volunteering can create anxiety and burnout. The assumption that volunteers can provide services that would otherwise need to be provided by paid workers needs to be challenged and addressed. This is a complicated issue. As mentioned at the beginning of this section, volunteering can build confidence and provide a sense of purpose and meaning to people's lives. Volunteers can enable a group to flourish in flexible and self-determining ways, which can sometimes be thwarted when government funding brings additional controls and constraints. Many women commented that the unacceptable cost in terms of burnout meant that their group

needed both volunteers and a paid worker. This was of particular concern for women in one of the Wellness groups that had recently lost its paid coordinator because of a lack of funding.

- › Wellness groups have been so successful that they continue to create demand. Women aspire to wellness and many advocated for more support to nurture it.

### ***Epiphanies lead to transformative understandings about wellness***

- › About a third of the women's stories included an experience of transformative learning, an epiphany, a moment where things changed significantly, where they saw through to a different understanding about wellness and their lives. They linked these experiences to their participation in their OWN Wellness group. Epiphanies – cognitive, physical, emotional and/or spiritual transformations – occurred in diverse ways:
  - For some there was an 'ah ha' experience, a moment of realisation, a spontaneous recognition of some change in themselves.
  - For others there was a watershed where a difficult experience, often related to life-threatening

situations, was transformed with the support of others in the Wellness groups, into something more positive.

- Others spoke of reconceptualising self, where their sense of self, their identity, began changing through involvement with other women. For many women their sense of themselves had been primarily linked to their roles at work, with their partner and within their family. When these things changed they had to rethink their identity. Work and the nuclear family offer a different kind of belonging to that of a community of like-minded women, where women's experiences are more readily understood and accepted. As a result, the Wellness group experience enabled these transformative shifts to occur.
- Other women spoke of being challenged to think differently through mixing with a diversity of people in the groups and on management committees.

### ***Expressions of wellness are complex and often paradoxical***

- › The women often expressed their ideas of wellness in complex and paradoxical ways, indicating that their assumptions about wellness

were holistic rather than being narrowly based on one particular aspect of their selves: your whole body is taken care of. One of the key features of the women's perception of wellness was that it was not the opposite of illness. Many women with quite serious illnesses came to regard themselves as well.

- › One of the most frequent comments was that wellness is a journey, a process that involves living in the here and now, living *only one day at a time*, while paradoxically growing through the challenges of ageing into the future. The focus increasingly shifted to the positive aspects of ageing through a change in *attitude of mind*. As well as living the journey and being in the *here and now*, these women's sense of the future was strong. Understanding wellness and being involved in OWN Wellness groups enabled the women to have a sense of purpose and anticipation as well as the confidence and support to develop strategies to deal with the present and future.
- › Women's aspirations in terms of wellness were for both independence and interdependence. Independence included control over their own lives and being able to do what they wanted rather than adhering to others' demands and wishes. At the same time, it is important for women to know that they are not alone and that others share their situation: *No matter how self-sufficient I am I*

*need to belong*. Interdependence meant connections with diverse people from other countries, diverse religions, beliefs and ages, and with the environment. These connections were central to women learning and changing, and this was also an important aspect of wellness.

- › The spirituality that occurred in the Wellness groups and the opportunities to enhance their spiritual intelligence helped some women move towards wellness. Spirituality was widely interpreted by participants and was only sometimes associated with organised religion. However, it usually involved care, compassion, acceptance of self, and connection with others and the environment.
- › Despite the complexity of ideas about wellness, there were many succinct expressions of wellness. These included *being content and interested in life, dealing with everyday things and getting over problems, having a feeling of belonging, being in control of one's life, and that wellness was an inner feeling and an achievement to be celebrated*.

## FUNCTIONAL HEALTH STATUS AND WELLBEING (THE SF-36)

The results from the cross-sectional quantitative study show that some differences occur among the women. Speaking a language other than English at home is associated with

**Table 5:** Benefits of wellness ( identified from the women's stories)

Social	Emotional	Physical	Mental
Social inclusion, e.g. trips to movies, lunch and theatre	Development of trust, support, caring and friendship	Increased sense of physical wellbeing by participating in physical activities, e.g. aqua-aerobics, drumming, dance and Feldenkrais	Improved mental stimulation by participating in physical activities
Wellness groups offered affordable access to activities	Being in a wellness group encouraged a sense of belonging	Regular exercise and strengthening the body helped cope with injury from years earlier	Providing mental stimulation through meditation, dialogue with others and creative endeavours
Relational aspect of developing friendships with others	Empowerment as Wellness groups gave women the space they needed to make their own choices	Dancing provided opportunity for physical contact and connection with others	Culture of support and acceptance enabled both formal and informal learning, e.g. mentoring
Challenging stereotypes and presenting positive models of eldership	Empowerment, learning to say 'no' and putting self first when necessary		New-found confidence encouraged participation in community activities outside Wellness groups
Reconstructing themselves as older women and challenging stereotypes	Complex network of friendships protected against loneliness among older people		Increased confidence and learning through participating in group activities
Social and emotional inclusion through culture of acceptance and caring	Emotional empowerment, women began to see themselves differently, experienced increased self-esteem and confidence		Recognition of a more holistic view of health rather than one narrowly based on a particular aspect
Assisting women migrants by promoting a feeling of acceptance by embracing cultural and linguistic diversity			Group activities led women to act differently and in turn their activism gave them an enhanced sense of achievement and confidence

Spiritual	Skills	Participation
Challenged to be positive in thinking	Development of confidence to take on new roles and responsibilities within the group and one's community	Promoting learning by participating in a diverse range of activities led to involvement in the management team and undertaking further training
Encouraged spontaneous expression through culture of acceptance of diverse beliefs	Stimulation of intellectual activities, such as visiting speakers and participating in discussion groups	Supportive, interactive and participatory culture led to women taking on new community roles and activities
Bonus of friendship and wisdom of the other women created a sense of belonging	Developing new communication skills by exposure to other people and ideas	Supportive environment encouraged completing courses at TAFE, speaking at conferences, etc
Improved social cohesion as relationship with others in similar situations helped the women to grow and develop	Developing new skills, e.g. being part of an editorial group that was producing a newsletter	Participation in wellness activities encouraged lifelong learning
Experience of transformation – where things changed, women saw through to a different understanding about wellness and life	Practical needs of migrant women addressed, e.g. improvement of English skills by participating in group	Advocacy for wellness movement and for securing the sustainability of groups by obtaining funding
For some there was an 'ah ha' experience, a moment of realisation, a spontaneous recognition of change in themselves	Development of computer skills made a positive difference in their lives	
Focused on the positive aspects of ageing. Wellness viewed as a journey, involving living in the here and now, living only one day at a time	Developing organisational skills made a positive contribution, e.g. organising teachers, welcoming new people, taking money	

poorer self-reported social functioning as a result of health or emotional problems. Comparisons between Centres indicated that women attending the Bankstown Wellness Centre report that they experience more feelings of anxiety, nervousness and depression than women at the Sutherland Wellness Centre. Not surprisingly women reported poorer physical functioning with increasing age but in comparison to their Australian peers the older women attending Wellness Centres reported better physical functioning. We suggest this is a result of the availability of affordable physical activities at Wellness Centres. Younger women in the study reported more bodily pain and poorer social functioning than their Australian counterparts, a result that may be put down to ethnicity or different expectations. Care needs to be taken with this finding as there were only a small number of younger women in our study. In all, the results are congruent with other research (Milne & Williams 2000), which has shown that structural and social factors, for example location and ethnicity, influence women's functional health status.

## AREAS OF DISCOVERY

Across the whole inquiry there were four main areas of discovery:

1. Wellness as a concept is hard to grasp, because of its holistic nature, but because the older women have been able to describe it in their stories we now have a much richer,

detailed and grounded picture of what types of activities are effective in enabling wellness. The holistic and complex nature of the wellness process needs to be recognised and respected by funding bodies, academic institutions and social planners. Reducing the program to a community-based physical activity program, for example, would significantly undermine the benefits of the program.

2. Equally complex is the community development process which sustains and delivers the various Wellness Centre activities as studied by this inquiry. An essential ingredient for enabling wellness promotion is community participation and investment in the program by participants and volunteers. Volunteers and participants generate social capital through their Wellness group activities, thus amplifying the return on investment by agencies. Because of this, Wellness groups provide a low-cost public health benefit and effective social care services to the community. However, we need to be careful not to kill the goose that lays the golden egg, by funding such programs at levels which require unrealistic and unsustainable levels of effort by participants and volunteers. The older women's eldership and leadership contributions need to be valued and called upon in initiating and promoting the development of wellness at statewide, community and organisation levels.

3. We now know that the processes used by OWN are effective for setting up and sustaining Wellness groups.
    - providing rent-free space that is suitable for the activities
    - including Wellness activities in social and community service plans, as well as considering Wellness activities when designing new facilities and buildings.
  4. The use of participatory and narrative research methods, which are congruent with OWN's Wellness philosophies, resulted in a richer body of data, as well as being popular with the participants. We now have evidence that participatory story-harvesting approaches to the evaluation of wellness activities can be supportive of health and wellbeing, at the same time generating significant insights and understanding of this complex area. Wellness research and health promotion evaluation practices need to be broadened to include participatory, emergent, community development and qualitative research methodologies to complement more conventional quantitative measures.
2. A longitudinal study in a new program site be undertaken. Such a study will need to be thorough and sensitively designed in order to examine the cost effectiveness of the OWN wellness model. The funding needs to be at a realistic level and extend for a period that is long enough to demonstrate useful results.
  3. Research methods for evaluating such projects need to be congruent with the philosophy, content and processes of wellness.
  4. Future initiatives, such as the establishment of additional OWN Wellness Centres, be grounded in the community development philosophy of the program and involve groups of local women in a prominent collaborative role.

## KEY RECOMMENDATIONS

We recommend that:

1. National, state and local agencies support the operation of initiatives like OWN Wellness Centres. Because of the demonstrated resourcefulness of the participants, practical support may come in many forms:
  - funding
  - providing paid staff to work with the volunteers in Wellness



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# Abbreviations

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<b>CRG</b>	Creative Reference Group
<b>NESB</b>	Non English Speaking Background
<b>NSCCHP</b>	Northern Sydney Central Coast Health Promotion
<b>NSCCWHS</b>	Northern Sydney Central Coast Women's Health Service
<b>NSW</b>	New South Wales
<b>OWN</b>	Older Women's Network
<b>SES</b>	Socio Economic Status
<b>UTS</b>	University of Technology
<b>UWS</b>	University of Western Sydney





Where: *The Annex, Dougherty Community Centre, 7 Victor Street, Chatswood*

**COSTS:** *We suggest a donation of \$5 for one or two Morning activities and \$5 for Qi Gong*

#####

FELDENKRAIS With Helen Hill	10-11.00 am
MORNING TEA	11.00-11.15 am
INFORMATION & DISCUSSION TOPICS (see next column)	11.15-12.15 pm
LUNCH	12.15-1.00 pm
QI GONG	1.00-2.00 pm

**INFORMATION & DISCUSSION TOPICS FOR TERM 1 2006**

Feb. 1st	Music With No Bars Lorna Parker
Feb. 8th	Meditation Rafida Ali
Feb. 15th	The Colours You Choose Rafida Ali
Feb. 22nd	The Meaning of Life Renata Watkinson (OWN)
Mar. 1st	Falls Prevention Keeping on Your Feet Val Tootel (NS Health)
Mar. 8th	Nutrition Marilyn Kirtle
Mar. 15th	Music With No Bars Lorna Parker
Mar. 22nd	Difficult Conversations Margaret Davies
Mar. 29th	Planning for a Year of Wellness All of Us
Apr. 5th	Update of Wellness Research Bev Lloyd (NS Health Prom.)
Apr. 12th	Controlled and Confident Continuance Advice Caroline Dowell (NS Health)

**Why Wellness?**

Wellness is more than the absence of disease. It is about achieving and maintaining physical, emotional and intellectual wellbeing so we can continue to chart our own destiny, so that as we age wellness becomes more and more about how we define our freedom and independence.

Australian women have an average life expectancy of 82 years. We need to achieve and maintain a state of wellness for our personal wellbeing, and for the continued wellbeing of the communities in which we live.

OWN founded and developed our concept of Wellness programs within this community context, so that women participants have a place where they can acquire the knowledge, skills and peer support to enhance their physical, emotional and psychological wellbeing.

OWN Wellness acts as a hub where best practice, innovative research, government, non-government and community work together.

*Above all women have fun together!!*

**Membership of OWN is open to women who describe themselves as older women.**

# Older Women's Network Bankstown Wellness Centre

Bankstown Police & Community Youth Club  
Cnr Meredith St & French Ave, Bankstown

Telephone: 9708 2245  
Fax: 9796 4950  
Mobile: 0413 001 261



Program\*  
Term 2, 2006  
Mon 1 May-Wed 28 June  
.....By older women  
for older women.....

A Project of the Older Women's Network NSW  
Funded by NSW Health Department  
(\*Programs are also available in  
Arabic, Greek & Vietnamese.)

## What is a Wellness Centre?

A Wellness Centre aims to present older women with a different model of health and wellbeing.

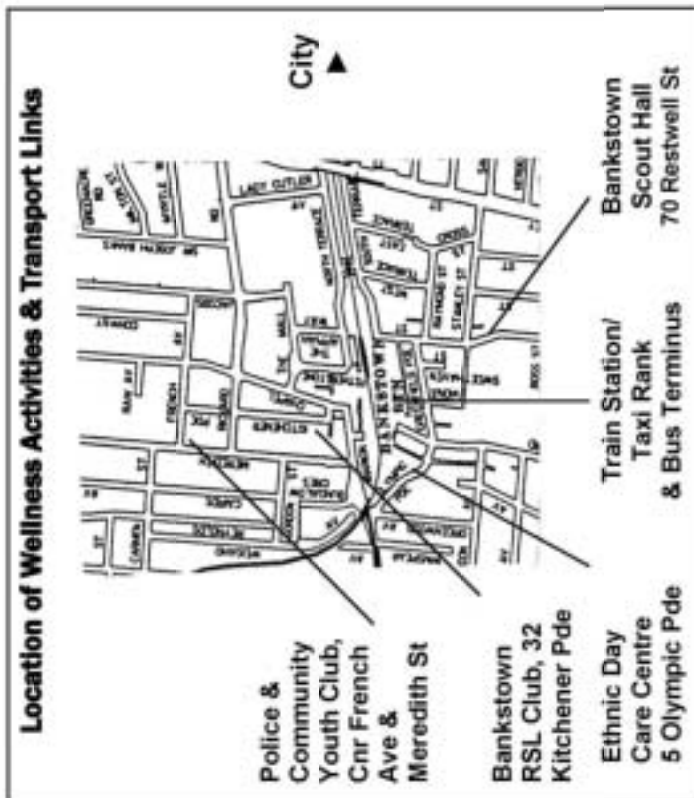
Through physical activities and discussion groups we strive to introduce a variety of activities for healthy living. We provide a holistic approach to improve and maintain health and cope with illness. We do this in an informal, friendly and supportive environment.

We are committed to:

- Flexible "drop in" attendance.
- Learning from each other as well as health professionals.
- Consumer involvement and participation.

*We are ... by older women.... for older women*

## Location of Wellness Activities & Transport Links



## Older Women's Network Bankstown Wellness Centre

Telephone: 9708 2245    Mobile: 0413 001 261    Fax: 9796 4950    P.O. Box 3164, Bankstown NSW 2200  
 Term 2, 2006. Monday 1 May to Wednesday 28 June

Mondays	Tuesdays	Wednesdays
<p>● <b>9.30 am: Greek OWN</b> Gentle Ex &amp; Discussion, Ethnic Day Care Centre. Ph: Voula 9785 4557</p> <p>● <b>10.00-11 am: Feldenkrais</b> Floor based gentle movements. Bring a towel or mat. (Class Limit: 18.)</p> <p>● <b>10.00-11.00 am: Arabic-speaking Group</b> Gentle Exercise in a women-only environment. Scout Hall, 70 Restwell St, Bankstown. Ph: Marial Sabry 9780 2808</p> <p>● <b>11.15 am-12.45 pm: Folk Art</b> Learn how to make beautiful gifts, accessories and keepsakes.</p> <p>● <b>11.15 am-12.15 pm: Gentle Exercise</b> Have fun working within your own comfort zone while keeping fit.</p> <p>● <b>12.45-2.45 pm: Massage x 2.</b> Relaxing &amp; therapeutic. \$10 fee must be paid at the time of booking.</p> <p>● <b>12.45-2.45 pm: Drumming</b> Beat your cares away.</p>	<p>● <b>10.00-11.00 am: Aqua Exercise</b> Exercise in an indoor heated pool. Excellent for arthritis or osteoporosis. Bankstown RSL Club-pool entry: \$10 non-RSL members, \$5 RSL members. (Class Limit: 22.)</p> <p>● <b>10.00-11.30 am: Discussion Group</b> Share experiences &amp; ideas in a supportive environment</p> <p>● <b>11.45 am-12.45 pm: "Wellness In Your Hands"</b> 2 May: Legal Matters that matter: Silvana Gruber 9 May: Learning about our local community: Gloria Habil 16 May: An update on what's happening on Bankstown's Roads: Jenny Murray 23 May: Reservoirs of Bankstown: Jenni Madden 30 May: "The Lavender Lady": Jan Harker 6 June: Legal Matters that matter: Silvana Gruber 13 June: Colour Your Life: Petra Will-Herat 20 June: Age Proof Your Brain: Petra Will-Herat 27 June: Preventing a Nervous Breakdown: Petra Will-Herat</p> <p>● <b>1.00-2.00 pm: Tai Chi</b> Gentle flowing movements and controlled breathing will improve your general fitness.</p>	<p>● <b>9.00-11.00 am: International Dance</b> Like dancing and music? Come and exercise in a delightful way. Learn traditional dances while enjoying a gentle workout!</p> <p>● <b>10.00-11.00 am: Aqua Exercise</b> Bankstown RSL Club-pool entry: \$10 non-RSL members, \$5 RSL members. (Class Limit: 22)</p> <p>● <b>11.30 am-12.30 pm: Gentle Exercise</b> Half of this session is optional-on the floor OR on a chair-your choice! (Bring a mat if you are doing floor exercises.)</p> <p>● <b>12.45-1.30 pm: Relaxation</b> Learn how to relieve stress &amp; anxiety.</p> <p><b>Writing Workshops with Silvana. All welcomed</b> ✦ Autobiography ✦ Stories &amp; Poems ✦ Anything you like! From 10-11.30 am on these dates only: ▶ 24 May ▶ 14 June</p>
<p><b>Please Note:</b> The Wellness Centre is for women living in the Bankstown Local Government Area. An older woman is generally considered to be 50 years and over.</p> <p><b>Where are we?</b> Most activities are held at Bankstown PCYC (see map reverse page) EXCEPT FOR: Aqua Exercise Bankstown RSL Club Pool, 32 Kitchener Pde. \$10 Non-RSL Members: \$5 Members. Greek Older Women's Network meets at Ethnic Day Care Centre, 5 Olympic Pde, Bankstown. Arabic-speaking group meets at Scout Hall, 70 Restwell St, Bankstown (opposite Public School).</p> <p><b>Costs:</b> For a recommended donation of \$10 per term, you can attend as many activities as you wish. You will need to pay and book ahead for a Massage. Cost: \$10. All other activities operate on a "drop-in" basis. Some activities have a maximum number of participants (refer to program).</p> <p><b>What to wear and bring:</b></p> <ul style="list-style-type: none"> <li>For gentle exercise, we suggest you wear comfortable clothing. Bring a mat for floor work. Rubber sole lace-up shoes must be worn for gentle exercise.</li> <li>If you have any concerns about being able to participate in any of our activities, please ask your doctor.</li> </ul> <p><b>The Wellness Centre is:</b></p> <ul style="list-style-type: none"> <li>An inclusive and welcoming environment for older women from all cultures.</li> <li>Non-competitive.</li> <li>A place where older women have fun and support one another.</li> <li>Good for older women's health.</li> </ul>		

**BY OLDER WOMEN...  
FOR OLDER WOMEN**

**INFORMAL ACTIVITIES**  
*Would you like to visit  
places of interest around Sydney?*

*Why not join the*  
**OUT & ABOUT EXCURSIONS**  
For details of the next outing.  
Contact: Pat Mead  
9521 3716

**SUPPORTIVE NEIGHBOURHOOD  
LUNCHEONS**

Monthly get-togethers for those less  
physically active.  
Contact:  
Nel Tysmans 9526 2959  
Pat Donaghy 9526 5746

**COMPUTER COURSES**  
Contact:  
Noreen Hewett 9523 9158

*What is an  
OWN Wellness Centre?*

An OWN Wellness Centre presents older women with a different model of health and wellbeing.

Physical activities and information/discussion groups introduce a variety of activities for healthy living.

The Centre provides a holistic approach to promote health and maintenance of wellbeing. We do this in an informal, friendly and supportive environment.

We are committed to:

- ❖ Flexible attendance
- ❖ Learning from each other as well as from qualified facilitators
- ❖ Volunteer team management

**DONATION : \$25.00  
Per Term**

**OLDER WOMEN'S  
NETWORK  
WELLNESS CENTRE  
SUTHERLAND**

**PROGRAM**  
**Mondays & Wednesdays**  
May 1st to June 28<sup>th</sup> 2006  
At Pensioners' Centre  
749 Old Princes H'way  
SUTHERLAND

Funded by  
Sutherland District Trade Union Club  
Participants' Donations  
Supported By  
Sutherland Shire Council  
and Sutherland United Services Club

Telephone:  
*Pat Donaghy 9526 5746*  
Noreen Hewett 9523 9158

<u>MONDAYS</u>	<u>WEDNESDAYS</u>	<u>DISCUSSION/INFORMATION</u>
<p><b>TAI CHI</b> 9.00 am- 10.00 am</p> <p><b>MORNING TEA</b> 10.00am-10.30 am</p> <p><b>STRENGTHENING EXERCISE</b> (Medical Cert. required) <b>Class A</b> 10.30 am-11.30 am</p> <p><b>Class B</b> 11.30 am-12.30 pm</p> <p style="border: 1px solid black; padding: 2px; text-align: center;"><i>LUNCH 12.30-1.15 pm</i></p> <p><b>INTERNATIONAL DANCING</b> 1.15 pm-2.15 pm</p>	<p><b>TAI CHI</b> 9.00 am-10.00 am</p> <p><b>INTERNATIONAL DANCING</b> 10.00 am-11.00 am</p> <p style="border: 1px solid black; padding: 2px; text-align: center;"><i>MORNING TEA</i> 11.00 am-11.30 am</p> <p><b>GENTLE EXERCISE</b> 11.30 am – 12.30 pm</p> <p style="border: 1px solid black; padding: 2px; text-align: center;"><i>LUNCH 12.30-1.15 pm</i></p> <p><b>DISCUSSION/INFORMATION</b> <u>SUTHERLAND UNITED SERVICES</u> <u>CLUB</u> 1.30 pm – 2.30 pm</p>	<p><b>TOPICS ON NOTICE BOARD.</b> DATES: May 3<sup>rd</sup></p> <p>February 20<sup>th</sup></p> <p>February 27<sup>th</sup></p> <p>March 6<sup>th</sup></p> <p>March 13<sup>th</sup></p> <p>March 20<sup>th</sup></p> <p>March 27<sup>th</sup></p> <p>April 3<sup>rd</sup></p> <p>April 10<sup>th</sup></p>

## APPENDIX 2: STORY HARVESTING TRAINING WORKSHOP PROGRAM

Story Harvesting Training  
for

### Women Owing Wellness (WOW) Evaluation

**Where:** Northern Sydney Education Centre, Macquarie Hospital.

**When:** 18<sup>th</sup> and 25<sup>th</sup> January 2005

**From:** 9.30am – 4.30pm each day

**Purpose:** The training is open to volunteers from three OWN centres - Sutherland, Bankstown and Chatswood - who want to harvest personal stories of wellness from other OWN participants in the above centres. The story harvesting process is part of an evaluation of wellness, being undertaken by Northern Sydney Health Promotion and OWN. The training will provide some theoretical underpinning but will be largely hands-on!

#### The training is designed to:

Provide an overview of a story harvesting approach to evaluation.

Develop the guiding questions to be used in harvesting stories.

Provide an opportunity to learn about, practice and undertake the harvesting of stories via:  
semi-structured interviewing,  
facilitating group storytelling, and  
creative expressions (eg., poems, songs, collage).

Enable each of the three centres to organise their approach to the story harvesting before embarking on the full pilot project.

Provide an understanding of the application of ethics to this form of evaluation.

**What else?** The week in between the two training days is an opportunity for you to practice and develop some of the skills begun on Day 1 and to bring questions, ideas and concerns back to Day 2.

**Note:** Not everyone will need to facilitate a group in the evaluation. All participants will be encouraged to gather stories using semi-structured interviews and creative expressions.

*(Continued on page 103)*

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### **Programme**

Below is an approximation of what will occur in the training. We will be working in an interactive way so the training will no doubt vary from what is written to accommodate your particular needs.

Morning and afternoon teas and lunch will be provided on both days.

### **Day 1: January 18th**

Today will be an overview of all the processes of story harvesting and there will be a chance to begin practicing semi-structured interviewing, group facilitation and some creative ways of harvesting stories, in small groups.

#### **Morning**

Introductions – trainers and participants.

Overview of the WOW evaluation and some background thinking about 'wellness'.

Story harvesting approach to evaluation, including ethical issues.

Determining the guiding questions to be used in harvesting stories. **(Handout)**

Working in small groups.

Semi-structured interviewing

Working in 3s while using guiding questions: one interviewer, one storyteller, and one observer.

Each person will have guidelines regarding their role. Reflect on the process.

#### **Lunch**

#### **Afternoon**

Choice of creative expressions – reflect on process and how to apply this to story harvesting.

Facilitating group storytelling OR Practicing interviewing

Discussion and demonstration of basic principles for group facilitation. **(Handout )**

3-4 volunteers to facilitate small groups (5 people max) with observers in each group (about half an hour).

Feedback – what worked well, areas to improve, ethical issues.

#### **Intervening Week**

Practice interviewing! Become familiar with the guiding questions, note down any suggestions, changes to questions and ideas you have about the process and bring them to Day 2.

#### **Programme**

**(continued)**

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**Day 2: January 25<sup>th</sup>**

Today there will be an opportunity for some people to undertake the harvesting of stories using semi-structured interviews and facilitating discussion groups. Others will be able to tell their stories. These will all be 'practice runs' unless any one feels ready for the 'real thing'!

**Morning**

Reconnect, review, questions, ideas, concerns.....

Group divides into

- Interviewers 4
- Storytellers 4
- Group facilitators 2-3
- Group storytellers 8-10

Appoint a scribe. Work for about three-quarters of an hour then stop and reflect on process.

Whole group – report back from scribes.

**Lunch**

**Afternoon**

Review of whole process, deal with loose ends.....

Prepare for local administration of the evaluation.

In your 3 local groups, discuss your specific needs for doing the evaluation and design a draft of actions to be taken. Become familiar with the 'Invitation to participate' (**Handout**) and the 'Consent form' (**Handout**) that have been prepared and other support that is available.

Celebrate!

Judy Pinn

## APPENDIX 3: STORY HARVESTING INTERVIEW QUESTIONS

### Questions for semi-structured interviews and group facilitation

### Themes & Questions

There are five themes that we have developed together around which questions have been designed. As an interviewer or facilitator it is important that each of the five themes is addressed for the purposes of the evaluation. **How you do that is up to you.** The questions are to help you – so note the intention behind each theme. You will not need to use all the questions – and it may be that you don't use any as they are written. What is important is to enable participants to tell their story in their own way.

**Note:** See the summary of points about interviewing at the end of these questions (page 4) that you thought were important, when we did the training.

#### Theme 1: Introductory comments/questions

*Intention: We need some basic data about each participant and their involvement in wellness activities at a wellness group. Beginning questioning this way will help the women to feel comfortable by answering concrete questions about what they do.*

- 1.1 How long have you been involved in wellness activities in this wellness group?
- 1.2 How did you get involved?
- 1.3 How often do you come to the group?
- 1.4 What was it like when you got involved in the group?
- 1.5 When you walk in, what is it you feel in the group?

#### Theme 2: Wellness activities that women do

***Intention:** We want to understand more about wellness activities in and out of OWN groups that women enjoy and what it is about those activities that are attractive. This continues the concrete questions about what women do.*

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(Continued from page 105)

- 2.1 What have you done today/this week that helps with your feeling of wellbeing?
- 2.2 What are some other things that you do to help with your wellness? (both inside the OWN group or outside).
- 2.3 Which activities at OWN do you particularly like? Why?
- 2.4 Are there activities that you don't like as much? Why?
- 2.5 What is it about the activity/ies that you attend that you find really worthwhile?

### **Theme 3: Wellness story/ies**

*Intention: We are interested in celebrating women's stories of wellness – the experiences that women have had that illustrate wellness. Some people have stories of recovery from illness others have stories about finding some new understanding in themselves, or important feelings, or they did something completely new – there are lots of different stories. This is a much more open-ended chance for the women to talk and interact with each other, rather than through the facilitator. If there is reluctance for people to start talking, then as the interviewer you may want to start this section by telling a short, concrete story of your own about wellness*

- 3.1 Has there been a significant time in your life that could use to illustrate your story of wellness?

How important was your physical health (in this story)?

Did you have any new insights or understanding about yourself, others, life?

Was there a spiritual aspect to wellness (in your story)?

What messages did you get from your family and community during this time?

- 3.2 So, what do you make of this notion of wellness?
- 3.3 Is there an image that you have of wellness? (Prompt if needed: “others have talked about wellness as a tree, a journey, a river, a well”).

### **Theme 4: Changes, suggestions, ideas for other wellness activities?**

*Intention: This is an opportunity for women to think about what they would like to see happening in their wellness group that might help them....and/or to think about other activities outside wellness groups that might be useful. It's also important not to create the expectation that all ideas can be resourced within centres!*

(Continued on page 107)

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(Continued from page 106)

- 4.1 Given what you've said about your wellness, what would you like to see in your wellness group?
- 4.2 What kind of environment would work better for you in relation to your wellness?
- 4.3 What do you think would help create a more welcoming environment at your wellness group?
- 4.4 If you had the time and money to get involved in any wellness activity or activities what might that/they be?**
- 4.5 What are the activity/activities that attract you? Why?

**Theme 5: Other stories/ideas that you have about wellness or wellness activities?**

Intention: *This is the end of the interview or group and there may be other thoughts that have been triggered along the way. It is a way to get last ideas and to close the session.*

- 5.1 We are near the end of our interview/ group now - are there any other stories or ideas about wellness or wellness activities that you would like to mention?

**Note:** Try to stay within the time suggested. BUT, if you find you need more time in an interview/group then take it (make sure there is enough tape time!) If interviews are longer we may need to adjust the number of interviews we do.

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(Continued from page 107)

Ideas about interviewing,  
based on your feedback in the training.

### **Before Interview**

- Need a warm up – an opening up/conversation/eating time before the interview.
- Need a group meeting before meeting for the interviews.
- Co-facilitators need to prepare beforehand.
- Important to explain the purpose of the interview at the beginning and to say ‘thank you’.
- It is hard to start when you are not relaxed. Experiment with the beginning.
- Muck around with the tape recorder – be sure it’s working & everyone’s ok with it. Take care that you are located in a space that will record well - not too much background noise.

### **During interview**

- The interviews/groups are a celebration of wellness (it’s ok to have fun and laugh!)
- Questions helped but ‘free range’ was best.
- Reframe questions in own words.
- Do the ‘intention’ of the question rather than the words.
- **Don’t ask too many questions !!!** Instead be ready with some prompts: eg.
  - paraphrasing back what someone has said.
  - asking ‘What happened next?’ When was this? Where were you when this happened? How did that feel?
  - Listening for and reflecting back a feeling eg., it sounds like you were scared? Elated? Confused?
- If women are being general or conceptual in their story find ways to encourage them to be personal – eg., “..so you felt you made mistakes – can you remember one that you can talk about?”
- Find a comfort zone for the interviewer/ee.
- Give space and time to the women to think about their responses –you don’t have to jump in with the next question – **silences are ok!!!!**
- If someone says ‘I don’t know’ – give them space!!! See if there is another way to ask the question, don’t labour it, come back to it later,....
- If there is some discomfort, you may want to acknowledge it eg., “seems that talking about some of this is difficult for you?”
- Remember the interviewer is powerful – and take care!
- Interviewer gave a feeling of being humbled and privileged to be interviewing.
- Be aware that you are learning all the time in the interview.
- It is new for everybody!! So, it is a genuine exchange.
- Facilitator was warm, open – don’t underestimate yourselves.
- There is no right answer to any question.
- The story took a while to emerge.
- Half way through thought we had finished – start again, go deeper.
- Facilitator told stories too – helps to feel listened to.

### **After the interview**

- Debrief with someone regarding any feelings/thoughts that have emerged.

## APPENDIX 4: INVITATION TO PARTICIPATE IN SUTHERLAND WELLNESS CENTRE'S STORY HARVETING

WOULD YOU LIKE TO  
TELL A STORY OR  
SPIN A TALE



WRITE A POEM or  
DRAW A PICTURE,

EVEN PAINT YOUR STORY IF YOU WISH.



Older women are a rich source of history. We have a wonderful opportunity to share with others our experience of wellness. In some cases wellness may have come about through illness, or some other life changing event. We invite you to share your experiences with us, in a safe and confidential environment.

An introduction to "Women's Stories" will be held at our Information/Discussion session on 16<sup>th</sup> February commencing 1.00 pm at the Sutherland United Services Club. We look forward to seeing you there and joining with you in what we can guarantee will be a rich and rewarding exchange.

The project is ongoing, another information session is scheduled for 23<sup>RD</sup> February, so keep those diary dates free.

**OLDER WOMENS' NETWORK  
WELLNESS CENTRE, SUTHERLAND  
MANAGEMENT TEAM**



## APPENDIX 5: STORY HARVESTING ANALYSIS WORKSHOP

- **Workshop 1**

We began with an introduction to what analysis means and in particular the process of thematic analysis. Issues of ethics were reinforced.

We worked in 4 groups of 4-5 people. Each group analysed a different transcript, supporting and discussing each other's approaches and interpretations. We started with 4 themes taken from the interview questions: 1. wellness groups; 2. wellness activities; 3. wellness; and 4. stories of wellness, while looking for other themes as well. Each person annotated the transcripts with numbers (corresponding with the themes) and any comments they wanted to make. We used different coloured pens to mark out particular quotes, ideas or images that were significant for us (eg., quotes for the report, green; important ideas and concepts, pink; stories, purple; and images were marked with a star). This made each group's findings comparable across the whole group. When a new theme was suggested from a small group, the whole group stopped, discussed it, and if it was agreed to it was added to the annotation. Themes were built up collectively at a plenary session at the end of the day. We had 5 themes at the end of this workshop. The new one was called 'social context'. We reflected on our learning about thematic analysis. One of the university researchers wrote up the analysis and fed that back to the group prior to the next workshop.

- **Workshop 2**

This time the participants worked in 7 groups of 3, which enabled more transcripts to be analysed. Some groups analysed more than one transcript in the time available. Each group had different transcripts and we continued marking them as we had done in the first workshop, collectively building on or changing the themes already named and adding new themes after discussion with the whole group. At the end of this workshop we had 7 themes: 1. wellness groups; 2. wellness activities; 3. wellness; 4. wellness stories; 5. social context (negative and positive reconstructions); 6. epiphanies (physical, emotional or spiritual transformative experiences); 7. advocacy. This extended analysis was written up by the university researcher and distributed prior to the final workshop.

- **Workshop 3**

Participants worked in 10 pairs to analyse the remainder of the transcripts, following the same pattern as in the previous workshops. The themes were developed, renamed and one other theme was added: 8. learning. The university researcher, took all the transcripts, and completed the final draft of the analysis and added appropriate references. It was then passed around the analysis team for comment. This collective analysis is the basis for Section 5, of the report, Findings.

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## APPENDIX 6: HEALTH SURVEY - SF36

CENTRE
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### Health Survey

We are asking all women who come to the centre to answer some questions about their health. The survey asks about how you've felt in the last four weeks.

The questions are not difficult. Please read the instructions at the top of the first page. You can ask for help with this. Remember, there are no right or wrong answers. For each question, please choose the answer that is best for you.

Completing this survey is confidential. Do not put your name on the form.

*(Continued on page 112)*



(Continued from page 111)

## Women OWNING Wellness

Please select the answer for each question that best describes you.

1. How old are you in years? \_\_\_\_\_ years old
  
2. What is your postcode? o o o o
  
3. Do you speak a language other than English at home?  
*If more than one language, write the one that is spoken most often.*  
  
No  please go to next question  
Yes  please specify \_\_\_\_\_
  
4. Which of the following best describes your current living arrangements?  
 I live alone  
 I live with my husband / partner  
 other, please specify \_\_\_\_\_
  
5. For how many years have you been participating in Wellness activities?  
\_\_\_\_\_ years

CENTRE

Date completed: \_\_\_\_\_

Survey ID number: \_\_\_\_\_

**AUSTRALIA/NEW ZEALAND SF-36**

## SF-36 HEALTH SURVEY

AUSTRALIA/NEW ZEALAND STANDARD SF-36, PAGE ONE OF SIX

**INSTRUCTIONS:** This questionnaire asks for your views about your health, how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

**NOTE: THIS FORM IS PRINTED ON BOTH SIDES OF THE PAGE**

1. In general, would you say your health is:

(circle one)

- Excellent..... 1  
 Very good..... 2  
 Good ..... 3  
 Fair ..... 4  
 Poor ..... 5

2. Compared to one year ago, how would you rate your health in general now?

(circle one)

- Much better now than one year ago..... 1  
 Somewhat better now than one year ago..... 2  
 About the same as one year ago ..... 3  
 Somewhat worse now than one year ago ..... 4  
 Much worse now than one year ago ..... 5

(Continued on page 114)

*(Continued from page 113)*

## AUSTRALIA/NEW ZEALAND STANDARD SF-36, PAGE TWO OF SIX

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

*(circle one number on each line)*

<b>ACTIVITIES</b>	<b>Yes, Limited A Lot</b>	<b>Yes, Limited A Little</b>	<b>No, Not Limited At All</b>
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing <b>several</b> flights of stairs	1	2	3
e. Climbing <b>one</b> flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than one kilometre	1	2	3
h. Walking half a kilometre	1	2	3
i. Walking 100 metres	1	2	3
j. Bathing or dressing yourself	1	2	3

*(Continued on page 115)*

*(Continued from page 114)*

## AUSTRALIA/NEW ZEALAND STANDARD SF-36, PAGE THREE OF SIX

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

	<b>YES</b>	<b>NO</b>
a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2
b. <b>Accomplished less</b> than you would like	1	2
c. Were limited in the <b>kind</b> of work or other activities	1	2
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(circle one number of each line)

	<b>YES</b>	<b>NO</b>
a. Cut down the <b>amount of time</b> you spent on work or other activities	1	2
b. <b>Accomplished less</b> than you would like	1	2
c. Didn't do work or other activities as <b>carefully</b> as usual	1	2

(Continued from page 115)

AUSTRALIA/NEW ZEALAND STANDARD SF-36, PAGE FOUR OF SIX

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

(circle one)

- Not at all ..... 1
- Slightly..... 2
- Moderately ..... 3
- Quite a bit..... 4
- Extremely ..... 5

7. How much bodily pain have you had during the past 4 weeks?

(circle one)

- No bodily pain ..... 1
- Very mild ..... 2
- Mild ..... 3
- Moderate..... 4
- Severe ..... 5
- Very severe..... 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(circle one)

- Not at all ..... 1
- A little bit ..... 2
- Moderately ..... 3
- Quite a bit..... 4
- Extremely ..... 5

(Continued on page 117)

*(Continued from page 116)*

## AUSTRALIA/NEW ZEALAND STANDARD SF-36, PAGE FIVE OF SIX

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

(circle one number on each line)

	All of the time	Most of the time	Good Bit of the Time	Some of the time	A Little of the time	None of the time
a. Did you feel full of life?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt down?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6



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10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one)

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- None of the time ..... 5

11. How **TRUE** or **FALSE** is each of the following statements for you?

(circle one number on each line)

	<b>Definitely True</b>	<b>Mostly True</b>	<b>Don't Know</b>	<b>Mostly False</b>	<b>Definitely False</b>
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

## APPENDIX 7: SUMMARY OF SF-36 (MULTIPLE REGRESSION ANALYSES

### Univariate

Centre – one-way ANOVA

Living arrangements – one-way ANOVA

Language – independent means t-test

Age – simple linear regression

Years in wellness – simple linear regression

### Regression analysis

One model for each of the eight SF-36 indices.

### Note:

Small numbers at Chatswood.

### Variables

#### Centre

Dummy variables with Bankstown the reference category:

	1. Bankstown	2. Chatswood	3. Sutherland
Centre1	0	1	0
Centre2	0	0	1

[CentreRECODE

1 = Bankstown

2 = Chatswood and Sutherland]

#### Age – continuous variable

Age is normally distributed for Bankstown and Sutherland, but not for Chatswood.

As age is known to be a predictor of health status it was included in all analyses, irrespective of its impact on the association between centre and outcome.

#### Living arrangements

Var cat	1. Alone(reference)	2. Partner/husband	3/4. Extended family/other
Livearr1	0	1	0
Livearr2	0	0	1

#### Language

0 = Only English (reference)

1 = Other language spoken at home

**Years in wellness** – continuous variable.

#### Adjusting the significance level for multiple comparisons

The significance level of  $P \leq 0.05$  was adjusted to allow for multiple comparisons (ie, eight multiple linear regressions were undertaken), using the Bonferroni method.

$P = 0.05/8 = 0.00625$ . If the p-value was slightly larger than 0.006 (eg  $P=0.008$ ) we have reported the association as marginally significant.

## Univariate Analysis for 8 SF-36 indices

Variable	Physical Functioning	Role-Physical	Bodily Pain	General Health	Vitality	Social Functioning	Role-Emotional	Mental Health
<b>Centre</b> Bankstown Chatswood Sutherland	<i>N/S</i>	<i>N/S</i>	<i>P=0.016</i>	<i>P=0.013</i>	<i>P=0.014</i>	<i>P=0.01</i>	<i>N/S</i>	<i>P&lt;0.0001</i>
<b>Age in years</b>	<i>P=0.042</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>P=0.043</i>	<i>N/S</i>	<i>P=0.038</i>
<b>Language spkn at home</b> English only Other language	<i>P=0.087</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>P&lt;0.0001</i>	<i>N/S</i>	<i>P=0.002</i>
<b>Living arrangements</b> Alone Husband / partner Extended family / other	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>
<b>Years at wellness</b>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>

## Multivariate Analysis (Multiple Linear Regression)

Centre								<i>N/S</i>
Bankstown (reference)								
Chatswood	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>
Sutherland	<i>N/S</i>	<i>N/S</i>	<i>P=0.008</i>	<i>P=0.012</i>	<i>P=0.03</i>	<i>N/S</i>	<i>N/S</i>	<b>P&lt;0.001</b>
Age in years	<i>P=0.009</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>	<i>N/S</i>
Language spkn at home	<i>P=0.048</i>					<b>P&lt;0.001</b>		

Note: P-values in italics are reported as marginally significant. P-values in bold reported as significant. P-values at approximately conventional levels of significance (eg P=0.048; P=0.012) are shown in normal text and are regarded as not significant and therefore are not reported.

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**Comparison of WOW SF-36 scores with National Data.**

In order to compare the data collected from the three wellness centres with national data we obtained the SF-36 population norms which were collected in the National Health Survey in 1995 (ABS, 1997). This publication provides mean scores and standard errors on each of the 8 dimensions of the SF-36 according to ten year age groups for men and women. The means and standard errors were used to calculate the 95% confidence interval using the formula  $Y \pm 1.96 \times se$ . The means and confidence intervals for the study participants were obtained using SPSS. We assumed that the difference between the national score and the WOW score was significantly different if the 95% confidence interval did not overlap.

Age Group	Data Source	Physical Functioning	Role-Physical	Bodily Pain	General Health	Vitality	Social Functioning	Role-Emotional	Mental Health
Age 45-54 years	ABS	81.1	81.0	<b>74.8</b>	72.9	64.5	<b>85.7</b>	84.0	75.5
	(n=1566)	(80.2 to 82.7)	(78.7 to 83.4)	<b>(73.0 to 76.6)</b>	(71.5 to 77.3)	(63.1 to 65.9)	<b>(84.1 to 87.3)</b>	(81.6 to 86.4)	(74.3 to 76.7)
	WOW	78.5	67.1	<b>59.3</b>	58.5	56.7	<b>71.1</b>	70.2	72.7
		(67.8 to 89.0)	(49.1 to 85.1)	<b>(46.9 to 71.7)</b>	(48.8 to 68.2)	(48.2 to 65.1)	<b>(61.0 to 81.1)</b>	(54.2 to 86.2)	(64.2 to 81.1)
		(13)	(19)	<b>(19)</b>	(19)	(18)	<b>(19)</b>	(19)	(18)
Age 55-65 years	ABS	75.2	72.9	70.9	68.1	63.0	84.6	80.6	75.0
	(n=1012)	(73.0 to 77.4)	(69.6 to 76.2)	(68.6 to 73.3)	(66.3 to 69.9)	(61.2 to 64.8)	(82.4 to 86.8)	(77.7 to 83.5)	(73.4 to 76.6)
	WOW	71.8	71.6	66.5	66.6	61.0	71.5	74.4	68.7
		(63.6 to 79.9)	(60.5 to 82.8)	(58.4 to 74.6)	(60.8 to 72.5)	(54.9 to 67.0)	(64.6 to 78.5)	(62.7 to 86.1)	(62.7 to 74.7)
		(45)	(52)	(55)	(50)	(52)	(54)	(52)	(52)

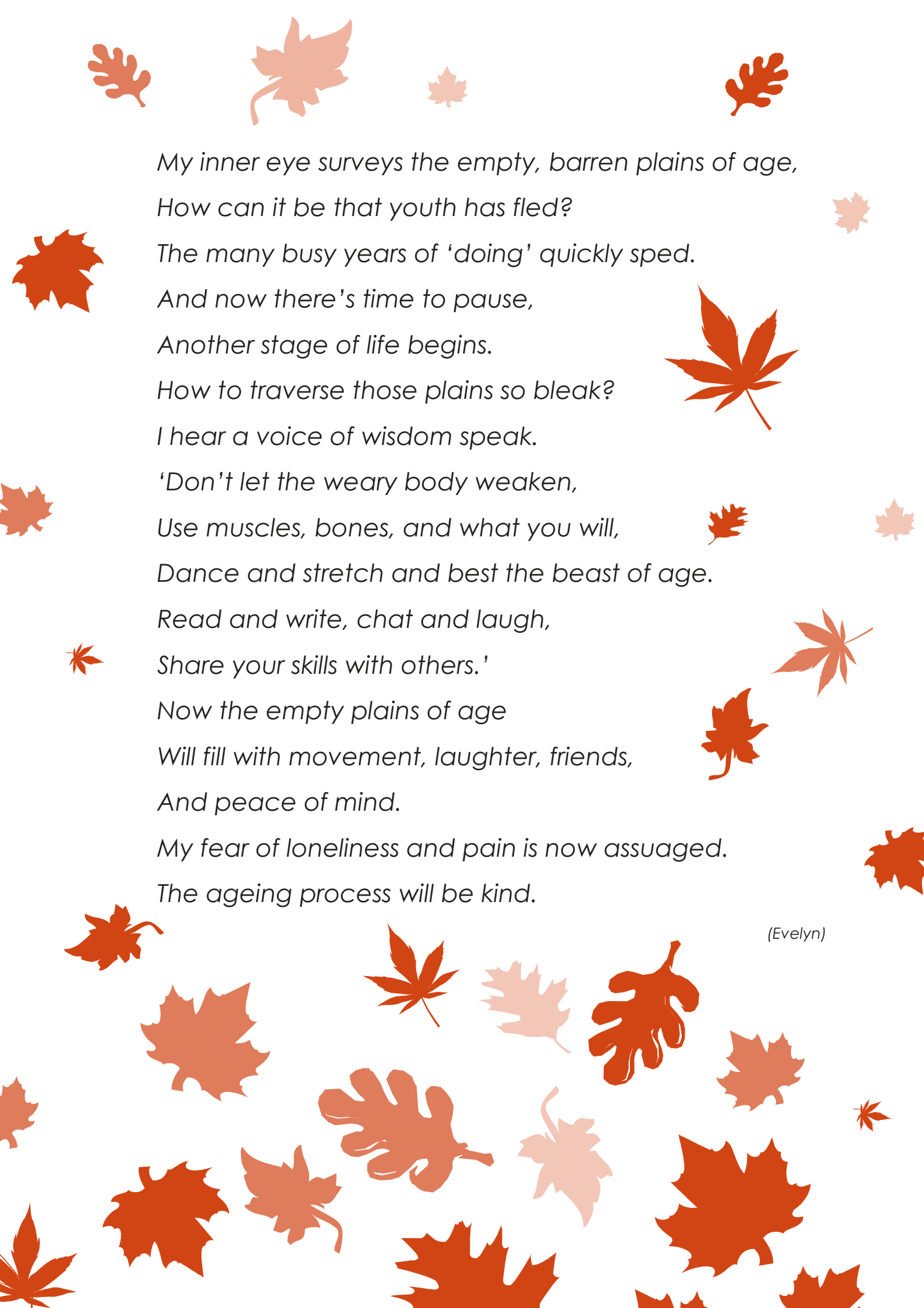
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Age Group	Data Source	Physical Functioning	Role-Physical	Bodily Pain	General Health	Vitality	Social Functioning	Role-Emotional	Mental Health
Age 65-74 years	ABS	65.2	65.8	69.0	64.1	60.0	82.2	75.9	75.3
	(n=875)	(62.7 to 67.8)	(61.9 to 69.7)	(66.5 to 71.6)	(61.9 to 66.3)	(57.8 to 62.2)	(79.9 to 84.6)	(72.4 to 79.4)	(73.5 to 77.1)
	WOW	75.5	76.0	70.9	67.2	65.3	87.7	82.3	77.1
		(70.6 to 80.4)	(67.6 to 84.4)	(66.0 to 75.9)	(62.8 to 71.5)	(60.9 to 69.6)	(83.5 to 92.1)	(74.7 to 90.0)	(73.6 to 80.7)
	(60)	(76)	(84)	(75)	(75)	(82)	(81)	(81)	
Age 75 years and over	ABS	51.4	56.7	63.5	63.9	58.0	77.4	75.1	76.8
	(n=539)	(47.9 to 54.9)	(51.8 to 61.6)	(60.0 to 67.0)	(61.4 to 66.5)	(55.3 to 60.7)	(74.1 to 80.7)	(70.8 to 79.4)	(74.6 to 79.0)
	WOW	65.2	61.3	66.5	69.4	66.0	78.4	69.6	77.0
		(56.7 to 73.7)	(50.8 to 71.8)	(59.8 to 73.1)	(64.3 to 74.5)	(60.1 to 71.8)	(71.6 to 85.2)	(59.8 to 79.4)	(72.0 to 81.9)
	(41)	(53)	(57)	(49)	(51)	(59)	(57)	(49)	







*My inner eye surveys the empty, barren plains of age,  
How can it be that youth has fled?*

*The many busy years of 'doing' quickly sped.*

*And now there's time to pause,*

*Another stage of life begins.*

*How to traverse those plains so bleak?*

*I hear a voice of wisdom speak.*

*'Don't let the weary body weaken,*

*Use muscles, bones, and what you will,*

*Dance and stretch and best the beast of age.*

*Read and write, chat and laugh,*

*Share your skills with others.'*

*Now the empty plains of age*

*Will fill with movement, laughter, friends,*

*And peace of mind.*

*My fear of loneliness and pain is now assuaged.*

*The ageing process will be kind.*

*(Evelyn)*