WEST ADELAIDE:

A PLACE TO CALL HOME

Final Report of the West Adelaide Elder Friendly Communities Project

August 2005

ELDER FRIENDLY COMMUNITIES

West Adelaide:
A PLACE TO CALL HOME

PROJECT PARTNERS

COTA National Seniors

The City of West Torrens

The University
of South Australia

The Aged Care & Housing Group

Metropolitan Domiciliary Care

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EXECUTIVE SUMMARY

Origins of the Project

The West Adelaide Elder Friendly Communities Project is a replication of a successful Canadian project initiated by the University of Calgary's Faculty of Social Work in 2000. In common with Australia, Canada has adopted an 'ageing in place' philosophy. This relates strongly to the concepts of building 'elder friendly communities', engaging older people in building community capacity, and active participation in the ageing in place process.

Representatives from Metropolitan Domiciliary Care, COTA National Seniors, Aged Care and Housing Group, the City of West Torrens and the University of South Australia consolidated interest in the project by formalising the West Adelaide Project Management Group and developing a Memorandum of Understanding. Funding was sought and the group launched the project in November 2003. The first stage of the project, an in depth needs analysis of four west Adelaide communities, commenced in May 2004.

Project Goal

The goal in the first stage of the Elder Friendly Communities project was to develop a focused needs assessment of the assets, capacities and needs of older people, ageing in place, in four communities in the western region of Adelaide. Utilising the insights and personal experiences of older people themselves was the focus of this research.

Methodology

Four diverse communities within the western region of Adelaide were selected for this project. This process involved the project

management team, in conjunction with advice from the Calgary research team, developing rigorous selection criteria. Selection criteria considered included: population density of older people (65+ and 85+); accommodation patterns; geographic location and size of communities; ethnic diversity; socio-economic diversity, and the ageing status of communities.

From this process four west Adelaide communities were chosen:

Community	Total Pop.	Adjusted Pop. 65+	Ageing Density	Ethnicity	No. of ILUs	Socio-economic status	Population status
Richmond	2,536	541	Med/high	Low	low	Med/high	Stable
Plympton	3,951	672	Med/high	Low	low	Med/high	Rejuvenating
Fulham	2,571	706	High	Low	high	Low	Ageing
Brooklyn Park	4,080	721	High	High	low	Med/high	Rejuvenating

Multiple methods of participant engagement were instigated: local media advertisements, letter box drops (specifically in retirement villages and groups of units), flyers and posters, referrals from service providers, service provider organisational newsletters and post outs, and face-to-face engagement (through attending social group meetings, morning teas, community organisation meetings, community bus runs and library visits). It was the latter, face-to-face recruitment process, which emerged as the most successful method of engagement with older people.

Qualitative data was collected from three main sources: focus groups and interviews with older community members; interviews with key community informants; and focus groups with service providers working in the western region of Adelaide.

A total of 131 older people, service providers and key community informants took part in the needs assessment within the four communities. Fifteen focus groups (12 with older people, 3 with service providers), 4 in-home interviews and 15 key community informant interviews were undertaken in a four month period of data collection.

Each focus group and interview was recorded and fully transcribed. Data analysis involved an initial thematic cross comparison process. Eight broad themes were developed from this process, with further cross comparison analysis developing a further 50 coded sub-themes under these broad categories. All transcripts were then coded and tabled according to these categories. A further cross-coding system (using colours for themes) was utilised across these categories to examine over-arching themes such as independence, resourcefulness or the role of local council.

The Resulting Themes

Seven key themes emerged from the collected data:

- Living in the Community

- Connecting to Community

- Getting Around

- Staying Active

- Getting What You Need

- Staying Healthy

- Building Community

Overarching themes that were reflected across these key areas were:

- Resourcefulness and innovation

- Independence and managing at home

- Connectedness

- The importance of local government

- Transport

- Access to information

- Thoughts on ageing in place,
  service provision and
  professional practice

Discussion

Participants in the Elder Friendly Communities Project in western Adelaide have provided significant insight into how older people engage in their community, manage change in their lives and find strategies that sustain independence. The research team has found that collectively and individually participants demonstrated a strong commitment to being independent and their stories reflected their resilience, resourcefulness and adaptability. Despite the fact that many individuals experienced challenges in managing in the community, they were neither overwhelmed nor pessimistic about this.

Managing at Home

Participants illustrated that ageing in place can be complicated by housing. Many of the participants in the project lived in older homes on traditional quarter acre blocks, reflecting housing patterns that are well established in Adelaide. Managing at home was complicated by the physical challenges of dealing with maintenance tasks in relation to the house and garden.

Older community members identified the importance of retaining links with their own community. Shifting to alternate accommodation within that community was not depicted as being easy – either to downsize or to find supported accommodation (in all forms).

Connectedness

Participants talked about the importance of social networks whether they were family, friends, neighbours or group associations. Being involved and connected was valued and reflected patterns of involvement that confirmed the contribution of older people and their engagement in their communities and neighbourhoods. All four communities had many long-term residents, reflecting strong community links that had been established over time. Some participants were using social services but participants were describing lives that were minimally dependent on such services. Other participants described levels of activity that meant they were attending a wide range of social networks and organisations. In the process they were actively helping others and maintaining strong friendships.

Families were considered a valuable source of support and were often the critical difference for some participants in their effort to remain at home. However participants in the project strongly asserted that they did not want to burden their families and preferred to remain independent.

The Role of Local Government

Another consistent theme in participants' commentary on their community was the role of their local Council and the particular importance of key individuals (elected members and staff). In this project evidence suggested that participants identified the Council as a source of information, resources and specific services for older people. A clear message from older people in these four communities was that personalising points of contact for service delivery and information was very positive. Using local government as a focal point for information and services to support ageing in place is a practical strategy which could be developed further.

Transport

Mobility issues were the key to participants' capacity to engage and connect with community, and to manage independently. Many participants used public transport but once mobility became a problem there were acknowledged problems with access. Public transport routes varied in convenience and location. These were strong factors in determining older peoples' capacity to engage and manage independently. The Council community bus service was consistently valued and viewed as a responsive service that supported independence and opportunities for social connection in the community. Taxis were considered the primary service for specific

needs such as medical appointments. Cost featured here and even when participants had Access Cab vouchers they were carefully allocated to cover medical and health needs.

Access to Information

Local government and local newspapers were identified as important information services. Participants consistently talked about the value of meeting with other people and sharing information. All too often available information, particularly regarding programs and services, was found to be outdated or inaccurate. Advocacy for individuals needing information about services was seen as important; concerns about 'what is a fair deal', 'what is a good service' and 'whom you can trust to employ' were discussed. The need for more personalised information services was a recurring theme. A consistent theme in the project was the lack of clear understanding older people often have regarding the services they are receiving. This limited the sense of control people felt they had over their own lives, in negotiating services or making simple changes in current service arrangements.

Service Provision and Professional Practice

Participants were consistently appreciative of services provided. However participants were not seeking an ever increasing number of services. Most participants did not need, nor desire, continuous services except when they required support because of a change in health status. Participants consistently discussed the need for responsive services that could be called on in an emergency or on an intermittent basis. Timing, flexibility, resourcefulness, individualised and integrated services reflected participants' preferences.

ELDER FRIENDLY COMMUNITIES PROJECT

1.1   Introduction

Origins of the Project

The West Adelaide Elder Friendly Communities Project is a replication of a successful Canadian project initiated by the University of Calgary's Faculty of Social Work in 2000. This project began in Calgary as the awareness grew of the implications of an ageing population in Calgary, in Canada, and globally. In common with Australia, Canada has adopted an 'ageing-in-place' philosophy. This relates strongly to the concepts of building 'elder friendly communities', engaging older people in building community capacity and active participation of older people in the ageing in place process and related service provision.

In 2000 Di Gursansky, from the University of South Australia's School of Social Work and Social Policy, visited Calgary as the Elder Friendly Communities project began its initial needs assessment stage. In 2001 a second visit to Calgary by Di Gursansky and Paul Eckert, from Western Regional Metropolitan Domiciliary Care and the Australian Association of Gerontology, fostered interest in developing a replication of the project in Adelaide, South Australia.

Dr. Carol Austin and Dr. Robert McClelland from the University of Calgary came to Adelaide in 2002 to detail the project to colleagues in Australia. This visit fostered support for replication of the project in the western region of Adelaide and a project management committee was established in Adelaide in 2003. Representatives from Western Metropolitan Domiciliary Care, COTA National Seniors, Aged Care and Housing Group, the City of West Torrens, and the University of South Australia consolidated this interest in the project by formalising the project management group and developing a Memorandum of Understanding. Funding was sought and the group

launched the project in November 2003. The first stage of the project, an in-depth needs analysis of four west Adelaide communities, commenced in May 2004.

The Purpose of a Replication

It was recognised by both the Calgary Elder Friendly Communities steering committee and the west Adelaide project management group that there was some common ground within older populations in both regions and with approaches to aged care service provision. Areas of common ground included:

- An understanding that different approaches were needed to respond to the needs of older people living in the community;
- A recognition that current funding is often directed to service provision; and
- That limited attention has been directed to community capacity building that focuses on older people.

Those organisations that were attracted to the project identified that the Calgary project built on the strengths and resources of older people, strengthening social capital and building community capacity through a community development process.

Why Adelaide?

The existence of a collaborative connection between the University of Calgary and the University of South Australia fostered interest in the project replication. There were many similarities that strengthened the feasibility of replication:

- Comparable population size of the Canadian province and the Australian state;
- Growing ageing populations in both regions;
- Similar housing mix, with house ownership a significant feature of the population.

- Culturally and linguistically diverse communities, and
- Comparable living standards

Some differences between the two sites were also noted:

- Local government structure: with a single council area for the whole of Calgary in contrast to 18 metropolitan local government councils in South Australia;
- The level of development of a distinctive aged care sector in Adelaide compared to an emerging aged care sector in Calgary, where most current service provision is population wide, not age specific;
- South Australia is the fastest ageing state in Australia while Calgary is the youngest of the Canadian provinces in population terms; and
- Significant variation and challenges in the climatic conditions, with prolonged cold winters and snow removal issues for Calgary and longer, hot summers an issue in Australia.

Why the Western Region of Adelaide?

The western region of Adelaide offered many advantages as a site for replication of the Elder Friendly Communities Project. Firstly the main interest in the project was forged in the west, with project partners all being located in the western region. The western region of Adelaide offered an interesting socio-economic mix, ethnic diversity, and geographic diversity with a mix of more established inner city and newer suburban areas.

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1.2   Project Rationale

The ageing of the world's population is not a new development; it has been an increasing phenomenon for the last few centuries. It can be acknowledged as a success for society as a whole, with improvements in health and living standards meaning that more people than ever before can live productive, fulfilled and longer lives. The ageing of the population is often represented as a crisis, particularly in economic terms. There is also much debate about the burden of costs to society of future aged care services.

The very elderly (85 years +) in Australia increased by 69% between 1991 and 2002, and between 2011 and 2021 it is expected this will increase by another 50%, reaching almost half a million Australians over the age of 85 (AIHW 2002:5). These statistics are coupled with a policy emphasis on ageing in place, a philosophy that is not only endorsed by the state but also welcomed by most elderly. However, successful ageing in place requires resources to appropriately serve seniors as they age and their needs change. "These changes within the age structure of the older population will shape the character of Australian society into the future. They are of relevance to government, business, communities and individuals in planning for their continued health and wellbeing" (AIHW 2002:4).

Older people are an increasingly diverse group, reflecting the diverse population of Adelaide and the western region. Additionally, older adults represent an untapped resource capable of contributing and participating in community life, enhancing their communities and their own lives. The increasing numbers of older adults ageing in place in our communities creates challenges for service providers and communities but also offers opportunities for building community capacity and increasing social capital. This project offers an opportunity for communities and service providers to become more 'elder friendly'.

1.3   Project Goal

The goal of the first stage of the Elder Friendly Communities project was to develop a focused needs assessment of the assets, capacities and needs of older people ageing in place in four communities in the western region of Adelaide. Utilising the insights and personal experiences of older people themselves was the focus of this research. This process involved the use of protocols and research instruments developed by the Calgary Elder Friendly Communities research team in order to create a replication and comparative research project of this original project.

1.4   Selection of Communities

Four diverse communities within the western region of Adelaide were selected for this project. This process involved the West Adelaide project management team, in conjunction with advice from the Calgary research team, developing rigorous selection criteria.

Factors considered in neighbourhood selection, using Australian Bureau of Statistics figures and specific cross-tabulations:

a. Total population of suburbs/communities and the population density of older people (65+ and 85+ considered).

b. Accommodation patterns. Population figures for nursing homes and other forms of supported care facilities were removed from the total population numbers for older people ageing in the community to reflect numbers of older people. Concentrated numbers of older people living in independent living units (ILU's), such as retirement villages and age specific public housing groups, were taken into account but not excluded from the population density figures.

c. Geographic and population size of the community was considered. The western region of Adelaide has some communities that are only a few streets in size while others are much larger. For example Ashford has a total population of 652 people whereas Lockleys has a total population of 5,053 people.

d. Location of the communities was considered, as the western region lies between the sea and the city with some newer, larger suburbs closer to the sea and some more established, inner city communities.

e. Ethnic diversity was considered, including numbers of Indigenous people. The main ethnic groups to be considered in this area were: United Kingdom, Greek and Italian.

f. Socio-economic factors were considered. Socio-economic status was based on lower income figures of less than $160 individual, weekly income. Based on this benchmark communities were divided into low, medium and high socio-economic categories.

g. The final factor for consideration in selection of communities was a community's status as ageing, stable or rejuvenating. Population by age categories for each suburb were compared from the 1996 and 2001 census data to determine if there was an increase in older people (ageing), more younger people (rejuvenating) or no significant change (stable) in this time period.

From this process four west Adelaide communities were chosen:

Community	Total Pop.	Adjusted Pop. 65+	Ageing Density	Ethnicity	No. of ILUs	Socio-economic status	Population status
Richmond	2,536	541	Med/high	Low	low	Med/high	Stable
Plympton	3,951	672	Med/high	Low	low	Med/high	Rejuvenating
Fulham	2,571	706	High	Low	high	Low	Ageing
Brooklyn Park	4,080	721	High	High	low	Med/high	Rejuvenating

An overview of each community is presented in Chapter Two.

1.5 Methodology

Use of Participatory Research

This project utilises participatory research, where participants are involved in the research process. Older people in the four selected communities have been engaged in the research process and are continually informed of the reporting and research phases at each stage. This report is designed to reflect and present the voices of older people located in the four selected communities.

After receiving ethics appproval to conduct this research from UniSA qualitative data was collected from three main sources: focus groups and interviews with older community members; interviews with key community informants; and focus groups with service providers working in the western region of Adelaide. See Appendix 10.1 for a full list of questions used in focus groups and interviews.

Who Took Part?

A total of 131 older people, service providers and key community informants took part in the needs assessment within the four communities.

Fifteen focus groups (12 with older people, 3 with service providers), 4 in home interviews and 15 key community informant interviews were undertaken in a four month period of data collection.

The Engagement Process

The engagement process was found to be slow and time consuming. It needed to be personalised to achieve maximum results.

Multiple methods of engagement were instigated: local media advertisements, letter box drops (specifically in retirement villages and groups of units), flyers and posters, referrals from service providers, service provider organisation newsletters and post outs, and face-to-

face engagement (through attending social group meetings, morning teas, community organisation meetings, community bus runs and library visits).

It was the latter, face-to-face recruitment process which emerged as the most successful method of engagement with older people.

Focus groups with community members

Focus groups were held within the community itself where possible. Four community centres/rooms were chosen for this purpose. Focus groups were limited to small numbers, with most groups having an average of 8 participants. Numbers varied from a minimum of 5 to a maximum of 12. This enabled all participants to be engaged in the process. Transport and morning tea were provided as a means of thanking participants for their contributions and to encourage participation. Each focus group was audio-recorded with permission from the participants.

Questions for the focus groups were broad and remained consistent across the groups. Within each broad question field specific issues could be explored and participants were encouraged to discuss issues that mattered to them. Each focus group had a moderator and an assistant moderator. The assistant moderator took notes and monitored participants' well being and levels of contribution; the moderator asked the questions and encouraged discussion. Each focus group took approximately two hours to complete.

In-home Interviews

Focus groups were supplemented with in-home interviews for those community members who were unable to attend a focus group, or who chose not to attend a focus group. Only four in-home interviews were conducted. This was partly due to time constraints with data collection and because most participants were able to attend

a focus group. In-home interviews utilised the same questions and interviewing procedure as the focus groups. They were also audio-recorded and took approximately one hour to complete.

Key Informant Interviews

Key informants were described as those community members involved in active leadership roles in community groups and organisations within the four selected communities. All key informants were also older people and most lived within the western region of Adelaide. They offered a rich insight into the four communities, not only from their involvement with a diverse range of older people in community groups, but also from personal experience.

The interviews were conducted at a place and time considered most convenient for the participant, with some electing to be interviewed at home and others attending an interview at a central, community location. All interviews were audio-recorded and took approximately one to one and half hours to complete.

Focus groups with service providers

Three focus groups with service providers were conducted at a central location within the City of West Torrens council offices. Invitations to participate were sent to all service providers offering services to older people in the western region of Adelaide. Due to the close physical location of the four communities, and the nature of service provision in Adelaide, service providers discussed service provision to all four communities, not as community specific service providers.

Each focus group consisted of 6 to 10 service providers, with a moderator asking the questions and encouraging discussion and an assistant moderator taking notes. Each focus group took approximately one and half hours to complete and was audio-recorded with permission from the participants.

Data Analysis

Each focus group and interview was audio-recorded and then fully transcribed. Data analysis involved an initial thematic cross comparison process. Eight broad themes were developed from this thematic comparison, with a second cross comparison analysis developing a further 50 coded sub-themes under these broad categories.

All transcripts were then coded and tabled according to these sub-themes and broad categories. A further cross-coding system (utilising colours for themes) was utilised across these categories to examine over-arching themes such as independence and resourcefulness.

The final coding tables were used to develop the results of the analysis. Results for each community were written up and distributed to the community participants for feedback and verification.

The Resulting Themes

Seven key themes emerged from the collected data:

- Living in the Community
- Connecting to Community
- Getting Around
- Staying Active
- Getting What You Need
- Staying Healthy
- Building Community

Overarching themes that were reflected across these key areas were:

- Resourcefulness and innovation
- Independence and managing at home
- Thoughts on ageing in place, service provision and professional practice
- The importance of local government, and
- Connectedness

1.6   Major Strengths and Limitations of the Study

It is recognised that this project, as with all research projects, has some limitations.

- The four selected communities were all based within the one, relatively small, council region. This was the result of the active support of the City of West Torrens for the project, as one of the project's partners. Consequently the data collected reflected the connections and issues community members had with one council region and local service providers and perhaps does not reflect the issues for older people in other communities.

- Whilst every effort was made to include all community members through comprehensive recruitment methods it is acknowledged that more isolated members of the four communities may have been omitted.

- Every effort was made to include diverse ethnic communities, and whilst the statistics of participants reflected the overall statistics of ethnic diversity within the four communities, it did prove difficult within the data collection time frame to engage older people from ethnic specific clubs and associations.

- While every effort was made to ensure that consistency and reliability were incorporated into the focus group and interview process, through the use of set protocols and scripts, it is recognised that the focus group and interview process are inherently subjected to moderator bias.

The project also offered some intrinsic strengths:
- The selected communities were small in size and population allowing for a more comprehensive understanding of the strengths, capacities and issues of older community members.
- The recruitment process was given time to develop and enabled a personal connection to be fostered for engagement of participants. The time invested in this process will benefit the on-going community development stage of the project.
- The extensive time frame (12 months) for the research process in stage one, the needs assessment, has allowed older community members to become engaged in the project.

1.7   Structure of the Report

This report is divided into nine chapters. This first chapter has provided details about the project itself, the rationale, goals and other background information. The second chapter offers an overview of the City of West Torrens and overviews of the four selected communities: Richmond, Brooklyn Park, Fulham and Plympton. The data and voices from each of the four selected communities are presented in separate chapters (chapters 3 to 6). Each community chapter presents information from the data analysis process under the seven broad themes and is interspersed heavily with quotes from community members. To preserve the confidentiality of participants names have not been attached to quotations.

Chapters 7 and 8 represent supplementary information gathered from key community informants and service providers respectively. Again significant quotes are presented and no names have been included to preserve confidentiality. The final chapter of the report offers some discussion on the key points raised from the data collection and analysis process. This discussion focuses on resourcefulness, managing at home, community connectedness, the role of local government, transport, accessing information, and service provision and professional practice.

FOUR WEST ADELAIDE COMMUNITIES

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WEST ADELAIDE:

2.1   The City of West Torrens

South Australia utilises a web of local government areas (Councils) for economic, social and environmental support. Councils provide a range of services at the local level including: maintaining libraries, local roads, recycling, sporting venues, development of policy and community services.

South Australia has 68 local council areas, 19 of these are located within the metropolitan area of Adelaide. A three-yearly election process underpins the representative nature of local government, with councils made up of democratically elected members. Councils largely operate autonomously and, within a framework of legislation, are primarily accountable to their local communities. This study has been initially located within one local government area, the City of West Torrens.

The City of West Torrens council covers an area of 37 square kilometres, located in the western region of the Adelaide metropolitan area. It is bounded by the Torrens River to the north, the Eastern Parklands bordering the Adelaide City Centre to the east, Anzac Highway and the Glenelg tramway to the south and Gulf St Vincent and local streets to the west.

The City of West Torrens includes some of Adelaide's oldest areas of settlement and substantial areas of post war suburban development on what were previously farms, orchards, market gardens and vineyards. The City experienced significant commercial and industrial development in the post war period, much of this focused in areas closest to central Adelaide. In 2003 the Council celebrated the 150th anniversary of the proclamation of the West Torrens Council.

The City of West Torrens remains an important employment location for Adelaide and contains both the Adelaide Airport and the major interstate rail terminal. The City also includes major sporting facilities such as Santos Soccer Stadium and the ETSA Park Netball Stadium and the West Adelaide Australian Rules Football Club.

The total population of the City of West Torrens is 50,115. 19.8% of the population of the City of West Torrens is aged 65 years and over. This is much higher than the figures for older people in Adelaide (14.6%), South Australia (14.5%) and Australia (12.6%). Of this 19.8%, 14.1% are aged 65-79 years and 5.7% are aged 80 years and over. 32.8% of people aged 65 years and over in the City of West Torrens live in lone person households and 11.6% have an individual weekly income of less than $160.00.

The majority of the population in the City of West Torrens are Australian born (71.1%). The three main overseas countries of birth are: United Kingdom (5.0%), Greece (3.8%) and Italy (3.4%). Less than 1% of the population within the City of West Torrens identified being of Indigenous origin. This ethnic diversity is reflected within the four selected communities for the Elder Friendly Communities project.

Note: All figures are from the 2001 ABS Census Data.

Charles Sturt (C)

FULHAM

BROOKLYN PARK

RICHMOND

Unley (C)

PLYMPTON

Holdfast Bay (C)

Marion (C)

Mitcham (C)

Legend

Open Code		Commercial		Vacant Land		Public Utilities		Primary Production	
Residential		Industrial		Institutions		Recreation			
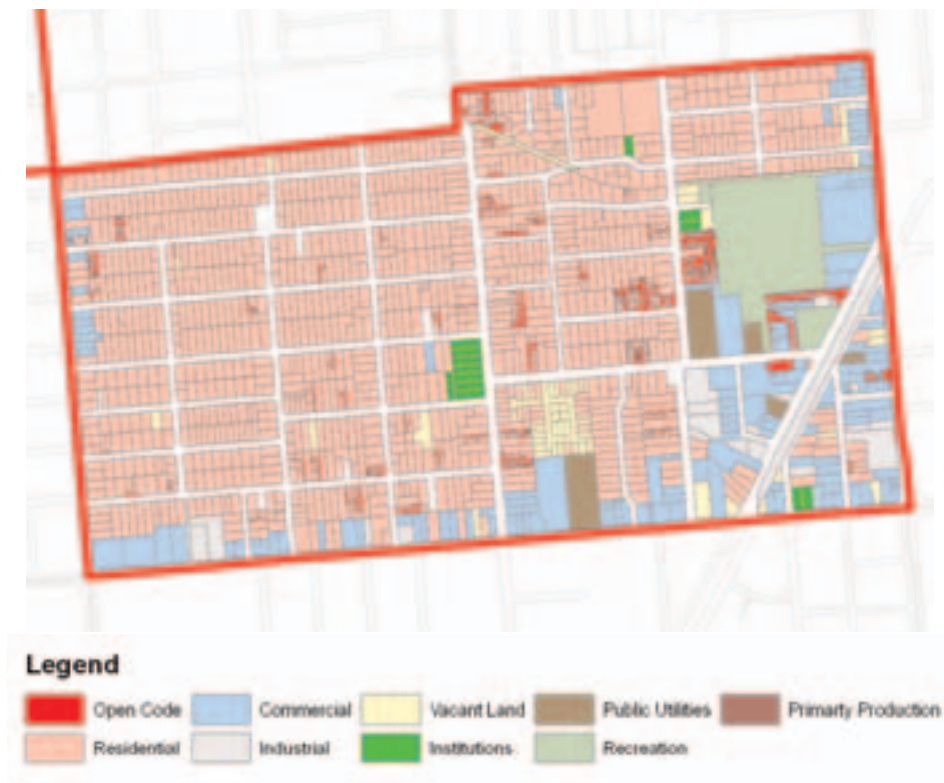
2.2 Richmond

The Richmond community lies close to the Adelaide city centre within the City of West Torrens region. Richmond is a mainly residential area. It is one of the oldest established communities within the council region covering 1.4 square kilometres. Richmond has a total population of 2,536 people. The population is regarded as stable. [1]

Richmond has a medium to high density of older people with 21.3% of the population aged 65 years and over. 416 people (16.4%) are aged 65–74 years and a further 125 people (4.9%) are aged 80+ years. 33.6% of the population aged 65+ years live alone. The Richmond community has a relatively low ethnic diversity among older people. 70.1% of the 65+ years population are

Australian born, Greek (6.9%) and Italian (9.1%) make up the most significant ethnic populations amongst older people. 33.6% of the population aged 65+ years has an average weekly income of less than $160.00.

Richmond lies between the Adelaide city parklands and the main state railway terminal to the East and the city's airport to the west. Originally settled in 1840 as a small village, many of the older houses remain but as an inner city community Richmond also contains a growing number of small business and light industry. Most residences are single story, separate houses with a low level of medium to high-density dwellings. Due to the older nature of the community most of the original housing blocks are large in dimensions with $1/4$ acre being the average block size.

Richmond does not have a main shopping area located within the community and a predominant feature of the community is the Football Club and oval for one of Adelaide's main football teams.

[1] Communities were classified as 'stable', 'ageing' and 'rejuvenating' by comparing age group data from the Australian Bureau of Statistics 1996 and 2001 Census data. A significant increase in population 65+ defined an ageing population, little or no change defined a stable population and a significant increase in a younger population (40 years and below) defined a rejuvenating population.

Legend

■ Open Code	■ Commercial	■ Vacant Land	■ Public Utilities	■ Primary Production
■ Residential	■ Industrial	■ Institutions	■ Recreation	

2.3   Brooklyn Park

Brooklyn Park lies mid-way between the Adelaide city centre and the sea. It has a central location within the City of West Torrens and is predominantly a residential community covering 1.5 square kilometres. Brooklyn Park is the second most populous, and second most densely populated community within the City of West Torrens. The total population of Brooklyn Park is 4094 people and for the purposes of the Elder Friendly Communities project it is regarded as a rejuvenating community.

Brooklyn Park has a medium to high density of older people (concurrent with its overall high density of residents) and 18.2% of the population is aged over 65+ years. 552 people (13.5%) are aged 65-79 years and a further 189 (4.6%) are aged 80+ years. 34.6% of people over the age of 65 years live in alone in Brooklyn Park. Of the four selected communities Brooklyn Park has the highest ethnic diversity with 8.6% of the 65+ year's population speaking Greek at home and a further 12.8% speaking Italian. 9.4% of the population has an average weekly income of less than $160.00.

The Adelaide International airport flanks the southern boundary of Brooklyn Park and the elite, internationally acclaimed Kooyonga Golf Course is to the west. Brooklyn Park was the result of a major subdivision and land speculation in the early 1880's and remains primarily an established residential area within 15 minutes of the Adelaide city centre and 10 minutes from the beach.

Legend

🟥 Open Code	🟦 Commercial	🟨 Vacant Land	⬜ Public Utilities	🟫 Primary Production
🟧 Residential	⬜ Industrial	🟩 Institutions	🟩 Recreation	

2.4   Fulham

Fulham is located in the northwestern pocket of the City of West Torrens, close to the beach and most distant from the city. It is bounded on the southern side by the River Torrens, the most significant river in the Adelaide city area. Fulham has a total population of 2,576 people and covers an area of 1.3 square kilometres making it the smallest of the four selected communities. It is considered to be an ageing population.

Within the City of West Torrens Fulham has the second highest density of persons aged 65 years and over. This is chiefly the result of a very large retirement village complex located in the centre of the community. 29.6% of the population is aged 65+ years, 545 people (21.2%) are aged 65-79 years and a further 217 (8.4%) are aged 80+ years. 30.8% of the 65+ years population live alone. Fulham has a low level of ethnic diversity with 76.6% of the 65+ years' population Australian born, a comparatively high Italian 65+ population (11.1%) and a low Greek 65+ population (2.5%). 5.8% of the 65+ years' population has an income of less than $160.00 per week.

The Fulham region was originally known as the Reedbeds due to its location adjacent to the River Torrens. Described as a vast area of flat swampy agricultural land it was subject to widespread flooding and therefore remained mainly a rural, farming community, and later in the 1930's and 40's, after a comprehensive metropolitan drainage scheme, a market garden area. It has only become a more developed residential area since the Second World War, making it the newest of the four communities in the Elder Friendly Communities project.

Legend

■ Open Code	■ Commercial	■ Vacant Land	■ Public Utilities	■ Primarty Production
■ Residential	■ Industrial	■ Institutions	■ Recreation	

2.5   *Plympton*

Plympton is, geographically, the largest of the four selected communities at 1.7 square kilometres squared. Plympton lies on the southern boundary of the City of West Torrens. The southern boundary of the community is formed by the historic tramway connecting the Adelaide city centre with the popular beachside area of Glenelg. Two major, dual lane roads segment Plympton, forming four distinct, uneven 'quarters' within the community. The total population of Plympton is 3,983 people and the population is regarded as rejuvenating.

Plympton has a medium to high density of older people. 17% of the population is aged 65 years and over. 479 people (12.1%) are aged 65-79 years and a further 193 people (4.9%) are aged 80 years and over. 35.6% of people aged 65+ years live alone in Plympton. Of the four selected communities Plympton has a low level of ethnic diversity. Once again Greek and Italian are the dominating cultures representing 6.5% and 4.8% of the 65+ years' population respectively. 75.7% of the 65+ year's population is Australian born. 12.4% of the 65+ years' population has an average weekly income of less than $160.00.

Plympton began as a small rural village in 1849, becoming more populated in the 1870's with the installation of the tramway to Glenelg. Today Plympton is mainly a residential community, with very little commercial or light industry business.

$\mathcal{T}$HE $\mathcal{R}$ICHMOND $\mathcal{C}$OMMUNITY

3.1   *Richmond Community Participants*

Older people in the Richmond community provided a rich sense of history and connectedness with the area. Overall there was a sense of satisfaction and connection with the Richmond area as reflected in the repeated theme of this response.

> *"Great! Because it's got everything I need …*
> *I tell everybody they ought to live down this way."*

The Focus Groups

Four focus groups were held in the Richmond area, with a total of 31 of participants (2 males and 29 females). The focus groups were all held in the community library meeting room adjacent to the Council chambers. This provided a central point for meetings that was close and convenient for Richmond residents.

The Participants

Sixteen of the participants lived in their own homes and twelve lived in a large group of public housing retirement units located centrally in the Richmond community. A further three participants lived in privately owned units. Of those who had moved into retirement units or private units most had moved from nearby, having chosen to remain in the area.

> *"I'm happy with the move I've made and I'm still*
> *in the West Torrens Council area of course"*

Two thirds of participants were long-term residents, having spent over 45 years living in the area. Two of those had lived in Richmond for over 80 years. There was a strong sense of community with some participants having known each other for many years. Only 4 participants had lived in the Richmond area for less than 10 years. Twenty-one of the participants were Australian born with the rest being made up of English, Irish, Scottish, Dutch, German, Greek and Maltese participants. Most participants were living alone.

3.2   Living in the Community

Richmond participants expressed a high level of independence and resourcefulness. Participants indicated a strong desire to remain in the community and most had considered their futures in the Richmond area. Ageing in place and managing at home were strong themes. Those in their own homes were, on the whole, still managing independently. Despite the acknowledged challenge of managing a home and garden there was a strong theme of determination and resourcefulness to remain living independently in this community.

> *"I want to stay where I am now, I like living in the area, even though really the house and garden are too big for one person now…it's still my home."*
>
> *"Yes, it's getting a bit hard, but still, while I can stop there I will."*

Richmond participants provided an interesting mix of residents. Some have lived in the family home for many years (many in excess of 50 years) while other long-term residents have made the transition from an older and larger home to a unit or retirement village. For all

participants the decision on where to reside appears to be a conscious choice with all implications carefully considered.

"Well you'll have to carry me out of my place I've lived there for fifty-five years and all the junk with me."

"I've lived here for fifty-five years, I live on my own, my husband died about fourteen years ago you see, there's no one else...and I wouldn't miss it for anything, yes it's really good."

"I'm on my own and I live there (in the retirement units) and listening to these ladies I must say that I'm glad that I sold my house and moved in where I've got people around me and that was one reason I did it."

There was a recurring theme around the garden and home being a source of enjoyment and familiarity that also entailed a sense of burden and the challenge of continuous maintenance. For those who did require assistance, the garden was the biggest concern and required more outside help, particularly for those with the larger gardens on more traditional housing blocks in the area.

"I'm used to having it tidy, that's all I want for my yard."

"Oh, I find the house is just getting too big to manage now, it wants a bit of paint and the garden wants a bit of attention."

Despite the issues of on-going maintenance and work, many participants managed their living environment with little assistance. Most did not have help in the home and many did not have assistance with the garden either. This emphasised the strong sense of independence among participants.

> *"I can do my housework. I've been told by the doctor to do one room at a time. I do one room one day and then sit an have a rest then go on with the next…"*

> *"While I can still do it I'm going to battle on and do it and I don't mind doing it."*

3.3   Connecting to the Community

Family, neighbours and friends were important indicators of a sense of connectedness to community. The changing nature of neighbourhoods was highlighted, particularly the intergenerational gap as neighbourhoods changed and younger families moved in.

Family contact was an important facet of support for ageing in place, yet there was a strong emphasis on not wanting to be a 'burden' on family and wanting to retain independence. A low proportion of Richmond participants lived with family, most preferring to remain living separately, calling on family assistance as needed. There was also an acknowledgement of families being busy and 'having their own lives'.

"See while you've got family, you're all right, you're better off."

"My daughter calls every day though to check that I'm still breathing and the family visits fairly often."

"Families can only do so much because they are all busy with their own things…"

"I am lucky to have a lovely daughter who helps me out when she can but you can't expect her to keep dropping everything and come running when I need something, she works and has a busy life herself…I'd hate to be a burden on her and the rest of the family."

Neighbours and friends were often a source of support, both physically and socially. Many participants expressed a sense of loss as neighbourhoods and friendship circles changed and diminished. Good neighbours were valued and appreciated. Some participants could name several long-term (60+ years) neighbours who still lived in their streets. For others maintaining friendships became more difficult when friends moved.

"I get a lift with my neighbour…I couldn't manage without her, she is lovely to me."

"Well I guess my two closest friends are both in different nursing homes now so I drive out to see them about once a month."

Interestingly, the close proximity of others in retirement units did not guarantee a closer connection to that community. Many participants attending focus groups did not know other focus group participants from the same group of units. However it was acknowledged that the retirement units were a potential source of support that could be tapped if required.

"I don't know everybody that's there but you don't have to – they're there."

"…you might have a group that will be there and a group that will be somewhere else and somebody that likes to be by themselves, but I think anyone would come to your aid if they knew there was something wrong."

With population shift and neighbourhood change participants spoke of losing some connection with their immediate community. Many participants expressed a sense of loss of neighbourhood connection with newer and younger neighbours. Neighbourhoods were described as often quiet in the day with no one around and as a result older people spoke of no sense of support or connection. Often older houses on large blocks of land are being replaced with several smaller units or town houses, creating a very different population mix.

"I'm the only old person in the district."

"What neighbours! Well I do (have neighbours) but they are all young ones and off to work all day so there's really no one there to help me out or to say hello to, they wouldn't even know if I was on the floor for a week."

Feelings of loneliness and isolation were acknowledged but were not considered a major impact on lifestyle and a sense of belonging. There was an understanding that loneliness was a part of life. 25 of the 31 participants in fact lived alone, but it was not considered by most participants to be a concern.

"I think a lot of lonely people are lonely by choice."

"So there's an instance where you're within four walls but it doesn't have to be restrictive."

"I say I'm alone, but I'm not lonely."

"Oh people like me who are there by yourself, your television is your companion."

3.4   Getting Around

There were several key aspects to thoughts on getting around and mobility. The five main themes in getting around were: the council-run community bus service, public transport (bus services), taxis and taxi vouchers, driving and walking. Overall, having flexibility in transport to get to shops, services and social activities was considered more valuable than having services located in the immediate neighbourhood.

The community bus was identified as an important factor in maintaining independence for older people in the Richmond community. Even for those who were still able to drive or use other forms of public transport the community bus was seen as a valuable asset. For many older residents, where mobility was restricted, the community bus was described as their main source of independent transport.

> *"I think the bus is wonderful. I don't know what I would do without it."*

> *"Well I would be housebound if it wasn't for the council bus…"*

> *"Well for me the community bus is my lifeline, when you can't get out yourself…"*

The community bus not only provided affordable, convenient transport but was also acknowledged as an opportunity for informal socialisation with other older community members. Shopping and library trips became a social outings. This provided Richmond participants with a stronger connection to community and friends.

> *"Although we are doing our shopping it is like an outing to me…"*

> *"We go in once a fortnight on the little bus to the market in town…"*

> *"We love it…it's a real outing, that's the best bit, it's a chance to catch up with your friends as well as do a bit of shopping."*

The community bus also played an important role in connecting Richmond participants to community groups and other social activities such as the local library, Probus club, Senior Citizens, the Council run 'community meal', aquafun exercises, and church groups. This further emphasised the importance of the community bus for linking those who are unable to readily access other forms of transport to social opportunities.

Despite the community bus being considered a valuable resource there were some indications that the service lacked the flexibility that Richmond participants would like. This was particularly pronounced in the Richmond community where the council determined boundary line between shopping routes offered to northern destinations (such as West Lakes shopping centre and the Fulham Gardens shopping centre) and southern destinations (such as Castle Plaza and K-mart on Anzac Highway) cuts through the Richmond community. For many participants this meant that within a short distance either way from their homes they were either eligible or ineligible for certain shopping services. For others the frustration of long waiting lists for popular shopping destinations (such as the Central Market) meant the service did not fulfill their desires for flexibility in outings and accessing services.

"I wrote in and said 'could I go to West Lakes occasionally?' But I'm not allowed to because I'm on that side and I said 'I'll come down and meet the bus at the Council Chambers here', but no I couldn't do that either."

"I was just saying about the market. The market is fortnightly, but you've got Buckley's hope of getting on the market bus."

"But I think if you live on that side of Richmond Road, as I do, you are very limited."

"...when I hear you saying well you can only go here or there or you can't go where you want to go, I think it's a bit restricted."

Some suggestions were made on how the community bus service could be improved. The suggestions included reintroducing the bus with a hoist system that would allow access for older people who were unable to use the steps.

"We should still have a hoist because of all these ladies on walking sticks...eventually these ladies are going to progress from those walkers and then they will have to stop at home."

Another suggestion was adopting a more flexible community bus system similar to other suburbs, such as North Adelaide and Glenelg.

"I got on one in North Adelaide recently and it weaves in and out of the streets and picks people up at retirement villages and all that and it goes every 15 minutes or half an hour."

Another important feature of the Council community bus was the connection it provided with the council through the regular drivers. The Council employs one main driver and also utilises several regular volunteers on set routes. This provided community bus users with a familiar 'face' on the service. Strong connections were observed

between the bus drivers and regular passengers. The drivers offered passengers not only a valuable transport service and assistance with heavy shopping door-to-door but also additional information from the council on other available services and contacts.

> *"We can't fault that man, S. He's so helpful and he's courteous all the time."*
>
> *"S., he helps me with my trolley on and off the bus, I couldn't manage getting on the regular bus."*

For more active, mobile Richmond community members the public transport system was considered a valuable resource. Richmond offered a wide range of alternative routes with ready access to different services and places throughout Adelaide. The public bus system was often seen as not only a useful access to services and shopping but again as an informal activity.

> *"You can get a bus from here and I can get all the way out to Tea Tree Plaza to my sister on that...and when I come home I just catch the 278 from the Plaza and I get off and I'm home."*
>
> *"No, it's (the bus system) convenient...all the hospitals are within your reach."*
>
> *"...if you want to have a day out you can sit on the bus and go to Glenelg,, go all the way out to the Plaza, West Lakes, you can go all over the place."*

However for those living in locations that limited access to the public bus system or were unable to use it because of mobility issues there was an awareness that this restricted lifestyle.

> *"Well I couldn't walk on the bus because I couldn't get up the steps."*
>
> *"Except sometimes the bus driver doesn't pull in far enough to the curb and I've had a hip replacement and knee replacement and I find it a little bit hard to get down on and off the gutter."*
>
> *"I can't get on and off the regular buses, it's much too hard."*
>
> *"It's getting from my place to transport, I just can't do it so I don't have any choice."*

Difficulty in accessing the public bus service, and lack of mobility in general, often led to a reliance on taxis for accessing services, shopping and social activities. Taxis were most frequently cited as necessary for attending medical appointments, with the community bus as a supplementary source of accessible, door-to-door transportation for shopping and outings.

> *"I have to go by taxis everywhere…"*
>
> *"I just have to go in cabs, I've got to do that to go to the doctors too, get in a cab."*

However the use of taxis tended to be carefully monitored and controlled. Most participants with limited mobility had the use of taxi vouchers, a government sponsored service known as Access Cabs. While this was acknowledged as a valuable support, taxi vouchers were considered to be a resource that needed to be rationed.

(Getting around by taxi) "We're all on restricted incomes and it's in the pocket, in the pocket, in the pocket."

"…but you don't book a cab just to go and visit a friend, which you would do in your own car."

"I have my book of vouchers and you only pay for part of it, but I mean I don't waste them; they're not to waste."

The quality of taxi services were an issue for some participants. Whilst most participants considered taxi services to be useful and valuable there were some issues around delays when booking taxis for appointments, drivers not wishing to travel short distances, drivers knowing where they are going and drivers who did not speak English well.

"…but these days there are all sorts of people (driving taxis) and they have trouble finding places. Well you've got to know where you're going…"

"…and some of the foreign drivers can be really hard to understand…and they don't seem to understand us either."

"You can't get a taxi to take you that short distance…"

"Often when you book one, say you need to be at the doctors by 10 so you book a taxi for 9.30 but they might not turn up to nearly 10 so then you are late getting where you need to go."

Very few participants were still driving. For those participants who were still driving there were more choices and flexibility in their weekly activities. They acknowledged the flexibility and advantage that driving offered and some expressed concern around the future loss of independence.

"But if you're still driving you've got it made."

"I don't drive and I know when my husband wasn't able to drive anymore it was a complete change in lifestyle…"

"Oh yes, I don't like to think about what will happen to me then, (giving up driving) I guess I'll worry about that when the time comes."

Loss of independence was consistently linked to mobility; and those for whom walking had become difficult expressed this clearly.

"But on the whole I'm very happy with where I am, except that I can't walk anywhere now."

"I don't have any mobility any more, that's my problem, mobility."

"I can't go anywhere now, not to walk anywhere."

For others walking was still a daily part of life and many participants were very active. Walking was not considered in terms of exercise, keeping fit or as a preventative health measure but more as a means of carrying out chores or having access to social activities, such as the library or shops.

"I walk, it takes me 15 minutes to get down to Woolies, that's my constitutional you see."

*Do you do any exercises P? - "No not really, except walking down to the shops I suppose, and the housework....that's enough exercise for me.
After all I'm nearly 90!"*

3.5   Staying Active

Conversation in focus groups around activities centred on three main themes: what participants currently do and where, any volunteering they have been or are involved in, and other activities they would like to do. Overall, Richmond participants were an active group of older people, with most being involved in at least one activity per week. Several participants acknowledged that there were many opportunities for participating in social activities within the community. See Appendix 10.2 for a full list of formal activities, informal activities and volunteering activities as presented by Richmond participants.

"…there's more for us to do now too, you don't have to sit there."

"It's just making the effort isn't it…I mean there's all sorts of things you can do and there's plenty of places to do them."

Regular activities can be divided into two main categories: informal and formal activities. Flexibility in transport and levels of mobility appeared the main determinants of levels of informal activities.

"I just get out of bed in the morning and go 'well where am I going today' and I'll just duck off, I do some babysitting and things like that."

"I play Bridge, a friend picks me up and takes me."

"I even take myself off on the buses some days, just for a day out. Yes, I go all over the place."

Informal activities took many forms including time spent with family and seeing friends for regular activities (such as playing cards) and informal 'get togethers'. For many shopping on the community bus had become a type of informal social outing, offering a chance to sit and chat with other shoppers.

"Well I don't belong to any clubs or groups or things like that…I tend to keep myself busy visiting friends and running errands and things like that."

"Well actually our day at the market has more or less turned into a social group…"

"Well why not, that's what it should be about!"

Formal activities included exercise/fitness and social activities within formal groups and organisations. Many participants took part in regular, formal exercise. Other formal activities included membership to formal groups such as Senior Citizens groups, church groups, and the council-run 'community meal'.

"I belong to the West Torrens Ladies Probus Club. I've been there 17 years."

"I go to the Senior Citizens lunch each week."

"I do Tai Chi with Southern Cross…and I'm starting the one at Thebarton (aqua fun) with the council on Saturday."

Some activities bridged the boundaries of both formal and informal activities. These activities do not require formal membership but are undertaken on a regular basis. One example is Bingo at the local football club. This activity was mentioned by several participants as a regular weekly activity, which was made easier because of the availability of a small bus service from the local shopping centre. Another example of an informal activity that did not require membership, but was formally organised, was the use of private

travel organisations to access day trips. Many participants utilised these services as an organised outing that did not require regular attendance or membership but often included a door-to-door service.

> *"I go on quite a few trips with Endeavor Tours or Life Be In It...they do some wonderful tours."*

> *"We go on the Tramway Buses...every third Sunday... we go to Cape Jervois, or the hills...it's a cheap trip."*

Some participants had been long-term members of formal groups and had developed other, informal friendship networks and social activities from these associations.

> *"There's seven of us, all Probus ladies, and we go out every Saturday night to a hotel or a restaurant. Every Saturday night we do something different, we do a lot of things together."*

> *"I used to play bowls a couple of times a week but I had to give that up because of my knees...but I still keep in touch with some of the ladies, we go out to lunch sometimes."*

For others participation in formal groups is a more recent thing, and is seen to be useful to gather information and for involvement in meaningful activities.

> *"I wanted to do something, but I wanted something that, you know, exercised my mind as well. I can't bend down to play bowls and I've never played cards,*

*so I felt like an outcast there. So I kept on looking
and I finally found one at the Lockleys Senior Citizens
where they play scrabble on Saturday afternoons...
so off I went there. And then I saw this ad in the local
paper saying a canasta group wanted new members
and they were willing to teach people...so now I go
one day to scrabble and one day to Canasta...
and I like it because it makes you think."*

The community bus was often an important link to many formal
activities, particularly for those with restricted mobility, providing
a link to formal community groups.

*"We go once a month...we play bingo. He (community
bus driver) picks them all up, we've always got a full
bus load."*

Volunteering appeared to be a key past activity for most
participants. Almost all talked about their involvement as volunteers
in a range of community organisations.

*"I don't do any volunteering now, but I've been a
volunteer at St. Martins (nursing home) for a number
of years when I had my mother-in-law there."*

*"Well I used to volunteer at St Vinnie's. I did that for
over 15 years...I gave that up when my husband
got sick...I really missed it at first, I used to go there
a couple of times a week."*

Many participants claimed they were no longer interested in volunteering. Of this group most considered they had 'done their time' as a volunteer and were now too old to continue this. For some changing circumstances in health or caring roles had limited their ability to volunteer.

> *"So I don't do any volunteering these days. I'm too old. Yes, I'm too old. Well that's a fact, you know, I just can't do it."*

> *"No it (volunteering) gets a bit much. They put more and more on you too…and then you're there two or three days a week."*

> *"I used to volunteer at Flora McDonald (nursing home) for years and years, but I had to give that up to look after my husband."*

However, some participants were still actively volunteering in different roles, including caring for grandchildren, although this was not a prominent role amongst participants. For others volunteering involved a more formal role with organisations.

> *"I volunteer at Southern Cross Homes and St. Vincent de Paul's, one day a week, every Friday, and every Thursday at Southern Cross."*

> *"I volunteer; I go and take the washing off the line for my neighbours if it looks like rain."*

> *"My husband and I, we help our daughter with the three children while she works."*

Other participants mentioned having limited social activities during the week. For some this was due to poor health. For others activities were limited by choice and transport. A further group felt there was too much to do just managing the housework, garden and other daily activities. In response to a question about 'getting out' participants commented:

> *"No, not much, no. I've had three strokes and they took my license away."*

> *"Well I used to (go out more) but I don't…I have enough to do with what I'm doing. It's a battle to get through with what you must do, you know what I mean."*

Generally most Richmond participants knew about available activities. This is not to say that all participants knew of all available social opportunities. However most had been resourceful and found activities that suited their needs. The two participants who mentioned not having found formal social groups were relatively new to the area. They were also still driving and therefore could maintain informal social activities with family and their previous community.

> *"Well I'd love to be involved with something but I'm not…because I really don't know where they are."*

> *"My biggest problem is that to join anything, is that I have got family commitments, like I'll go an visit one daughter one day and another one another day, and sometimes I babysit…"*

3.6   Getting What You Need

When the discussion focused on 'getting what you need' a range of issues were raised including accessing assistance with gardening and home maintenance, in-home carers, supportive aged care specific services, cleaning services, the use of the community bus, library, and other council services. Two key themes emerged from this discussion: a generally high level of independence with minimal use of home services, and a lack of knowledge about services options. Lack of knowledge of existing services applied to both services not currently accessed and, for some, services currently being used. For a table of services used, questions about services and service suggestions or requests refer to Appendix 10.2. Health services such as podiatry, physiotherapy, the doctor, exercise classes and so on were separated out and are considered under health in section 3.7, 'Staying Healthy'.

Many Richmond participants remained independent from services and appeared to manage most of the time. Some participants did not use any services at all, for others a single service was utilised, such as a gardener or house cleaner to support independent living.

"While I can still do it I'm going to battle on and do it and I don't mind doing it."

"...and as for the housework well I manage that on my own."

(B still mows her own lawns!) "Well that's because I'm the youngest one here...I'll be 81 next month. But I'm slowing down now, I can only mow the front lawn one day and the back lawn the next."

Occasional services, such as the Council's home repair service or short-term assistance after an illness were utilised intermittently.

"I'm very pleased with the handyman services that the council provide, that's been very useful."

"Well I found the Council…when I had to go to hospital and I had my leg done, and then when I came home they came and assessed me and I had to have a rail put on my back door."

"I had Meals on Wheels when I first came out of hospital, for about a month I suppose."

There appeared some confusion over where to access information about services and what services various organisations would provide. Participants indicated that they lacked clear information about services, their eligibility requirements and the parameters of those services.

"That's what we need to know, who to get in touch with if you need help."

"I think the majority of us don't mind paying to have the job done but we just don't know who to get."

"That's what I would like to know, specifically what is available from the council…"

For some participants already accessing services there was still some confusion and lack of knowledge over where the services came from, the details of the cost or length of time they could use the service and the parameters of the service (what the service will and won't provide).

> *"I think I have on-going house cleaning care but I really don't know and I asked the girl who is doing the cleaning and she doesn't know...so I don't know if it finishes at the end of this year and I've got to start looking for someone privately...or if it continues."*
>
> *"Where do you get that (cleaner) from?"*
>
> *"Once a fortnight...I'm not really sure where from, she just does anything you want her to do."*

However lack of utilisation of services and lack of knowledge about existing services did not equate with lack of concern or thought about needing services in the future.

> *"I don't use many services in the area...but it's good to know what else is around for me to use in the future."*
>
> *"I want to go somewhere where there is follow-on from ordinary living if I so need it...because I don't want to be a burden to anyone and I just want that help in the future...not today, planning ahead."*

For many the primary issue raised was a need for services that could be responsive to short term or emergency situations. The examples given included: short term assistance after hospitalisation or when home-bound because of an illness such as influenza.

"When you take ill suddenly, and there's no pre-planning because you don't know that is going to happen, but surely you need help and there's nothing available."

"So I feel that people do need an emergency resource and I think it would be a good idea if that was available and particularly through the council."

3.7   Staying Healthy

Health was not a significant issue for Richmond participants. There was very little discussion regarding the long-term impact of illnesses and injuries, although illnesses, operations and falls were mentioned at times. Only one participant discussed at length an illness, and the impact of this on her life. One other participant mentioned the important role of her carers, who came into her home three times a week and enabled her to maintain an independent lifestyle. No one discussed directly the implications of long-term illnesses or disabilities. However issues such as diabetes, arthritis, knee and back operations and strokes were mentioned in conversations involving other issues.

"I can't vacuum and I can't hang out the washing, I can't reach up and bend down. I've got two clothes horses that I use."

"I've had a hip replacement and a knee replacement and I find that (getting on the bus) a little bit hard to get down on and off the gutter."

Three main themes emerged from Richmond participants regarding health: preventative health measures, accessing the doctor and other health services, and falls.

Preventative health incorporated exercise classes, regular checkups with health professionals such as the local GP and regular visits to health services such as the podiatrist. Many participants mentioned incorporating exercise classes into their weekly activities.

"Southern Cross has Tai Chi, lots of exercises classes and things. They are very good and at a moderate price."

I do Tai Chi...and I do aqua aerobics and I'm starting that new one at Thebarton (aqua fun) on Saturday."

No participant discussed the cost of regular services, such as visits to the doctor or other health professionals, as being excessive. However, several participants noted low cost services such as the podiatrist and therapy and exercises services offered through Southern Cross.

*"You can go to Southern Cross on Brighton Road
for ten dollars a time (podiatrist service)."*

"Yes, I go there, it's wonderful for ten dollars."

*"I did six months of hydrotherapy with them…
that was very good, I think it worked out to about
five or six dollars a session."*

Access to doctors, therapy and specialist services were important. A significant number of participants commented on saving taxi vouchers to attend appointments.

*"I just have to go in cabs, you know, I have my book
of vouchers…I've got to do that to go to the doctor's
too, get in a cab."*

*"I go to the Adelaide (hospital) once every 12 months
…I have to get the access cabs, that's why I say I don't
waste them."*

The difficulty in getting to specialist appointments was discussed. Some participants spoke about using resources such as the Council volunteer driver service and the Red Cross driver service. Several participants discussed difficulties with hospital services and long waiting lists for operations. Others pointed out concern at the lack of emergency services in nearby hospitals.

"But if you go on the weekend, there's no emergency over there at Ashford and I don't think there's one in one of the hospitals in town either, I think it's Wakefield St...So if you get sick on the weekend or after a certain time of night bad luck...it's ridiculous. So why pay all the private fees if you can't even use the hospital when you need it."

"Well I had to wait 12 months for an appointment (for knee reconstruction) too but my son died in the middle of it all and I missed it, so I've got no hope of getting anything done, I mean it would take so long." *(Woman aged 89).*

(Discussing a knee reconstruction)
"At that stage they weren't doing any operations (Daws Rd. hospital) so they sent me back to Flinders and I couldn't get into Flinders for a consult for 12 months...so I went to QEH and I had to wait about 7 months before I had the operation done but at least I knew it was on the go, I'd still be waiting for the consult at the other place."

In each focus group there was some discussion around experiences with falls. Falls were linked to the physical conditions of the local environment (particularly footpaths) rather than being associated with the individual's physical condition. Participants did not discuss the perceived risk of falls as influencing lifestyle decisions, nor did they discuss limiting activities.

"I had my first fall about a month ago…I was at the bus station. Yes it was raining outside and I think somebody dropped water off an umbrella and my heel just sort of skidded…"

"Well I've lost count of how many falls I've had, but I tell you what, the West Torrens Council are responsible for a lot of them…oh the footpaths!"

"You just never know what is going to happen…I was just walking into the house when I slipped over from having wet shoes on the tiles…and next thing you know you're in hospital with a dislocated shoulder and you can't do anything for yourself."

3.8   Building Community

Richmond participants were, on the whole, satisfied with their community as it was. A discussion based on the question 'what can we do to make your community a better place' generated very few suggestions for change.

"On the whole I'm very happy with where I am, I've got no complaints."

"I think we're pretty well provided for…aren't we."

The key areas of change discussed by Richmond participants centred on infrastructure within the local environment.

(Discussing traffic speed on road near retirement village) *"I often think we should have a pedestrian crossing. They haven't but I think they should... you take your chances..."*

"They could do with a bit of work on the footpaths around the place."

"We do need a post box though...they dug ours up and never replaced them, that was handy but now there's nothing."

Availability of alternative housing was an issue for some participants, particularly those still living in the family home and who were considering their future options to stay or move.

"I'd like to see more little units and little places for people in this area, there's not a lot of choice unless you go on the end of a long waiting list...it would be nice to get a two bedroom place that was close, but that's impossible."

"And I'd like to raise elderly accommodation in the area. We are not over-catered for are we...I think we need a little more than the one on Marion Road is offering."

Another key point made by Richmond participants was the lack of accessible service information, this was highlighted by the lack of knowledge concerning available services and services currently used.

"Yes, (we need) more information…on the services that are available."

"Now I feel that in this Council area if people who are lonely and older and on their own had a flyer about exactly what is available…and the house cleaning and things like that so…people can read and sort of think 'Oh well it's not that I'm begging for help, it's something I'm entitled to, that's my rights', and so you are more likely to ring up."

One prevalent theme throughout the Richmond focus groups and participant interviews was that local council made a difference. There was a strong identification with the City of West Torrens by most Richmond participants. They valued the services that were offered, the people offering those services, the neighbourhood and the local council in general.

"That's why I say it's a very good council, they cater for you pretty well. If not you can always yell and holler for something can't you…no I think they're very good."

(talking about home repairs) "a general reply from the group - 'L!', we want 16 L's, he's the best handyman. He's a blessing to all us girls."

"I'm happy with the move I've made and I'm still in the West Torrens council area of-course."

(finding services) "Well the Council will tell you."

THE BROOKLYN PARK COMMUNITY

4.1   Brooklyn Park Community Participants

Participants from Brooklyn Park reflected a strong sense of independence. Participants were generally active in their community and very few used any in-home services. Most had considered future housing options and were able to discuss at length the reasons supporting decisions made around moving or staying. Many expressed a strong connection to the area, which reflects the proportion of participants who have lived in the area for many years.

The Focus Groups

Three focus groups were held in the Brooklyn Park community with a total of 28 participants. Two of the focus groups were held in a community room attached to a group of public housing units in the centre of Brooklyn Park. A third focus group was held in the nearby public meeting room in the West Torrens library. It was felt that utilising the local meeting room encouraged a larger proportion of older residents from the public housing units to participate as a group while concurrently providing a sense of local community to all participants.

The Participants

Twenty-three of the Brooklyn Park participants were female, five were male. Twenty-two participants lived alone, one with her (dependent) daughter. Five participants were married. Thirteen participants lived in private houses; five in private units and ten were residents of a range of public housing units. No participants currently lived in a retirement village or independent living unit as part of a nursing home or hostel. This pattern reflects the availability of retirement housing in the Brooklyn Park area.

"We've got our name down at a couple of retirement villages, if needed; we hope not to need them."

Only four participants had lived in the Brooklyn Park area for less than ten years. Fourteen participants had lived in the area between ten and forty-five years, with a further ten having lived in the area for over forty-five years. Of these longer term residents (45 years +), two had lived in the area for more than eighty years and one for seventy-nine years.

"I've always lived in the street that I am in now."
(82 years)

Twenty-one participants were Australian born, 2 Greek, 2 English, and 1 each came from an Italian, Scottish and Filipino background.

4.2   Living in the Community

Brooklyn Park participants expressed a high level of independence and minimal use of private services. Managing independently at home was a common theme.

"I do everything myself."

(So no one uses any services?)
"No, we're all self-sufficient."

"I'll be 91 in April. I do all my own gardening, all my own housework; all the washing and ironing... but I find nearly every minute of the day is taken up."

Managing the garden was an important concern for Brooklyn Park participants. Most participants were still taking care of the garden with little outside assistance, other than occasional informal assistance from neighbours or family in a few cases. A few participants had assistance with mowing the lawns but managed the rest of the garden independently.

"The outside of-course is always too much for us isn't it? Everybody has that problem."

"We're all getting to the stage where we need help with the gardening."

(The garden) "And I've got...out the back I've got right along and right up the sides...I'm 91 and I'm still doing it."

Concerns about managing the garden were not confined to those residing in their own homes with traditional large gardens. Managing the garden was also expressed as a concern for those living in private units and public housing units. Public housing residents explained that the South Australian Housing Trust (SAHT) no longer maintains gardens except for mowing the lawns. For many SAHT residents participating in focus groups this meant established garden areas now needed to be managed independently. Some of these public garden spaces were large, requiring extensive on-going maintenance.

*"Because the Trust don't do gardening anymore…
they send a lawnmower man but it's your responsibility
to keep the borders and pots and things going."*

*"No, no, they (SAHT) are just doing the lawn mowing…
but I said to myself 'Why should I be bothered about it,
when the Housing Trust isn't'."*

*"It's the same old story, you know, the oldies look after
the gardens, the kids don't want to know, they haven't
got time, they're too busy. So as we die out the place
is starting to get a bit run down."*

Brooklyn Park participants were almost equally divided between those living in their own homes and those living in units. However there were no Brooklyn Park participants living in retirement villages. Discussion of the living environment in the Brooklyn Park community often centred on consideration of where to live in the future. Many participants had considered moving to a retirement village or other forms of supported accommodation in the future.

*"The thing with retirement villages though, if you get
to the stage where you can't do it yourself, they have
it in place."*

*"I have my name down at Flora McDonald Hostel, but
um, I am looking forward to that…but I don't want
to leave my place, I just take one day at a time."*

Some participants expressed concern of the lack of housing alternatives for older people in the Brooklyn Park area.

> *"Well if you don't stay in your own home, where do you go? There's no nursing homes...so where do we go if we move? And it's no use saying 'We'll move to a better place', because God, there's none."*

> *"If we move it will be into a retirement village...that would be (in another council district). We didn't want to go out of the district."*

Other participants had considered housing alternatives for the future and expressed a desire to remain living where they were now.

> *"We have been in Brooklyn Park for all that time. I love it but it's getting too big for me but I still do the gardening and everything and I don't want to move... I don't want to leave to be quite honest."*

> *"I love living here (SAHT unit). I wouldn't want to move no...I'll stay as long as I can."*

> *"Well [I'll stay] as long as I can of course, I expect there will be a time...but I'm 91 in March. Well I've managed very well...I often think I should [move] but um, I keep 'well I'll see about it tomorrow' (laughs). So I'm very happy and very, very, lucky".*

4.3 Connecting to the Community

The majority of Brooklyn Park participants expressed a strong and positive connection to their community. This applied equally to those who had been long-term residents and those who had lived in the area for a shorter length of time.

> *"I'm quite content where I am."*

> *"I've always lived in the street that I am in now. I love it here. I don't know, it's just the area and people; everyone I've met has helped me. If you need it they're there, they'll help. They're very friendly."*

> *"I love where I live. I love the people, and I couldn't imagine living anywhere else. There's always somebody there around you and it's just a wonderful life, I love it. It's a community, in a community."*

The role neighbours and family played in providing a connection to community featured strongly in the Brooklyn Park focus groups. For many participants neighbours remained a great support and a source of friendship.

> *"Well J's lucky because she's got a wonderful family and she's got good friends around her...so in her position she needs that (J is in a wheelchair and lives alone) because she wouldn't be in her home if it wasn't for that..."*

> *"Fortunately I have the most wonderful neighbours..."*

Although many participants expressed positive thoughts about their neighbours, for some there was an acknowledgement that neighbourhoods were changing and the connection with new (and usually younger) neighbours was not the same. Participants did not express this in negative terms, but as a loss of connection with neighbours.

> *"Well they've changed now, the lady I knew died a couple of years ago. There's a young couple there I believe. I don't know them, you know, they keep to themselves."*

> *"In our street we've got quite a few young people… and we seem to get on extremely well with them… There's still a gap though."*

> *"Well most of them in my street are still working."*

> *"I'm not that involved, I mean you don't see them that much, not the young ones."*

The other key component to discussions on community connection was the role of families in supporting and being a part of Brooklyn Park participants' lives. Many participants acknowledged the active role family played in offering physical support.

> *"I've got a daughter and two sons who come when I need them."*

> *"My daughter takes me (shopping), she takes me every Saturday morning."*

"My daughter lives nearby and when she's not working we go out in the car and she takes me shopping and to pay all my bills, so I'm pretty lucky in that regard."

However there was also a clear message about not wishing to become a 'burden' to families who were seen as leading busy lives.

"I've got a sister and a niece but I wouldn't ask them to do anything. They've got their own families."

"Their lives are so busy."

"Mine have got families of four children each and, you know, it's a lot of work for them, you can't get in the way."

Participants also expressed a desire to remain independent from families and acknowledged that not only did they not want to impose on family members. Others felt that in some instances their lifestyles were incompatible.

"You don't feel like you want to impose all the time either, you want to stay independent."

"I think the worst thing would be to live with family."

"They have a totally different way of life. I've always told my kids I'm not going to live with them. They've got a different lifestyle and I would cramp their style."

4.4   Getting Around

There was a high level of independence in mobility and transportation choices with Brooklyn Park participants. For some this meant still driving and for others it meant ease of access to public transport. Having a gopher allowed independent access to shops, medical needs and social opportunities, for others.

The public bus system was frequently mentioned as an advantage to living in the Brooklyn Park area. Many used the buses for everyday activities, in particular the 'Circle Line' bus.

"We've got all the transport around us...it's easy transport into the city, down to West Lakes and into the Circle Line. So I think it's a very good situation."

"We've got a good Circle Line bus, we can access most of the districts."

Two issues arose when discussing the use of public transport. The first was limited access to public transport on Sundays. This was frequently mentioned as a negative point regarding public transport, limiting social and shopping options on a weekend.

"Sunday buses, that's the only thing I complain about... the lack of Sunday buses. Very seldom I go out on a Sunday."

"They could run the Circle Line bus on a Sunday. It only runs on weekdays and on Saturday...but all the shops are open on Sundays now."

The second issue raised in relation to public transport was the limited access for those people living on the fringes of Brooklyn Park, or in nearby Lockleys. Use of public transport in these locations often involved a long walk to a main road.

> "If only we had a bus that went down T. Ave., it would help. There's no buses going up, right up the other end."

> "But you still need a bus. Well you can walk it (to main road), but you have to be able bodied."

As with other communities in this study, some participants were unable to catch public transport due to mobility issues.

> "Well I've had two knee replacements...so I can't get on one of those buses."

> "...and now I can't get on an ordinary bus."

Despite an overall high level of independence and choice with public transport the Council-run community bus service was identified as an important link for many participants. The Council bus was used to access shopping centres, the local library and social activities.

> "I get picked up (by community bus) to go to the community lunch."

> "Yes, I've been doing that for years (using community bus to get to a Senior Citizens group), but we're getting more than will fit on there now."

"I think the bus I catch on Fridays (community bus to West Lakes) is really convenient."

Some participants expressed concerns about the community bus service. The main issues raised were the lack of a lifter for those unable to negotiate the steps and the length of time allocated for shopping at the larger shopping centres.

"If you go to West Lakes (on the community bus) you only have time to do your shopping…but if you want to go around you couldn't do that because it's only 40 minutes."

"If you can walk you would be all right, but you do slow down with leg problems, so it's very difficult."

The lack of a lifter on the current community bus was discussed at length in two of the focus groups. Both groups had participants who could not manage the bus steps due to mobility issues, restricting their use of this service, a service they had previously been able to access when the council had a bus with a lifter.

"…like when they changed the bus (to one without a lifter) they didn't even ask the people…now it's very rare to find the bus fully seated, because of the stairs."

"They have to take into consideration that all the people who are using the bus are either old or there is a physical disability…like me having difficulty getting up or down the stairs."

"There are a lot of people that have got wheelchairs or trolleys or gophers that would love to get out further than what their trolley can take them."

For some Brooklyn Park participants the use of a gopher allowed more independence with mobility and flexibility in getting around. It was acknowledged that the use of a gopher allowed for ease of access to regular activities such as shopping, social activities and medical appointments. However there were limitations on the use of gophers and some safety concerns.

"They've got no way of getting there unless they go on their gophers, and you can't do that on a wet day."

"The only complaint I have is about the footpaths... because I've got a gopher and it's like riding on a jack hammer."

"I even go to Marion; I go that far (on a gopher). That's why I hate winter because by 5 o'clock I have to be at home."

"I nearly got run over on my gopher...there was someone reversing out of a driveway. We're the last thing they expect to be meeting, because they've never had any association with that kind of thing, so they don't think about it. But after a couple that are close you think 'My God, I'm not safe'."

4.5   Staying Active

Generally Brooklyn Park participants were a very active group, in terms of volunteering and involvement in formal and informal activities. Despite the indicated high levels of independence with transportation most discussions about regular activities referred to activities within formal groups and associations rather than informal activities. For a full table of Brooklyn Park participant's activities and volunteering roles please see Appendix 10.3.

"I think everybody would agree that's what keeps us young…it's the activities."

Some of the informal activities mentioned included visiting friends in nursing homes, going to the library, going to the movies, lunch out with friends, and traveling – both interstate and overseas. However the majority of activities referred to were with local formal groups and associations.

Most participants belonged to some type of formal group or association. Formal groups varied considerably and included groups such as: Legacy, Senior Citizens, exercise groups, and church based groups. For many participants there was a strong association with the Airport Senior Citizens Over 50's club. This Over 50's group is located out of the Brooklyn Park community but has attracted a large membership from surrounding areas. Many of the Brooklyn Park participants knew each other through the over 50's club activities.

"I enjoy it (the Airport Over 50's). After my husband died...I joined the club after that and really I don't know what I would have done without it."

"...you know, the Airport club – we have bowls, cards, billiards, bingo, barbeques and we have bus trips once a month. I mean there's a lot of action at the club."

"Through the Council I got onto the Over 50's Club and you wouldn't believe it but the first time I walked in there, the first person I saw was G so I had a lead-in, it made a big difference."

Many participants reported current active volunteering roles. As with other groups there was a lot of reference to past volunteering roles. Brooklyn Park participants provided many examples of long-term active volunteering roles in the past.

"I worked in the Blood Bank for 15 years and then for health reasons I had to give it up."

"I spent 37 years voluntary for St John Ambulance."

"I used to do [Meals on Wheels] up in Brooklyn Park for 27 years."

"Oh I worked for St Vinnie's for 23 years as a volunteer. I'm not managing [the shop] now but I still go one day a week."

For some giving up volunteer work was a recent decision. Reasons for giving up volunteering were not always provided. Those participants that did mention giving up for a specific reason stated poor health as the key factor in making this decision.

> *"I've only just finished giving, at Christmas time, my volunteer work away. Well I've been doing it for nearly 50 years."*

> *"I was with them (as volunteer Council community bus driver) for about 18 years. I gave it away about 18 months ago."*

Over half of all volunteering roles mentioned were current on-going roles. Some of these represented 'traditional' volunteering roles with formal organisations, such as with St Vincent de Paul's or the local church.

> *"I do voluntary work with the disability group at the Church…"*

> *"I do my voluntary work. I am involved with Muscular Dystrophy…putting letters in envelopes. They call me when they are busy."*

Some participants referred to active volunteering roles simply as regular activities for personal interest yet these were clearly activities that benefited other organisations.

*"I've been on the committee of the Airport (Over 50's)
for about 9 years and I've been doing the bingo
I suppose for nearly that long too for them.
It's a full life!"*

*"Well I do a lot of knitting and crocheting. I knit
premature babies booties and bonnets and things
like that...for a hospital."*

There was limited discussion about sourcing new activities, clubs and social organisations. Most Brooklyn Park participants appeared to be satisfied with their present levels of community involvement and activities. There were no new community residents in the focus groups and this might account for the established patterns of activities presented by participants. New activities that might be of interest were all based on expression of a specific interest, not a lack of general socialization opportunities.

4.6   Getting What You Need

The discussion on accessing and utilising services included gardening, maintenance and home care services, shopping centres and local shops as services, and council services. For a full table of types of services accessed and requested services please see Appendix 10.3. The key themes in the discussion about 'getting what you need' included: an independence from, but concern over, available services; the use of private services; the changing nature of the local shopping area, and difficulties in managing shopping.

A small number of Brooklyn Park focus group participants (three) accessed regular personal care services. Less than half utilised

assistance from regular services such as a gardener or cleaner. In fact, most participants managed with little or no access to any regular in-home services.

> "Well, we haven't had to use any (services), have we dear?"
>
> "We're lucky because we don't need it at present."
>
> "We're all self-sufficient."

This current level of independence did not mean that participants were unaware of available services.

> "We have a lot of speakers at the community lunch... and all the papers, I've collated them and I've kept them. So if there's any time that I need any service or anything we have that information at hand."

There appeared to be an understanding among participants that despite current levels of independence they may need to access services in the future.

> "I will stay there [at home] as long as I possibly can... and if I have to call on any of these services I would do it."
>
> "Well it's just that we don't need to (access services) at the moment...and that's not to say that we won't have to, I mean our age is catching up with us."

Concern about the availability of future services was the main focus of discussion for Brooklyn Park participants. Participants appeared comfortable with their current level of knowledge of available services. Despite not needing to access services at present they felt some concern over the length of waiting lists and what this might mean for them in the future.

> *"See there's a waiting list now for having things done in your own home, for daily help there's no way near enough."*

> *"The trouble is we're getting older and there's more people getting older and there's more people to look after. You know, the waiting lists get longer and longer."*

Another key area of concern was the possible future demand on services, the changing nature of services and some doubt over the continuity of services in the future as participants age. There was some acknowledgement, and an awareness of, living in an ageing society.

> *"As long as there's always going to be services we can use if we need them."*

> *"I think our main worry here among people is that the services might not always be there because there's getting so many more older people all the time and nearly every week there's more pensioners and like I'm 71 and I think 'God when I'm 81 are the services still going to be there?'"*

> *"We don't want them to stop just because we aren't using them now."*

For those Brooklyn Park participants who did utilise services generally services accessed were through private providers, including private cleaning and gardening services. There was a general acceptance that some services needed to be paid for privately.

"I mean most people don't mind paying for a certain amount of services…because we're all the same, we don't like our places to deteriorate; we want to keep them nice."

"I think we should expect to pay for some of it… you can't have it for nothing."

However some also acknowledged the cost of paying for private services. For those participants who mentioned the cost of private services as a concern, the service was treated as a luxury not a necessity. These participants discussed managing without assistance wherever possible.

"But I mean sometimes it's just too expensive."

"See a lot of people have trouble finding the money to pay people for services. Like paying for a gardener… you think 'how much is it an hour, can I afford to pay that, how many hours do I need him to work or I'll have to go without something to pay him'. I mean all these little bits mount up and this is what worries older people."

"I pay $15 an hour (private cleaner). I'm not made of money…no, I mostly keep it clean myself."

Local shops and larger shopping centres have been considered here as a utilized service. For many Brooklyn Park participants shopping was one area of their lives that required assistance.

"It's the shopping that kills me at my age (91)"

Assistance with shopping frequently came from families, with the Council run community bus as another frequently used service.

"See I can't carry heavy stuff anymore. My wrists have gone but she (daughter) takes me every Saturday morning."

"I will go out to my son's for a weekend and do a big shop up and they will take me and I'll come home and then I'm right for a fortnight at least."

There were two other key areas of discussion associated with shopping services. The first was an acknowledgement that many of the larger shopping areas were too big to cope with when it came to shopping.

"We went to West Lakes on Friday...and if you can't walk it's very difficult, and you're afraid to go too far in case you're not back in time."

"I would prefer to go to West Lakes rather than go to Marion...(it's) too big and so many people. Maybe in the future West Lakes might be also like this."

"Well I find West Lakes overwhelming to me."

The second area of concern related to the local shops. The changing nature of businesses in the area left many participants without necessary local services such as a post office, chemist or fruit and vegetable shops. Brooklyn Park has two main small shopping areas, the Hilton shopping centre (also utilised by many Richmond participants) and a small series of shops on the intersection of Henley Beach Rd and Holbrooks Road. Most participant comments referred to the changes at the Henley Beach Road shops. There was an acknowledgment that the Hilton shopping centre could be improved with the addition of an independent fruit and vegetable store.

"You used to be able to get everything in that little area couldn't you…(no newsagents or chemist now?) there used to be…and a post office and a bank, there was everything there."

"That's another reason why I loved living here because I thought 'My God, when I'm older I won't have to cross a road, I won't have to worry about hopping on a bus because everything's here. But the buggers shifted. It's a worry."

4.6   Staying Healthy

Health, illness and disability were not key factors in the focus group discussions with Brooklyn Park participants. Discussions relating to health mainly centred on two key themes: preventative health measures and a balanced view of illness and disability as just one factor in lifestyle decisions, not the over-riding concern.

Preventative health measures such as accessing podiatry services, regular doctor visits and forms of exercise were the most common issues discussed when exploring health. Serious disabilities and illnesses were not the main focus of discussions about health even though these existed for some participants. The Pines health services were frequently mentioned for exercise classes and podiatry services. Most participants mentioned having a GP located in their community or near their community. Exercise classes were popular and considered a social opportunity, not as essential for good health.

"And I tell you it keeps you fit more or less (bowling). It keeps you moving, because you're walking, you're bending and using your…(indicates arms)."

"…and I go for exercises (at the Pines), I think they call it Feel Good, it is just gentle. They're very good."

(talking about Aquarobics) "The ones that come they enjoy it so much. We've got a wonderful instructor and it's most enjoyable. We wish it was once a week but we can only have once a fortnight at the moment, it's becoming so popular maybe they'll extend it."

The overwhelming sentiment of participants was not to let illness and disability influence and dominate lifestyles. There was a 'just get on with life' attitude from most participants. This included comments from those who were coping with significant ongoing health issues.

> *"We've all go something (health issue) but we work on it and we look after it and we do the best to keep our heads above water."*

> *"I still do my own thing but then I have to be very, very careful…I just take one day at a time and enjoy what is happening tonight, today, this morning and the rest of the day…just sitting quietly and rest in bed or whatever."*

> *"I go to the clinic…so I do that every six weeks, unless I'm really sick then I go fortnightly or every week. But then I end up in hospital because she puts me in sometimes…however, I'm still here!"*

4.7   Building Community

When asked to consider how we could work together to improve the Brooklyn Park community most participants considered that things were all right as they were.

> *"Well I suppose there must be some things (to improve) but I find it's pretty good as far as I'm concerned."*

> *"I must say that at our point of time, we are completely happy with the Council here. So frankly I can't complain about anything at the moment."*

There was some concerned expressed over the local infrastructure, in particular the footpaths, but transport, roads and access were also mentioned as issues.

> *"The only complaint I have is about the footpaths… I mentioned it to the council. They said they are going to do them up but I don't know when…I'll probably be finished with my gopher by then!"*

> *"Some better footpaths…you come across a footpath and it's you know…(indicates sloping angle) and the trees are overgrown."*

Consistent, reliable and current information that was easy to find was seen as important for some participants.

> *"Finding information is very important; otherwise it's like playing blind man's bluff."*

> *"It's frustrating when you call them [services] and they send out a brochure about helping older people and then when you ring they give you excuses. It's embarrassing for us to call, then afterwards only to be turned down."*

For some participants the opportunity to get together with other community members was reflected on as way of improving their community.

> *"There should be more elderly people meet as a group, at least once a week I think."*

> *"If there were enough lonely people, well I won't say lonely but people who are at a loose end, with an interest in gardening you could form groups of three or four people who can work in each other's gardens whenever required."*

> *"I still think that to bring the age groups together would be a good thing."*

THE FULHAM COMMUNITY

5.1   *Fulham Community Participants*

Fulham participants represented a slightly different mix of older community members. This may reflect the community's standing as a newer area than the more established, inner city areas the other three communities represented. Despite being a slightly newer area Fulham has a relatively high density of older people, mainly due to a large retirement village located in the centre of the community.

The Focus Groups

Two focus groups were held in the Fulham community, with a total of fifteen participants. The focus groups were held in the Reedbeds Community Centre, located centrally in Fulham. This was the smallest sample size of all four communities, and included some residents from neighbouring Lockleys.

The Participants

Despite the presence of the large retirement village only three participants in the focus groups resided in the retirement village, the remaining twelve lived in their own homes. Five participants were married (two came as a married couple); the remaining ten lived alone. However one participant's husband had been residing in a nursing home for several months at the time of the focus group, implying that she in fact was living alone at this time. Another participant's husband had recently passed away, so living alone was a relatively new experience for her as well.

There were three male and twelve female participants. Most of the Fulham participants (nine) were Australian born, with three British, one Italian, one Dutch and one Polish born.

Almost half of the participants (six) had lived in the Fulham area for 40 to 50 years. A further five participants had lived in the area for 15 to 30 years and two had lived in the area for less than 10 years,

both having moved from nearby seaside suburbs. Only one participant had lived in Fulham and the West Torrens area for longer – over 80 years.

> *"I've lived in the western area all my life and don't want to live anywhere else and I'm 84 now."*

5.2   *Living in the Community*

Fulham participants discussed at length their thoughts on where they currently lived and future decisions about staying or moving. Almost fifty percent of the comments coded on living in the community related to thoughts about staying or moving. Some participants had considered very carefully their future living environments.

> *"Well I've gone into it and I thought 'no way, stay where I am'"*
>
> *"Well I'd hate to go into a nursing home."*
>
> *"But if I ever go (move from the family home) I think I'll go down to St Hilarion's. I was there for a fortnight and I liked it."*

For other participants thoughts about moving and staying were discussed but as yet no decision had been made. For some this was because of the changing nature of family dynamics (partners having recently passed away or moved into a nursing home) or because of the changing nature of personal health and well being.

"See this is what I am thinking, sometimes if you move in there (retirement village) you might just as well stay in your own home."

"I don't know what to do, whether to get out or what to do."

"And they say 'Stay in your own home as long as you can', but I don't know how long, how much longer."

Another consideration related to living in the community concerned issues of home maintenance and gardening. Most Fulham participants were still living in the family home, and most lived alone. Maintenance of the home and managing the garden were seen as key concerns. The issue of maintenance did not impact on the three participants from the retirement village as maintenance was covered by the retirement village. However the garden still remained a concern in the retirement village, as back garden areas needed to be maintained by residents.

"Well if I didn't have a son who came down every fortnight I couldn't live where I am…he does all the maintenance and the gardening and the painting."

"I've got to look after my backyard for which I have to pay a gardener or something to come and do it, they (retirement village) do the front if you put it in the book."

The decision around continuing to maintain the family home and stay somewhere familiar, or to move into something new and unfamiliar (that may be easier to maintain), was not seen as an easy one for some Fulham participants.

> *"Well it's not easy now to make that decision…*
> *If I don't sell my house (and move into a unit) and*
> *I'm staying there, I have to put up with whatever is*
> *there (garden and repairs). But I know every step and*
> *every corner in my house…in the darkness I can go,*
> *that's very important."*

5.3   Connecting to Community

Three main areas of discussion emerged when discussing neighbourhoods and community connections: the roles of neighbours, families, and friends. Within all three the main focus of discussion was change, particularly changing neighbourhoods.

Almost all participants acknowledged that their neighbourhoods had changed over the years. Unlike Richmond community participants, who reflected on the changing nature of the physical neighbourhood with older homes more frequently being replaced with groups of units and townhouses, the Fulham community appears not to be undergoing a physical transformation. However Fulham participants discussed the changing nature of relationships with neighbours.

"Well there's really only one lot next door who was the original, you know, when we all moved in. Everybody else has gone, either to smaller places or passed on, and somehow you don't seem to get to know the second lot like you do the first. I think it was the children that used to bring you together."

"As far as neighbours are concerned, well they come and go, they sell out and the young people come and you're not as friendly with them as what we would have been when we first came here."

"Everybody keeps to themselves these days don't they. You don't sort of communicate with the neighbours. Everybody's got cars, they go up the street in their car and you don't even know your neighbours."

Participants from the retirement village also discussed a changing neighbourhood where neighbours did not necessarily know each other and connecting with other residents was hard. This was despite the fact that this was an established retirement village that had been in existence for over 10 years.

"You can walk around that village and you wouldn't see anybody."

"It's a changing community (in the retirement village), there's always someone coming or going. I used to know everyone but I don't now."

"We can't get them to come out, because they're all getting old and you know you sort of can't be bothered."

However some participants did report having support and friendship from neighbours, placing emphasis on maintaining community links.

> *"Well you can do your best, I go and visit my neighbours every, say, once in three months and take them home cooked biscuits and have coffee with them. They mightn't come back but I'm still doing it."*

> *"I was dependent on good neighbours when I came home from hospital…they are neighbours we have got to know because we've lived there a long time."*

> *"Oh I say we are a very close neighbourhood, it's very quiet, it's a very small street."*

Friendships were seen as an important source of support but it was noted that friendships were also subject to change for a variety of reasons.

> *"What I have noticed is that when you get older your friends ah, either get sick or go on that travel of no return and so actually your circle of friends is diminishing very fast."*

> *"You don't seem to make friends as easy when you get older as what you did when you were younger for some reason."*

"…because I haven't got a husband now a days so you don't sort of get invited to their [friends] homes that much because they've still got a husband, so I say 'Right, I'm having a dinner party and you can come' and I might only invite the women."

Some participants reported that friendships were made and maintained through local clubs and organisations rather than through neighbourhood connections.

"Yes then you get to know people, but when you're home on your own in just an ordinary area you don't seem to communicate very much at all, so if you don't belong to a club like ours…"

Family was another area where change was emphasised with Fulham participants. Most participants had some family support nearby and maintained regular contact with family members.

(talking about husband passing away)
"…my sister died suddenly (recently) too, so between the two of them it's been awful. But I've got a good, marvelous family."

"I have a son who comes in and does ten things in five minutes, he usually comes once a week."

"…and if I miss out on anything I've got a daughter that helps me."

However, the assistance and support many received from their families was balanced with an acknowledgement that family members were often busy and were not called upon for additional support.

> *"They've got their own problems don't they, or they live so far away…"*

> *"I've got one son who lives here (in Adelaide) but he works until about nine o'clock of the night and I can't ask him to do anything then because he hasn't even had his dinner yet."*

> *"I've got a daughter, but she works four days a week… they all work these days, they've got to."*

5.4   Getting Around

For Fulham participants mobility was the key factor in determining whether transport was an issue in creating an elder friendly community. One third of Fulham participants were still driving and as such did not discuss transport as an issue. Although some expressed a concern about future transport issues when driving may no longer be an option.

> *"If the time comes, and I suppose it will before long, when he (husband) won't be able to drive that will make life a little bit more difficult."*

Participants discussed four key themes about getting around: use of the community bus, transport limiting social interactions, mobility being linked to use of public transport, and taxis as access to appointments.

The Council run community bus provided transport for both social outings (such as the community lunch, exercise classes and senior citizen groups), and for weekly shopping to over half of all Fulham participants.

> *"Well the council buses are there if you wish and they'll take you shopping. They are marvelous on Fridays."*
>
> *"Well the council bus will give you a good hour and a half...I do all my shopping and have a cup of coffee and lunch as well."*

The council bus was considered a valuable resource but it was acknowledged that this did not address all transport needs of participants.

> *"I go Thursdays and some Fridays (shopping with the community bus) and I go to the library...but you know it's still getting to a doctor or getting to a chiropodist."*

Transport, and the ability to get around easily, were considered important for accessing social activities as well as medical appointments. Some participants made it quite clear that social activities were limited due to the lack of flexible transport options in their community.

"It always comes to the transport...I can't go to our church so often, because I have to go by taxi and it's not very easy."

"We're not getting the transport we would like... (for what?) well for going to concerts, and church."

There were strong links made between accessing transport and levels of mobility, particularly with regard to using public transport.

"Do you walk from your house up to Henley Beach Rd. (to catch a bus) F? Because I know where you live and that's a long way, I couldn't walk that far."

"It's not far (to catch a bus) but sometimes it's a walk and a half. Neither of us is too good on the walking lately."

"I can't get to places. I live in that pocket there (a long way from public transport), there's no buses coming this way."

For some Fulham participants the issues of crossing busy main roads restricted their use of public transport systems.

"The bus is close but (it's) crossing the road..."

"I fell once and since then I'm so scared to cross the road, it's terrible."

Taxis were also an important source of getting around and accessing services. Overall taxis were mentioned as being a means of accessing medical appointments rather than for social activities and shopping.

"I've got to take a taxi to get to the Western Community; you have to get a taxi every time."

"That's where my vouchers go...getting to medical appointment. I don't go anywhere else."

5.5   Staying Active

As with the other communities in this project Fulham participants discussed three main themes around being active and staying active; namely current activities undertaken, volunteering and desired activities that they would like to take up in the future. A full table of activities is available at Appendix 10.4. Once again change featured strongly in Fulham participants' discussion of their levels of active involvement in the community. For some this meant having given up activities and volunteering due to changing health conditions, or in order to care for some-one else. For others adjustments had been made because there had been changes in the organisations and activities in which they had been involved, or a change in lifestyle (such as giving up driving) meant activities were adjusted or given up.

"I played bowls for 32 years...gave it up 12 months ago, only because of the heat."

"I belong to Probus Club, but I think I will have to give it up because I can't even walk that little distance."

"I'm a water colour painter, I picked that up when I retired and as long as I was driving I went every Friday morning with the outdoor painting group... but now that I'm no longer driving I've lost that."

Fulham participants undertook more informal social activities compared to the other communities in this project. Formal activities, described here as regular activities undertaken within a formal group or organisation, remained a part of some participants' weekly or fortnightly routines. Formal activities included Probus club meetings, aquafun exercise group, indoor bowls, the Council run community meal, contract bridge groups and activities run by the retirement village (card and craft groups).

Informal activities included regular lunches with family and friends, visiting the public library, outings to hotels, concerts and church services. For some participants informal activities with friends have evolved out of association with formal groups such as the Airport Over 50's group. For others they are associated with family or a particular interest, such as church or music, that have been sustained independent of a formal group.

"We go to lunch, we go every Friday. We've got our table booked and we go every week."

"We go to the Lockleys (Hotel) on Saturday for lunch, with my daughter and a son and perhaps someone else in the family."

"Our main interest now is the Chamber music. I used to play the viola in string quartets, I had to give that up, I got arthritis in my neck and finger...so I don't play but I listen. We are planning to go on Fridays to the lunchtime concerts at Elder Hall."

The most frequently referred to source of formal activities was the Airport Over 50's Club. Some of the Fulham participants had been involved in this organisation since its inception and felt a strong association with the club.

"We're foundation members...oh yes it's been beautiful, it's been a wonderful experience there."

"I've been a member there since the day it opened."

There was some acknowledgement that while the club was very successful, and had a large membership, the types of activities that were now offered had changed and the focus of the club had altered. This was attributed to the fact that the club had shifted from being a senior citizen's club, dropping the eligibility age first to 60 years and then three years ago to 50 years; thereby changing the nature of membership. Some of the more established members felt they were no longer offered activities that were suitable for them, with the club catering to younger, more active members.

"When our club started we used to have a craft group and we, oh we used to do lots of things...we had exercise on Mondays, craft Tuesdays and well it was a bowls club, we bowled Monday, Wednesday and Friday, Thursday was our bus trip day, and cards were always there. But since the over 50's have come in now they have got exercise...they've got exercise on Monday, Line Dancing Tuesday, exercise Wednesday and they've got a walking group on Thursday and Line Dancing again on Friday. There's nothing (we) can do these days."

"Yes they're catering for the younger ones now, they've taken over."

Volunteering did not feature strongly among Fulham participants, either as a current activity or as a past activity. However many of the women participating in the Fulham focus groups (five) cited having worked all their adult lives and this perhaps reflected on their ability to participate in volunteering in the past. Three participants spoke specifically of past volunteering, and some provided reasons for no longer volunteering. Two others had mentioned being on the founding committee of the Airport Seniors group but did not view this as a volunteering role.

"I can't get about to do any sort of volunteer work."

"Well I used to do volunteer work at Orana and then they closed down and my husband got sick, so everything just stopped."

Two Fulham participants mentioned current volunteering experiences, one male and one female.

> *"I do reading at the (primary) school with the littlies…*
> *I thought you just can't hang around home so I offered*
> *to do something down at the school there."*
>
> *(You drive the community bus?) "Yes, Mondays yes,*
> *for about four or five years."*

There were very few suggestions for future activities that participants would like to undertake. Most participants appeared to be content with their current levels of active involvement in their community. Several participants claimed that their weeks were already quite full and they could not fit in any extra activities in the week.

> *"I haven't got time to learn that, I'm never home.*
> *I'm out every day."*

For others disabilities and/or poor health did not allow for additional activities to be undertaken. In fact, for some participants, activities that had been previously a part of everyday life had been reduced.

> *"I used to do quite a bit…but now I really can't.*
> *There's not enough time for me because I'm so slow."*

Interest in additional social activities centred on specific interests, rather than a desire for general social opportunities. Only three participants suggested that there were activities they wished to take up in the future. For two participants being able to locate and participate in these activities depended on access to transport, rather than finding the activities themselves.

> *"I think that's something that is lacking in our area... craft."*

> *"Well I want to (take up Tai Chi). I'd have to find a class where I could get to. You see I live in a pocket where there is nothing (transport or activities)."*

> *I would like to learn more (computer skills) but that's another thing, you can't get to where the lessons are. I mean you could go to the library but how do you get there."*

5.6   Getting What You Need

Most of the services accessed by Fulham participants were from private providers, in particular gardening and house cleaning services. Some had not accessed these services at the time of the focus groups but discussed planning to do so in the future. For others paying privately for one or two services was all the home assistance they required at present.

"Oh I need a gardener for sure, I'm going to need a gardener soon."

"I have private help for cleaning, and we have a lawnmower chap that comes every fortnight like, privately you know. So just at present we're managing."

Fulham participants were also familiar with the services offered by the City of West Torrens and many utilised these services on a regular basis. The Council services used included the community bus, home maintenance and some cleaning services.

"The West Torrens Council they did all that for me, when I came back home from my operation."

Three key themes emerged from discussion with Fulham participants about services and shopping: the physical difficulties associated with shopping, the lack of knowledge about some services and the need for a responsive emergency care service. For a full table of all services used by Fulham participants please see Appendix 10.4.

The majority of Fulham participants expressed some concern about the difficulties in managing the shopping. For most this was more than just the difficulty in getting to and from the shopping areas. Some participants used the council bus to access shopping areas, some were able to walk to the supermarket, and as mentioned before, some were still driving and access to the shops was not an issue. The main difficulty in shopping appeared to be the physical effort required to carry out the shopping task.

"I'll tell you one thing about shopping...everything is getting so heavy."

"Packaging gets more and more difficult.....and it's the weight of everything that worries me."

"I like shopping, but of course it's carrying it... Yes you get so tired and they're too heavy aren't they."

"I would like somebody to come and put my shopping away when I get home."

For some participants this meant finding new strategies for managing the shopping. Some participants had already put into place services or assistance to enable them to shop more easily. Home delivery services and phone order services provided by supermarkets for a small fee were of interest to many. Some participants had utilised these services before, others were interested in knowing more.

"Yes a lot of shops will deliver, Foodland delivers, but mainly you have to go and pick the groceries out."

"It's nice to know that (which supermarkets will take phone orders and deliver) because you get to the stage where you can't take your walking frame and I wanted to know what I was going to do."

For others strategies for managing the shopping included shopping locally, but buying in smaller amounts more frequently; having family assistance with the shopping task or thinking about finding some more formal assistance with shopping.

"If I miss out on anything (when shopping with the community bus) I have a daughter that helps me."

"That's what I'd really like is someone to go and do some shopping for me."

"I go to the shop about three or four times a week with my walker and I've got a big bag on the top and a little thing underneath and I can get enough each time, but I've got to go three or four times a week."

Some Fulham participants appeared unaware of available services. Several participants currently accessed multiple services on a regular basis. One couple had recently begun to access services and provided examples of many information brochures and illustrations of attempts to gather information from service providers. This was not described as an easy process. For most participants there appeared to be some knowledge about services that were utilised regularly, such as the council community bus; or services that had been accessed for short periods of time, such as Meals on Wheels. However broad knowledge about available service systems was not evident.

"The Domiciliary Care rang and she said she'd like to come around. I don't know what that involves, I think it might be through one of my girls (daughters) ringing up but I don't know what it involves."

"I don't know, you need a central telephone, one call for help."

"What (council) bus goes to the library?...Oh I didn't know that, they'll take you to the big library...I'll have to look them up."

The main area of concern over available services in both focus groups was the lack of a responsive, emergency service for periods of illness. Many participants expressed a need for a short-term service that would assist them at times when they were unwell, but did not need hospitalisation.

> *"...like when I was ill for a fortnight and I just sat in a chair and thought 'oh I wish I had someone to make me a cup of tea or something...for a temporary thing. When I got over that I was all right, you know."*

> *"You need some number you could ring and say 'look I'm not well, can someone come and clean my floor and give me a cup of tea' and that would be all you'd need."*

> *"I mean it's that temporary thing...where you're sick and you're in bed, like when I came home from hospital I couldn't do anything."*

The key factor discussed about having a temporary emergency service was the need for it to be responsive. Many acknowledged that while such temporary services were available the waiting lists meant they were unsuitable for short-term illness where the response needed to be immediate.

> *"By the time they'd (services) worked it out you'd be better! By the time you got help you're all right again."*

For some their need had been greatest when first returning from hospital and yet services had not been available immediately, highlighting the need for a more responsive service.

> *"I felt there was an urgent need for an emergency service. I asked and was told 'No there is no emergency service', that we'd just have to wait until someone could fit you in. And I tried the West Torrens Council, but they don't have an emergency service. I came home (from hospital) on November the 4th and it's taken until now to get help (mid-February)."*

Some participants suggested that the use of volunteers to pay a friendly visit, make a cup of tea and carry out simple tasks such as going to the chemist would be an appropriate, emergency service. The local council was suggested as the best contact for an emergency service.

> *"Now I know it's difficult to have an emergency service and the only thing I think they could do is the Council could provide it...but there doesn't seem to be anything at the moment."*

5.7   Staying Healthy

Most participants in the Fulham focus groups did not discuss the impact of illness and disability on their daily lives in depth. For some participants there were references made to the use of walkers, lack of mobility, disability and poor health. However references were made in relation to other activities or daily routines, such as using a walker to manage to get to the shops, giving up playing the viola due to arthritis or bridge because of short-term memory loss. The focus was on the activity, not the illness or disability.

Two participants discussed in more detail the impact of serious illness on their quality of life. For these participants this had been a long-term process, which now required regular support services in order to remain living independently in the community.

> *"I have a lady come and clean, once a week and then somebody helps me with my shopping and now that lady comes every second week and takes me to hydrotherapy."*

References were also made to regular re-adjustments to daily routines and regular activities in order to adapt to the illness.

> *"Even climbing to get some books from the mobile library, I can't do it anymore, those three or four steps...so I am reading books which I have at home."*

5.8   Building Community

Fulham participants did not have a lot of recommendations to improve their community. Most of the suggestions reiterated points already made in the discussion about improving services, such as access to information, shopping assistance, an emergency response service and improving flexible transport options. When asked 'what would you need to be more involved in your community', one participant summed up the sentiments of the group as:

> *"Transport, transport. We're not getting the transport we would like."*

Many participants expressed their connection with the West Torrens council area and their community as being positive.

> *"I'm quite happy with the West Torrens Council and I've seen a lot of people come and go from there in my life and I'm 84 now."*

THE PLYMPTON COMMUNITY

6.1   *Plympton Community Participants*

Plympton participants represented the youngest group in terms of overall years of residency, with over half of the participants having lived in the area for less than 10 years. This is a reflection of the numbers of participants who have moved from the family home into smaller units and independent living units attached to aged care facilities in the area. Unlike the Richmond focus group participants, who had often moved from nearby streets to smaller units, Plympton participants had generally moved from other communities.

The Focus Groups

Three focus groups were held in the Plympton area with a total of twenty-two participants. Plympton focus groups also included a few participants from neighbouring Plympton North and the fringes of Glandore and Netley, two other adjacent communities, as participants identified themselves with the Plympton area. Two focus groups were held at a local senior citizens centre in the Plympton area and a third focus group was held in the West Torrens library community room.

The Participants

Of the twenty-two participants, twenty were females and two were males. Seventeen participants (all females) lived alone, the other five were married. Five of the participants were living in independent living units as part of an aged care complex, a further seven participants were living in units and ten participants were living in houses. One participant was currently living with a son; another had a daughter and son-in-law living with her at the time of the focus groups.

The mix of housing is also reflected in the length of years participants had lived in the Plympton community. Those living in houses, with three exceptions, represented the longest term residents in the area from twenty-three to fifty-five years. Those living in the independent living units represented shorter term residency from three to five years with those in units ranging from five years to twenty years in the community.

> *"I've only been here nearly 3 years. My husband passed away just over 2 years ago, he was in the nursing home you see right next door, I was lucky enough to get a unit not long after he moved into the nursing home."*

Slightly more than half (twelve) of the Plympton community participants were born in Australia, the remainder comprised of five born in the U.K., one Dutch, two Greek and two from Italy.

6.2   Living in the Community

Plympton participants were an interesting mix of people who had already moved into new accommodation in recent years and those who had remained, or chosen to move into, larger homes.

One of the key themes discussed about the decision to live in the Plympton community was the importance of family and family location. For some this meant moving to be closer to children, for others it meant staying in the area, as it was conveniently located between or near children.

> *"My family is over here; I couldn't manage without my family now."*

> *"I decided to live near my daughter, and she found the lovely little home that I've got now and I've been there for five years in Plympton."*

However this decision to reside near family did not mean that independence was not still valued. For some the option to stay independent had been well thought out.

> *"As I'm getting older I thought I'll go an live with (daughter) but I didn't think ahead because it's very hilly up there, there's no transport, there's no shops handy and my club is here. So I said 'I really would like to stay where I am' and I think I've made the right decision, to stay where I am."*

For two (married) female participants the decision to live in their current location was based on their husband's desire for a shed and a backyard more so than their personal needs for a smaller living environment and more companionship.

> *"I've just moved...but I think we would have been better off in a retirement village but C. likes woodwork and the shed..."*

"If I was on my own I wouldn't like to stay there, the whole place is too big. (I would move to) somewhere where I could be more in a community, where I could be near other people and perhaps have a communal place where you can gather now and then."

For those participants who remained in larger homes maintenance and gardens were ongoing issues. For many this was their only concern regarding their living environment.

"The only thing that really bothers me is the garden."

"I can manage pretty well, except for my garden. That's the only thing that really worries me, I manage everything else all right."

For others the garden had been the main catalyst in making the decision to move into a smaller living environment.

"I owned a nice property up there but the garden and everything got too big."

"I used to live at G. but the house and garden got too much."

Maintenance of the garden was an area where private service providers were most likely to be accessed or required. Most participants residing in houses, and also several living in units, utilised some form of private gardening service on a regular basis in order to manage the living environment.

Some Plympton participants discussed safety issues, with one focus group in particular sharing several anecdotes of break-ins and attempted burglaries. Participants talked about the need to have doors and windows locked at all times, even when inside the home. However no one expressed fear or concern about remaining living in the community. Those living in the assisted living units as part of a larger aged care facility did lament the current lack of any security, but no one suggested they would consider moving elsewhere because of safety issues.

"I think you'd have safety concerns wherever you are."

6.3   Connecting to Community

For many Plympton participants the support of family was vital in managing the living environment and remaining in the community. When asked by the focus group moderator if family was an important part of their community the answer was generally positive:

"My word yes."

"It's true, very much, yes very much."

"My family are very supportive, I am very, very lucky."

For some participants family support meant not only assistance to remain living at home but also to remain connected to the community socially.

> *"There's half a dozen friends, couples, they're now getting housebound and they don't have the contact unless they see their children and their children take them to visit."*

> *"And sometimes my son will ring me up and say do you want me to pick you up for a couple of hours and he drops me at the Casino for a few hours and there are nice people around there and I have some lunch and I can do that by myself and I enjoy it."*

The role of neighbours varied considerably amongst Plympton participants. For many the connections to neighbours were limited, particularly for those participants who were newer to the community (less than five years) and living in regular suburban housing rather than groups of units or independent living units within an aged care complex.

> *"I only know the name of the lady next door, I don't know anybody else."*

> *"I don't know anybody around here because I had my stroke two weeks after we moved in."*

> *"I don't think there are any other older people in the street...I've seen one or two people and they wave and I wave and that's about it, but as I say if you had an emergency there's no one you can turn to."*

For others, neighbours provided an important social connection and another means of informal support for remaining independent. This was particularly commented on by those participants living in units, in close proximity to other older people.

"The lady that lives opposite me, she is a lovely neighbour, we get on real well. We don't live in each other's places but we've got the phone there."

"Oh well, we just check up on each other…and we just call in on each other now and again….and the neighbour on the other side, well she lost her husband four or five months after I lost mine and I often go in there of a Sunday afternoon and we have afternoon tea together."

Many participants also noted the changing nature of the neighbourhood, particularly the loss of local shops and loss of neighbours. This was reflected as a loss of connection with the community. Some participants felt the lack of a local deli or corner shop not only meant difficulty in purchasing goods but also a lack of opportunity to meet and stay connected with people in the neighbourhood.

"They used to go to the local shops and get their bread and milk and they would see 'Ruby' or 'John' and have a natter and 'how's so and so' and that sort of thing. And so the groups of shops in the suburbs is gone and I think that's very hard on elderly people."

For others, in particular those long-term Plympton residents still living in the family home, it was the loss of older neighbours and the changing nature of the housing in the neighbourhood that was commented on.

"The thing where we live is that the properties are quite old and the young people are buying them, knocking them down and putting modern places there."

"On the other side there was a lovely family there and they sold the house and shifted. Well we had about 6 or 8 derelicts move in and tear the place to pieces."

Those participants who were newer to the Plympton area and had moved into the independent living units or other groups of units with older neighbours appeared to have stronger connections with neighbours and their immediate community. There was a stronger sense of knowing who neighbours were and being aware of activities and available services through 'word of mouth' and observation of others. Neighbours also appeared to support each other and share resources more.

"Well I have a nice neighbour who always talks to me and she gives me tomatoes…and one of the neighbours, he's watered my garden for me and he might come and put something on the lawn for me, I would only have to ask him."

H: "I have a nice little granddaughter (to do the housework)." R: "Oh, her granddaughter does mine as well…we pay her to do it."

6.3   Getting Around

In common with the other three communities the theme of getting around could be sub-divided into several main categories: public transport, use of the Council community bus, walking, driving, and use of taxis.

For many of the Plympton participants the public transport system, particularly public buses, provided an easy, diverse service that was well used.

> *"I love the bus in front of my house, I go to Glenelg."*
>
> *"The bus service on Marion Road is great. No matter where you want to go it takes you there. I don't drive a car and I find the public transport is great."*

However for some participants who did not live within easy access of the main public transport systems the closest routes were more limiting.

> *"About the only thing I know that works five days a week is the bus service. Saturday and Sunday you are grounded."*
>
> *"Well I think if we had a bus service on Sundays, well at least we could go down to Glenelg or even into the city if we wanted to, because I feel there is nothing where I am."*

For other participants it was difficulty with personal mobility that restricted use of the public bus services.

> *"See if I catch the local transport or go into Glenelg on the bus I've got to take my walker and the black looks I get...it's not worth it."*

> *"(We) don't go on the bus because I have trouble getting up the steps and so public transport is difficult."*

> *"It is a good way (to the bus stop) for V. you see, walking to the bus. He finds it very difficult."*

The Council provided community bus service was accessed by most of the Plympton participants. For some it was the main access service for social activities every week.

> *"I do use it (the community bus) on Mondays and Thursdays to go to the club."*

> *"Once a week I go to the community meal, (the bus) picks me up from my front door and takes me there and drops me home again. They've been wonderful."*

For other participants it was the only means of accessing the supermarket and shopping centres for bill paying, access to the chemist, the post office and other services.

"I go every second Tuesday to Castle Plaza and I have been to the market a couple of Fridays, every second Friday. I love that, I do all my shopping. I'm really happy with the bus service, I love it."

"I find the bus service very handy, they are comfortable and they bring your shopping at home. The beauty of it is it keeps us independent."

As with participants from other communities who utilised the community bus service, Plympton participants described the community bus as more than just a transport service but more as a social group.

"Yes, of course, it's like a family, if you're on the same bus. It's terrific."

Many Plympton participants were still quite active and mobile and were able to walk to nearby shopping areas and activities.

"You can walk to Bi-Lo in 10 minutes; it's just at the end of the road."

"I take my trolley to do my shopping but if there's sometimes I need anything else I walk to the petrol station only five minutes away."

"Well I've only got to walk, sort of, one bus stop; the length of one bus stop (to the shopping centre)."

However for some participants walking was too difficult and despite the close proximity of the shops, bus stops and/or acquaintances access was limited.

> *"But that's too far (the local shopping centre a few blocks away) for me to even attempt to walk."*

> *"I've never been here (community centre one block from home). I'd need somebody to bring me, I can't even walk that far."*

> *(You live very close to each other) "M: Yes, but not near enough for me to walk it though." R: "Yes, or me."*

Some Plympton participants were still driving and relied on this for access to regular activities. This meant that both formal and informal activities were still manageable. However participants still able to drive were often limited by making the choice to only drive locally and/or during the day. Others relied on husbands as drivers for accessing activities and shopping.

> *"I don't mind traveling because of the car, I like to mix with people, I like to enjoy myself."*

> *"I drive during the day. So we're lucky enough that I can drive S. down to Bi-Lo or wherever she wants to go. I drive locally, because I can't walk without a walker. It makes a difference."*

> *"I just dread when we can't drive. It's going to cost us a fortune to get everywhere."*

For other participants taxis provided an important source of flexibility in transport, particularly for medical appointments and other regular activities. Most participants utilising taxis had access vouchers that helped alleviate the cost, although the expense of using taxis was also acknowledged.

> *"I've got taxi vouchers too, to go to the doctors or… see that's the only way we can get to Bi-Lo or Marion Road. They're a Godsend really."*

> *"Yes, I have got to have a taxi, there (hydrotherapy) and back again. We used to have a bus but they stopped it so we have to get a taxi now. I always use a voucher although I know it's not that far but when you do it two or three times a week it mounts up."*

Taxi services were discussed as being important for getting about, but were also seen by some as a source of frustration. Often reliance on taxis services meant difficulties in accessing things locally because of the short distances involved.

> *"We have all the trouble in the world (with taxis). We have a permanent booking and half the time they don't come. They don't turn up, so you're left stranded there, especially if you've got an appointment. And some taxi drivers that do come, they will tell you straight to your face that we don't want to come because it's not enough money in it. So that's a real nuisance."*

6.4   Staying Active

Plympton participants reflected on a variety of formal and informal activities that they were involved in on a regular basis. Some participants also discussed volunteering they had been or were currently involved in. Most participants discussed being involved in several regular activities, yet some participants also expressed a desire to become involved in new activities.

> *"Yes, we'd be pretty all right if we could get some activities going."*

A table of all formal, informal and volunteering activities is available at Appendix 10.5.

Three participants described current volunteering roles, with one participant in her 70's being involved in multiple volunteering roles. Several other participants described past volunteering roles, which had been given up recently for a variety of reasons, including health and moving locations.

> *"I do voluntary work still, so I'm pretty active in that way. I volunteer at the Camden Community Centre and I call bingo on Fridays at the Southern Cross (nursing home), and I do some voluntary work with the University of Adelaide. I help with the mail outs when there's going to be seminars or lectures."*

*"I worked for 23 years at St. Vincent de Paul's until
I came to the units."*

*"I was secretary for the CWA in (rural town).
Of course I left all my friends behind."*

*"I used to do Meals on Wheels but I fractured my hip
so I had to give it away."*

Participants were active in many types of regular, formal activities.
Formal activities were described as any activity that required
membership or that involved attendance at a set time and day, with
regular planned activities. These included local community centre
groups, exercise groups, the local Council-run community meal,
groups such as Legacy or Senior Citizens, church groups, card
and sporting groups.

*"I belong to Legacy Widows club...it's every fortnight
in Port Adelaide. I usually go every 4 to 6 weeks.
I've been going there for 25 years."*

*"I go to Seniors Club down at the Uniting Church
once a fortnight...apart from that I go to the Pines,
I have exercises there twice a week."*

*"I use the Glenelg Community Centre, I plat carpet
bowls there on a Saturday and also I do Folk Dancing
there on a Thursday."*

Formal activities were often undertaken in conjunction with more informal activities such as meeting groups of friends, accessing occasional bus and travel trips, going out for lunch with family and friends, playing bingo and informal exercise such as walking.

> *"She picks me up on Saturday mornings and we go somewhere, shopping somewhere."*

> *"I go 10 Pin bowling with a friend of mine, other times I go and meet my friend over a the hotel and we have a free coffee and play the pokies."*

> *"Once a month eight of us get together and go out for lunch, between them they make sure that somebody picks me up and takes me to the hotel and brings me home. I have some very good friends."*

Some older community members, from a group of independent living units, had recently begun their own informal walking group. Those who wanted to take part would meet every night for a short walk around the neighbourhood.

> *"We've got a walking group every evening at 7 o'clock. They meet at the front gate there and we go for about 40 minutes. And if you don't want to go you don't have to send a note or give them a call you just don't turn up at 7 o'clock."*

Some participants were involved with specific interest groups outside of their immediate community. Others had enrolled in specific short courses to expand their interest in something, such as computer courses through the University of the Third Age.

"Yes, there's a Shirley Club, there's clubs all around Australia. We meet every two months. In October we're going to Sydney to a convention with all the Shirley Clubs around Australia."

"It's called a sewing club and we meet once a month and you make different things."

There was interest from some participants in finding more activities in their community. For some newer community members this was in relation to general social groups for more connection to the local community. For others it was having an extra activity to help fill the week.

"It's Sunday that I feel that I would like to go somewhere sometimes. Something a little more entertaining around our place."

"The only thing is we would like to find a club like where we used to go (in previous community). They did bowls, cards and if you didn't want to do anything you just sat around and there was all sorts of different card games and scrabble and anything you could do."

For others suggestions for new activities were more specific and related to a particular interest.

> *"I'd like a walking club for slower people. I would walk around the block if I had somebody to walk with."*

> *"I would love to be able to work the computer because it fascinates me and I would love to use it."*

6.5   Getting What You Need

Discussion on use, and access to, various services centred on two key areas: shops (and other public services such as post boxes, post offices, banks and chemists); and in home services such as carers, cleaners, gardeners and maintenance services. A full table of services described and used by Plympton participants is available at Appendix 10.5. Health services discussed by Plympton participants are considered at 6.6, 'Staying Healthy'.

There was much discussion about local shops, shopping centres and other shopping services such as the location of post boxes, banks and chemists. For some participants, especially those living away from the main roads, the lack of local shops and services such as post boxes was a real concern. Particularly when combined with a lack of accessible transport and/or poor mobility.

> *"Years ago every suburb had their own little deli, they are all empty now. No loaf of bread, and the butcher's been gone quite a while – well for me to shop now I've got to go down to Bi-Lo or go to Glenelg, that's where the shopping is."*

"I can't walk much at all and the nearest shop to us is in Morphett Rd., but there isn't very much there at all. If you want to post a letter or anything like that we've got to go all the way down Morphett Rd."

"And where I live you have to go down the street to go to the Post Office, you know to pay bills and to get money out but then there isn't a chemist next door, there isn't a newsagents where you can buy a birthday card or a bus ticket. The basics are really missing."

Larger shopping centres and busy shopping areas, such as Westfield at Marion and the Glenelg shopping area, were considered by many participants to be too large, too busy and too overwhelming.

"I like Castle Plaza, it's a nice size. I get lost down at Marion."

"I've been to Marion once and that was enough for me – it's miles too big."

"As far as I'm concerned Glenelg is a rat race, you get pushed from pillar to post and we don't like that."

When discussing services used within the home Plympton participants mostly referred to privately provided services such as gardeners, cleaners and maintenance services. Most participants discussed employing at least one private service. For some this was on a regular weekly or fortnightly basis, for others it was an intermittent service as needed such as for home repairs or maintenance.

"I have someone, VIP mows the lawns, we have them once a fortnight, and I have a man that comes and prunes the trees once a year and I pay him."

"I pay to have it painted, privately, yes."

"I have it (cleaning) done privately."

Other in-home services utilised by Plympton participants included Council based services, such as the home maintenance program, cleaners and carers through the HACC program and the community bus. Plympton participants did not express a lack of knowledge about available services, with most participants explaining that they knew of available services through the Council's service directory or by word of mouth.

Other in-home services accessed by participants included regular personal care assistance from other service providers, installation of hand rails and ramps, volunteer assistance with shopping and independent living aids such as shower chairs and walkers.

"I have a home nurse come, from the Repat. Oh yes, they're very good."

"We found that the domiciliary is very good, he's got his toilet chair, and walker to go out and trolley for inside and things like that."

Participants raised various issues about in-home services including a lack of trained carers, limitations on services, waiting lists and cut backs on previously available services.

"The Repat pays for my showering and so on but I only get it twice a week. That's all I'm allowed to have. I would like three showers a week...my family have tried to get it for me but they can't...I just feel it's not quite enough."

"They said they are all qualified (personal carers) but they're not. They can tell you but they wouldn't let me see the piece of paper. Out of the six I have had four have had no experience what so ever...and it was just life threatening you know. They couldn't handle me and you get scared."

"They (parents) were assessed by Domiciliary about three months ago I think, and they said that they have been accepted and that will come through in, I don't know, 18 months."

6.6   Staying Healthy

Plympton participants did not discuss any illnesses and disabilities that were impacting on their lives in depth. Some participants referred to mobility issues and several participants mentioned strokes, hip replacements, cataract operations and other health issues but these were not the main focus of discussions about health and being healthy.

"The house and garden was getting too much for (husband) because he had had a couple of strokes so we moved."

"I go to the Ashford Hospital if I have anything done. That's where I had my knees done."

Accessing health services and preventative health measures, such as exercise and podiatry, were the main focus of discussion relating to health.

Some participants discussed the inclusion of exercise classes into the regular activities. This was usually not discussed in terms of preventative health but more often referred to as a regular social activity.

> *"I've been thinking about this Tai Chi thing, it's supposed to be relaxing."*
>
> *"What else do I do during the week? Oh I go to exercises at the Pines twice a week."*

One participant talked specifically about the benefits of exercises:

> *"I think any exercise is good though. No matter what you do it's good, as long as you keep moving. If you don't use it you lose it."*

Most of the discussion around health issues concentrated on accessing doctors and other health specialists such as the podiatrist or physiotherapist. Some discussion also centred on which hospitals were used for medical procedures. However details of operations, the impact of medical conditions on daily life and coping skills for living with a medical condition were not discussed. Participants made brief comments about adaptations and change in their daily routines and these were generally discussed in a positive light.

"After I had my hip done someone came in and now I've got a thing on the wall I can hang onto and a thing on the bath I can hang on to so I can manage that now."

"I've missed that terribly (sewing and reading). I had glaucoma and cataracts. Now I've just had two operations before Christmas on both my eyes and now I can read!"

As one participant, with the help of her daughter, pointed out discussing medical conditions that are impacting on daily life can have a negative emotional impact.

"(Mum) says she gets depressed these days because every time somebody rings up or comes around they're having health problems. She says 'I don't want to hear anymore'"

6.7 Building Community

Plympton participants expressed a desire to remain living in their community. For many the transition to alternative, smaller accommodation had already been made and there was no desire to consider moving again.

"I'll be too old to move again in a few years time. I can't be bothered. I'm 82 now. No I'm happy with everything around here."

Other participants expressed a level of satisfaction with the community as it was now, affirming their decision to remain in their neighbourhood.

> *"This is the thing with our area, this is why we don't want to move."*

> *"I would like to (stay in this community) because I think it is really nice and the council rates are reasonable. I think it's a nice area, and the shops are so handy."*

When asked how we could work together to make Plympton a better community there was limited response. Most responses reaffirmed information that had been previously presented, such as better security and improved local shopping areas.

> *"I just wish we had a little better security there where we are."*

> *"A good shopping centre."*

For some the need for improved services to be able to remain living at home was reiterated. As one participant expressed it, with much agreement from the other focus group participants:

> *"Better services so that you can have a shower and whatever and proper nursing facilities. On one end of the spectrum they're telling us that they're encouraging people to stay in their homes longer… well where's the services to make it happen?"*

One or two participants expressed a desire to be more connected with their community, with more activities and opportunities and places to meet people.

> *"I don't know, my community is just L (husband) really ...and that's why I'm glad about this (project). I want to reach out a little bit more."*

> *"And not only that (integrated services in the one shopping area) but people can go and meet people and you can go and have a coffee...when you're getting older I find it's important."*

*K*EY *C*OMMUNITY
*I*NFORMANTS *I*NTERVIEWS

7.1 Strategies for Identifying Individuals for Interviews

Individual interviews were offered to a range of people in the four communities. The key strategy used was to identify individuals through the research team's links with community groups and organisations involving older people. Organisations considered included senior's groups such as the CWA, Probus, Senior Citizens, Church groups and Returned Service organisations. Other groups approached were ethnic specific groups including the Italian Pensioners, the Greeks of Egypt and others. Community Service groups that have some involvement with older people such as Lions and Kiwanis were also approached. Leaders and key volunteers working with identified community organisations were approached to be interviewed. Fifteen interviews were conducted with individuals or couples (there were two couples interviewed) who were involved with community groups in the selected neighbourhoods.

7.2 Individual Perspectives

Those interviewed were not only key community informants but also older members of the community. As such they contributed comments about their own perceptions of community as an older person, ageing in place. In addition, they talked about the experiences they observed for members of their respective community groups and other networks. All of those interviewed indicated an interest in being involved in the Elder Friendly Communities project and saw its objectives complementary to their own groups and personal interests.

In these interviews the informants were asked to speak about four general themes, namely:

• Their community

• Services they were receiving or had received in the past

• Any concerns they had, and

• Suggestions for improvements to services for seniors

7. 3   Their Community

All key informants spoke positively about their community and its importance in their lives. They were a group of active community members and saw their involvement and leadership roles as enriching their lives. They were busy people maintaining regular commitments, often to a number of community groups.

As one woman in her late 70's pointed out to the interviewer:

"Well this is the one week I am free, what I call my free week but it's been anything but."

Being involved and contributing community had, in most cases, been a pattern of their lives and they saw this as continuing while they were able. Although some community informants had changed accommodation in recent years they had primarily remained resident in this local government area, thereby sustaining established community links and friendships.

A consistent characteristic of the community groups in which they are involved is the age profile of the membership.

"I would say that the average age of our club is 80. Our youngest member is 65. There's only about three under 70 and there is just a few in the 70's but the main age group is between 80 and 90. We do have some 90 year olds and 97 is our oldest."

The issue of sustaining membership was a concern to a number of community informants. When group members moved out of the area or became unwell, their involvement usually ended. Some groups faced small memberships that placed considerable pressure on the community leaders to support viable programs that met diverse interests on a regular basis.

"It's hard to get speakers these days because we are such a small group...we use the community bus and of course we can't fill it up so we go outside...its not too hard to get the extra outsiders for bus trips."

In the case of some groups with a specific membership base activities were maintained by linking up with similar groups in nearby council areas or suburbs. For some senior citizens clubs initiatives taken by the COTA (Council of the Ageing) National Seniors community worker had enabled cross-cultural links to be established. Several people being interviewed were positive about new membership possibilities and the value of different experiences.

"We have a big liaison through COTA and it has been a great success...like a cultural exchange... it is beautiful."

Group membership provided personal contact for individuals and opportunities to share information. In addition members were seen to help each other within the group and to offer more personal support when it was needed.

> *"But people in our club help each other. We like them to tell us if they are not coming as we worry about them."*

> *"We have no problem with anyone volunteering in our club...they are volunteering but they don't look at it that way...they want to help out."*

For those associated with a specific cultural group the community organisations were identified as a way of maintaining long standing links with the ethnic community and traditions. It was commented that these groups were smaller now as they often have less meaning to second generation family members but they remained an important link for older community members. It was reported that when older members of the community moved away to another suburb those with transport often returned for meetings and activities.

Some key community informants commented that it was easier to sustain a group if it was physically located near a retirement facility or clustered villages. Not all retirement units provided social activities. In addition residents did not always want to limit their contacts to the residential communities. For some the identity of a club or group could deter involvement. As one 69 year old commented:

> *"I'm not old enough to go to Senior Cits."*

The informants commented that older community members were often involved in a number of community groups. Church involvement was still an important factor to a significant number of older people. Members would use different groups to pursue their interests and to maintain social contacts. However it was noted that there was a small, consistent number of individuals who accepted leadership roles. As one person noted:

> *"Well I think most of us wherever we go, we seem to be the same people there, same as at the council, you know, when you go to the council you organise a meeting, you find those faces...they are the ones that are really willing to do something."*

It was acknowledged that it was difficult to get some older people involved in groups or community activities. Those interviewed talked about wanting to find ways to include people. For this reason one of the leaders stressed the importance of making people feel welcome.

> *"We have to meet people to forget the thing on our mind"*

> *"We do whatever we can to retain membership without being too intrusive."*

> *"The problem is getting a lot of older people to come out...they are frightened...some people have a few little things wrong with them and they are embarrassed to come to a club."*

There were some concerns about the financial commitments needed to maintain the clubs with increasing rents and insurance cover. Consistently staff in the council were acknowledged as providing assistance and advice to keep groups going.

While this group of informants were very active community members, some women, particularly those who were widowed, commented that they could feel lonely at night. Going out at night was not common and this was even less likely once they stopped driving. These women talked about missing company and a reason to prepare meals.

> *"Now I've got a son who comes here and stays sometimes. Not live in, he's not married so he comes here, so its good because I can cook for him...its nice to have some-one."*

For a number of key informants neighbours were an important part of their lives. Neighbours offered friendship, security and a sense of belonging.

> *"I am very happy with the community...we are with the neighbours all very close."*

> *"You have to share with the neighbours, I have a peach tree, was full this year, I give everywhere."*

7.4 Services They Were Receiving or Had Received In The Past

Overall key community informants did not report a high level of use of formal services. This was a very active group of people who reported weekly schedules that keet them very busy. A number spoke of using services when a husband or wife became ill and needed long-term care. However generally they were very independent and managing to care for themselves. Family members continued to be an important support for these older people and in some cases were seen as critical to remaining in their own homes. All key informants recognised the importance of being able to make their own decisions and to retain independence. They also talked about the demands on their families and their desire not to add to those pressures.

"Oh well, there is a lot of pressure on families because they got to worry about older people. And they also got their own family problems, children to bring up and some of them are working and they got their husbands and work anyway. I don't think its an easy life at the moment, very hard even for younger people."

All key informants recognised that for many of their group members who were living alone, house and garden maintenance was difficult and a source of concern. Service access often depended on health status and/or the capacity to pay. In both cases this could create barriers to accessing support.

"Oh well there's quite a few handicapped people that really can't manage all that good and they have problems getting someone to go to the house to clean up. I mean the council can only do so much."

A consistent theme in the interviews was the problem of getting access to information, the quality of that information and its reliability. Being a member of community groups was seen as valuable because information was shared however this did not meet all of their needs.

"We do have some brochures (at the club) but when you ring up about these services well they are either unavailable or they have not got anybody to do that sort of thing...yet they still advertise...if they can't they shouldn't advertise."

One informant talked about the value of services like Med Alert that made her feel safer in her home despite her health problems. Being independent was greatly valued by this particular woman. However she expressed concern that the service automatically involved her family after a call out thereby undermining her sense of independence.

"They made sure I was safe inside so off they went. The next thing my daughter in law called and I thought, 'what are you here for?' She said 'I have just come to see you are alright' and I thought 'Oh dear they ring her'. And I was quite disappointed."

Some informants spoke about their experiences with ex-service organisations. The social network of the RSL was important, but these groups were also described as finding it difficult to maintain membership numbers. Services through the Department of Veteran Affairs were spoken of as valuable when identified ex-service person needed to be cared for at home. However when the eligible ex-service person moved into nursing home care the support often ceased, even though the carer might have needed some continuing services to maintain independence.

Transport was often a major concern; both in terms of availability and difficulties with access (particularly public transport) once there was any deterioration in mobility. Community informants talked about public transport routes not servicing some western metropolitan areas well. In addition the services at weekends limited people's capacity to visit friends, churches and families. Generally comments suggested that people considered the local government area better served than many others and this was linked to the fact that major road systems intersected through the area.

In the older age groups there was some reservation about taxi use because of costs and the fact that taxi drivers were often reluctant to accept short trips. Those with access cab vouchers were careful to save these for essential, medical related travel. One informant spoke about her use of a 'scooter' to remain independent. She described traveling several miles to attend to shopping and visiting. Being able to drive was consistently seen as a critical factor in both feeling and being independent for some community informants.

> *"I hope I can keep driving for a while…Once I get in the car, I feel as if I'm young, I'm not…and even if I'm tired or I've got a headache, once I get in the car I forget about these."*

Community informants spoke about the issue of transport for members in their groups. Most community leaders were still driving and they provided a lot of assistance to others who were no longer driving or were dependent on public transport. The community bus was mentioned regularly as an important service for many group members. Access to the community bus was seen to be a significant factor in sustaining community involvement for some people.

The services provided through the council were consistently spoken about as making it easier to stay at home and to maintain independence. The informants commented that variations in these services often caused concern for their members.

7.5   Any Concerns They Had

A number of community informants spoke about the difficult decisions around changing accommodation. The cost of new units and accommodation facilities being built in the area was a major concern and deterred some from considering a shift from their own homes. One interviewee had thought about selling the family home and her comments reflected issues raised in other interviews:

> *"They sound all very nice…pretty expensive…and it costs over three hundred dollars a month for electricity, water rates, maintenance and insurance and when I added it up I don't pay that much here. You're better off as you are, I mean if I went and put in for anything like that it, I probably wouldn't get enough for this house to buy that one."*

For most key informants the view was that older people in these communities wanted to stay at home while they were able to. One leader of a community group with 25 regular members commented as follows:

> *(Do they sort of talk much about whether they're going to stay at home? - the interviewer asks).*
> *"No, no, nobody actually says anything like that because I think they're all sort of quite contented to stay where they are."*

Decisions about remaining at home or accessing formal services was consistently linked to health issues.

> *"Some of them are healthy and they cope very well. Some of them are not so healthy and they have problems in coping and doing things so they want help, they're asking for help."*

In a similar vein some reservations were expressed about the way services were offered and the impact of professionals. As a carer, one informant highlighted her feelings when the professionals came in and told her what she needed to make the house safe for her husband following his stroke. She appreciated the fact that the assistance was covered by the Department of Veterans Affairs but found the process intrusive.

> *"Oh you have got to have handles here and handles there...That's something you don't like...my son in law took them off after he died."*

The issue of safety was raised by a number of key informants. They suggested that some of their members talked about their concerns after break-ins. One group leader spoke of his concern that some older people spoke of wanting to challenge intruders:

> *"They will argue with them, one lady told one bloke off good and proper and he ended up leaving without anything but I mean he could have easily hurt her."*

A number of community informants acknowledged that they knew people who could not get the services they needed. The consistent themes mentioned by these informants were related to assistance with gardening, assistance with shopping and cleaning. Other examples of circumstances where older people were described as needing assistance were around changing light globes and changing batteries in smoke alarms.

In reporting on this issue of need people spoke about wanting to keep things tidy and in the way that is important to them. One of the men interviewed explained this very clearly when he responded to the question about what he needed in the community:

> *"You know what I want for my community? The council to come and clean like they used to come before once a week with the truck. You see it's full of leaves there, I hate the mess. Now they put a tree in the road… now the truck can't get close on the edges there to clean the leaves…its no good like that….we can't do it any more now…if I was young I can do it but not now."*

The central agency of Domiciliary Care was seen as providing critical services to individuals at home. One informant noted concern about people having falls at home. He was a volunteer with Meals on Wheels and saw through this work vulnerable, and in his view, at risk individuals who were more isolated. However there were also concerns expressed about the difficulty of accessing services. The fact that formal services were offered during the weekday was viewed as causing problems for many people over weekends and holiday periods. This informant also commented that he was conscious that some older people were worried because of the increasing costs of essential services and medicines to the point where they would not use heating and cooling even in extreme weather conditions.

7.6   Suggestions for Improvements in Services to Older People

This group of key community informants was generally very positive about the council area and the convenience of the area to many services. They generally took the view:

> *"That people were not complaining about a lot of things and that in this local government area the council are very good"*

For independent living it was agreed that access to nearby shopping, banks and letter boxes were all important to older people particularly when they were not driving. In relation to banking one informant stressed the difficulties caused by increased security requirements around transactions, the changing of staff and the loss of personalised service delivery.

 "I have been going to this bank since 1964, 1966, okay. People could change, their systems change, I'm getting older, but I'm the same person. Well now to me it's like this, if they don't know who I am there is some proof there for them to find out, to check it out…if that doesn't compare with what they have got on record, then come back to me and say so…but to ask me straight out there and then, have I got any ID because she's new, she's relieving someone. I never had this problem before and why should I now?"

In a similar vein comments were made about the difficulties many older people had in reading the complex accounts that were sent out by essential services. It was reported that complex bureaucracies overwhelmed many older people and they would like to see government services being more 'user friendly'.

The condition of footpaths and the importance of clearing overhanging branches for ease of walking were consistent themes in discussion. For these informants the need to have safe roads, accessible footpaths and a variety of flexible transport options were significant factors for older people remaining active and independent. Difficulties in moving around were seen to lead to isolation for some in the community. Most saw meaningful activity as important to their well being and sense of personal identity.

The pressure from government for people to stay independent and the desire of older people to stay at home for as long as possible was understood. However for the advocates amongst the key community informants this situation had to be balanced with the provision of supports once people started to have difficulty managing. There was some concern expressed about the pressures people faced as they age and the importance of choice as they face decisions about their future.

> *"Now the government has got a very good answer for that, sell the house and go into a retirement home. But it may be all right for the government but is it the right thing for the person? Like me, I been working all my life to acquire all I've got, and then all of a sudden, because I don't feel up to it, to looking after it anymore, I got to sell it, get rid of it, and go and lock myself up somewhere else. And I think that is very unfair."*

One respondent argued that there was a great need to provide advocacy for older people as they negotiate for services and consider changes in their life.

> *"There's no-one to protect you…and when you rely upon other people for that (assistance with various services), you know, I, we paid, on reflection, we paid too much for a couple of jobs we had done here, even with my experience I still didn't pick the fact that we were overcharged."*

One key community informant reported that many people do have difficulty accessing services, both when they are needed and at the desired level of frequency. The fact that many older people would not be able to access showers more than a couple of times a week was, in her view, a concern about the overall quality of care under present policy. In commenting about services a parish worker stressed the importance of services that enhance the quality of life not just meet minimal standards. She saw older people rarely complaining once they could no longer attend to their daily needs. The key gaps in service delivery were identified as:

- Access to information particularly around income maintenance and services
- Social isolation
- Lack of hostel care
- Delays and waiting lists for the essential services provided by Domiciliary Care
- Limitations on basic services
- Lack of nursing home beds
- Choices around services such as those that supply meals and other personal services
- Managing financially on basic pensions in the face of increasing service costs

One informant questioned the extent of community support for older people in the future when she noted that:

"There's not going to be the volunteers to do it because the volunteer ethic as we know it is all on the wane."

These active community members detailed the various types of assistance they provide in their community. They contribute but also value what they gain from that involvement. However all of them recognised that their involvement was subject to the state of their own health. There was also a concern about increasing requests from older people to assist with tasks in their homes. One man who volunteers with a service organisation to do small maintenance jobs considered that they often did work that might have been done by family members. Demand for assistance was not always easy to meet as more people were left to manage at home alone.

A parish worker provided many examples of individual older people managing at home despite various pressures in their lives. For example she described a 93 year old woman who was caring for a 63 year old son without any outside assistance; of older people caring for other older people; of older people managing alone either because they had no family or family that did not live nearby.

The parish worker also talked about the demands on families to support their older family members who are remaining alone in the community. She was positive about just how much is done by families and of how tenacious many older people are in their efforts to remain independent.

SERVICE PROVIDERS PERSPECTIVES

8.1   Focus Groups with Service Providers

Three focus groups with service providers were conducted towards the end of the data collection phase. There were 20 individuals representing 12 major service providers in western Adelaide in the focus groups. The providers were asked to discuss their perspectives on the following four broad question areas:

8.2   Living in this Community.

Service providers were asked to comment on the question: 'based on your experience, what do you think it is like for older people living in this community?'

Service providers generally spoke very positively about the level of support available in the local government area in which this project is being undertaken. Service providers and the local council were described as being active in the western area and gaining funding to support many older people.

> *"We do have lots of aged care packages as far as I can see they are very well catered for."*
>
> *"The Council acts as your local information bureau... so that's where you go and there is a distinct advantage with this Council having such an involvement in aged care."*

Despite the positive comments all participants acknowledged that there are also gaps in services and long waiting lists for some services that mean many older people struggled to manage in their own homes or to find substitute care.

> *"I think there are always unfulfilled needs out there...*
> *so many are looking for help with gardens for example."*

> *"I can only talk about respite services and there is*
> *a huge need in the West."*

> *"I feel that they appreciate what we do for them*
> *and that sometimes we can't do a lot for them."*

In discussing the access to services comments were made about the multiple assessments undertaken to get any given older person access to the combination of services they might need.

> *"We're meant to provide this seamless service delivery*
> *but to do that there's nothing in place for us to be able*
> *to have those communications set up with other service*
> *providers to do that. Its all ad hoc except in West*
> *Torrens where we do have, we can do a little bit of*
> *seamless service delivery."*

One service provider commented on the value of a new initiative for centralised assessment that some regions were promoting. Building stronger links between service providers in the area was identified as a positive initiative that would assist older people in the long term. The management of waiting lists was a major concern. The service providers suggested that the perception in the community about the

difficulty of getting services generated two problems. Firstly that people often contacted services before they really needed them in the hope that if they have their name down the service will be there when needed; and secondly that once older people receive a service they were reluctant to give it up because of the fear they will have a long wait again. These actions were seen to further complicate service provision and promote inappropriate levels of servicing.

A consistent theme in the commentary was the need to have more flexible and responsive services to meet immediate needs. Early intervention was seen as being a key factor in maintaining long term independence.

> *"But I think that if you could give people the help that they need, at the time so it might be that they had had a fall or they had recently gone into hospital, they have been discharged from hospital and you give them some assistance for a couple of weeks and then you wean them off again and so you help them at the times when they need it and not necessarily give them ongoing care."*

> *"The problem is that with a lot of waiting lists these days...people wait for help and they get worse as times goes by."*

There were comments about the fact that a lot of older people do not know about services available. In addition it was noted that over relatively short time frames services and/or programs can change because funding is lost or redirected.

Service providers commented on the fact that in this area many older people have actually lived in the community for their whole life or for very long periods. Community members often assume that they will be able to move into care within the community and have rarely considered that this might be problematic. Another issue raised about living in the community was the difficult decisions faced by older couples when one or both needed higher levels of care and placement in nursing homes. In practice it was reported to be very difficult to organise placements in the one facility.

> *"I think its very sad separating people. We've got people on our program who have been married for more than 60 years still living at home and we're looking after both of them but there is a need for them to be going into an aged care facility but to separate them is cruel."*

Transport issues were seen as a catalyst that often brought people into their services. Once older people cannot drive or walk easily they were described as being forced to seek help. Transport services, while seen as reasonably good in the area, were seen as not always accessible to older people and therefore leading to a deteriorating lifestyle. Usual places to shop become inaccessible without accessible transport.

> *"They are too scared to catch the bus because it's an average of 3 people falling per day on a bus."*

It was also noted that if an older person received assistance through one funded program they might be therefore ineligible to receive services through another funding source. Complex programming eligibility requirements further complicated access to services and responsiveness of services.

Language barriers were identified as a major concern for service providers in a community with significant ethnic diversity. Limited availability of interpreter services made communication difficult and providers depended heavily on family members to assist with interpreting. The language problem was further exacerbated when dementia was involved. Services attempt to recruit support workers with second languages but this was more difficult for smaller ethnic communities.

> *"If their dementia starts to really affect them, often they lose their English skills…its then a problem for them to connect with neighbours…"*

In addition service providers commented that access to services for people from non-English speaking backgrounds required structural changes in services.

> *"You know you can say the words 'we value it' (ethnic diversity) or 'it would be welcome' but unless you build it in structurally into your services…they aren't coming."*

However it was also noted that once a service is known to have a specific ethnic worker the information spreads and contact is made. A specialist worker becomes a valuable resource and for the service provider they can demand support if they are going to stay with the organisation.

"We have workers who are in demand, who have come from different ethnic backgrounds, but definitely we have found over a period of time that they start really trying to call the shots and they dictate to us what to do, so we have to be careful how we approach them as well."

The service providers also talked about having to support ethnic workers who often do not have strong written skills or any formal training. To meet standards in the industry and to retain specialist workers service organisations discussed the need to invest in training and mentoring through more formal training.

Service providers commented that the level of family support was variable. In particular it was observed that many family members found it difficult to sustain contact once dementia was present. Some families were scattered or had a family history, that had been conflictual, and this meant support was not as accessible. One positive way older people seemed to keep in touch was by telephone contact with friends and neighbours that they could no longer visit.

Discussion suggested that as people aged they had less social and physical contact with people. Partners and friends die, family may not be close by or there maybe no family. As a result support workers and various therapists became important in their lives. These people

offered the only social and physical contact the older person may experience. The service providers talked about the rewards this role brings but also the challenges of keeping the balance in the relationships.

> *"You still keep a certain amount of boundaries there but you can, it can work both ways and be a blessing in your life not just work."*

8.3 How are Older People Involved in the Community?

In the focus groups service providers acknowledged that the Council had an active aged care program that provided a variety of activities for older residents. For example service providers noted the value of the community meal, volunteers who assisted with the community bus, the mobile library and social contact for more isolated residents. Service providers were critical that the social aspect of ageing in place was a neglected element of public housing despite the proportion of that housing occupied by the elderly.

Even in this active council area the issue of attracting volunteers was seen to be a problem.

> *"They're not knocking our doors down put it that way."*

On the other hand it was commented by one service provider:

> *"We've had a lot come to groups that are still volunteering, actively volunteering and well up into their 80's."*

The service providers recognised they were often competing for the same pool of potential volunteers. Service providers agreed that most of the volunteers were older people and in some program areas they started off as volunteers and then become service users. The requirements for standards of care to manage the 'risks' in programs was identified as putting more pressure on the volunteers and the recruiting strategies of service providers.

> *"So we have to be pretty, you know, a fair bit of training and very strict with our volunteers…we have the responsibility to manage volunteers."*

Much discussion was generated around the problem of recruiting volunteers. The increasing pressures on family members to care for parents meant they were not available to volunteer as they might have in the past. There was also some recognition about the recent pressures for people to continue in paid employment rather than take early retirement limiting time available for voluntary work. However it was commented that over the last four years there had been a trend towards younger people seeking volunteer work to maintain eligibility for income maintenance. Also the complexity of service organisations means that volunteers often need more sophisticated skills than would have been previously required.

This trend was described as making it harder for some older volunteers to manage.

A significant number of service providers considered that it was hard to attract workers into the aged care 'industry'. Support workers were often required to do difficult tasks, particularly with older people who were living at home and who were dealing with deteriorating sight and other health problems.

> *"Well its not filthy (work) but its not sexy, so we need to do something where we look after the staff who go and provide these services where we make it a bit more attractive, whether we have to pay them better, whether we give them more continuing education, whether we give them clear pathways so that people can come in as a Cert. 3 worker and go on."*

Linked with this commentary was a concern about attracting younger workers into the industry, as the current average age of support workers is 50.

Service providers considered that the social isolation of the family carer was often underestimated and there was an implicit challenge in the comments about the need to consider how to value that contribution. It was recognised that within a family one member may carry a significant level of the support to parents and that this can generate pressure for the individual and tensions with other family members.

The larger shopping centres were seen to be a problem for older people. Centres can be a very alien places, impersonal and difficult to negotiate. Mobility and health factors were seen to prompt requests for help with shopping.

In the discussion about social isolation one service provider raised the question about who determines some one is socially isolated.

> *"Sometimes I wonder whether we are transferring our own values onto people. As people get older, they do become more insular, their world does become smaller and, a lot are very happy for that to happen… I often wonder when we talk about social isolation whether in fact it's as important to the person as we think it is."*

Others talked about the fact that the community is an elusive concept and that for many older people making connections was difficult, and that this may have been for all their lives. Others talked about the need to re-establish links with younger generations where positive exchanges could occur. This need to respond to the social needs of older people led some service providers to see it as increasingly their responsibility to build stronger communities.

> *"How about we create a community for them. Because there is no way that they in their isolation can become involved in a community that does not exist for them."*

This point was acknowledged during the discussion but balanced with the issue of choice for older people either living in the community or residential settings. And that the choice about where they live and the contacts they have needs to be actively considered with the older person and key carers. This led to discussion about the timing of residential care and that there was a point where an older person can feel relieved not to have to keep managing at home.

> *"I also think that a number of people stay at home with community aged care packages for extended periods of time when in fact after they do move into a residential aged care facility are a lot happier because they know suddenly they have a nice meal three times a day, they don't have to worry about whether the carer will come in at night to put them to bed, they don't have to worry about looking after the house and looking after the garden."*

The decision to use residential care for people from CALD communities was often difficult because of the expectation of family care.

> *"It's not until the carer reaches crisis point that they will say no, that they have no alternative but to put them into care because they see it 'as my role'."*

All the commentators talked about balancing services with issues about the quality of life. For service providers there was some frustration that funding in programs does not always address the latter issue.

*"You see, we only offer what we see as a society as being important and some of them might not give a damn about the fact that their house is not vacuumed on a weekly basis or on a fortnightly basis or the bathroom is not cleaned. Don't give a damn.
But because they sit in that lounge chair they look out on their front garden and of course they see their lawn hasn't been mowed for weeks and the roses desperately need to be pruned, that would improve their quality of life."*

Following on from this point commentary on the fact that the funding arrangements generate 'like services' and that there is not enough differences in services that give choice to older people. In addition when a good program was established it was often restricted to a particular population and not considered for wider application. Further to this service providers recognised that they were often at the behest of funding policy in determining service priorities.

"Last year the trend wasn't for respite, it was for personal domestic assistance...so last year we did not put in for respite...the funding body advised it would be a waste of time."

8.4   What Services Do Seniors and Family Care Givers Use in this Community?

This question provided a consistent listing in each focus group. Carer support with respite was seen as important. The role of the GP was critical to the well being of the older person but it was also acknowledged that the GP was not always well connected to services and therefore did not always make full use of the resources in the community. The focus of the GP on illness meant they often missed indicators around social well being. As a result of this many referrals to services were not made early enough to sustain maximum levels of independence.

Service providers commented that there could be value in sharing more information with older people and their carers regarding just what monies were expended on their behalf and where the funding was coming from. This strategy was seen to be helpful as there were some tensions around collecting contributions for services received. This point developed into a wider discussion of the need for effective information (large print and other languages) to be provided as services are put in place for individuals.

> *"We give our clients an information package at our admission process and it informs them of their roles, rights and responsibilities, who the funding comes from, we don't expect them to read it."*

It was agreed that the local paper ('The Messenger') was an important source of information for older people. It was also recognised that each of the organisations, as represented in the focus groups, played an important role in linking people to services and responding to inquiries from families seeking services for family members.

"Yeah, I'll make them familiar with what those services are, help and guide them to where those phone numbers are. I'm not a case manager so I can't actually do it for them."

However the relatively new initiative, Commonwealth Carelink, was not identified as so important for older people and their families though the principle of a single information service was endorsed.

"I think Carelink has the facts but not the understanding...not the understanding of what the need might be."

It was noted by service providers that older people do not find the complicated phone processes easy to use and often needed help to interpret information that was supplied. The view was expressed that the complexity of the service system requires centralised and localised information points that can be responsive to the individual situation. And in the final analysis it was considered that accessing of appropriate information can be serendipitous.

"I don't know how older people manage and I get phone calls daily from people just trying to find their way around the system."

"A lot of our clients experience Information Technology isolation...they used to be able to talk to a person."

Again the issue of waiting lists was raised as a problem for people needing services. The major issue of transport was tabled as an enormous barrier to managing in the community. Combined with mobility issues, the need for safe walking was seen to restrict activities. Choice again seen as important but in the final analysis:

"And the luck of the draw is a huge issue as well. It's a problem no matter what the service is not just for older people but as you know it's got nothing to do with their needs, its got to do with your need at the time of the vacancy and nothing will help if there isn't a vacancy."

Service providers talked about the importance for effective coordination of services at points of transitions in older people's lives. The examples included discharge from hospital and changes in health status. All too often service provision during these transitions were not seen to work well.

Service providers indicated that they were aware of the difficulty of offering services to people at home and that poorly managed service delivery can be damaging to the confidence and independence of the older person.

"You're letting a stranger into your home, if they have got to shower you and you've never seen them before, when the person never turns up, when they rush in, when they change staff all the time."

When asked to list what services were used (as a summary to the discussion) the service providers included the following: cleaning, repairs, transport, health services, podiatry, physiotherapy, exercises programs that are socially oriented, respite, transport vouchers, spring cleans, high dependency support, shopping, mobile library, phone support services, meals on wheels, pharmacy home delivery, shopping home delivery and taxis.

8.5   Issues in the Community

The service providers talked about the isolation that can follow from a policy that emphasises community care. Isolation, exacerbated by wider changes such as the connectedness of people in their local neighbourhood, was considered a theme.

> *"We used to know the people, know everyone in our street, nowadays you don't."*

Building more integrated service arrangements was seen to have been complicated by the changed role of hospitals in supporting discharge planning.

> *"They're getting no help at the hospital…we thought the social workers would be there to help and it's just not happening."*

It was generally agreed that security was an issue for many older people in the community. And security applied to safety generally and also incorporated financial security. Service providers identified finances as a concern particularly in the face of rising costs for essential services and maintenance of a home.

The service providers warned of a trend to make home-based care into a clinical intervention. This was seen to be inappropriate in home-based care where the role of services is about support of independence. It was suggested that as more efforts were made to keep people at home despite their increasing dependency level, homes could be turned into mini hospitals, and service providers had began to professionalise the work and the language used to describe it.

"But the danger in it is that we are starting to use clinical language and I think that is a real threat to community programs that we're losing the idea in community programs, that is you're providing the services from home and not in a mini hostel or mini therapy centre or mini hospital."

"It's their home, they're in charge, its their private sanctuary and its not appropriate to talk about interventions and that sort of language…we are alienating old people and they are losing control… we have to be honest with ourselves its just boom, boom, boom,…that's seen as fixing them up, its like being through the production line. We need to be reminded this is ageing in place not turning it into a hospital."

From a service provider perspective it was argued that the interaction between residential services and community services needs to be more permeable. It was suggested that the resident might benefit from community activity rather than being segregated. Once again integrated service delivery was raised as a challenge for quality outcomes.

During one focus group the impact of looking different was raised as an issue for people living in the community. Feeling conscious of being different can lead to people staying at home and not participating. To illustrate the point of prejudice and insensitivity the service provider talked about the way in which staff members respond to people on walkers and in wheelchairs.

"I have been out with people who are wheel chair bound and have had a bank employee for example address me when it's the client they should talk to."

It was generally agreed that older people in our community are not given respect. Educating the community at all levels was seen as an important strategy to make it easier for older people to manage in the community.

As a result of worrying about financial issues service providers were concerned that some older people put themselves at risk in hot weather, for example because they would not use air conditioning.

And finally service providers talked about the fact that they might consult more with the community.

"I think we get caught up in our own busyness and never stop to actually do what we are doing here or to listen."

Discussion of Findings

Participants in the Elder Friendly Communities Project in western Adelaide have provided significant insight into how older people engage in their community, manage change in their lives and find strategies that sustain independence. The research team has found that collectively and individually participants demonstrated a strong commitment to being independent and their stories reflected their resilience, resourcefulness and adaptability. Despite the fact that many individuals experienced challenges in managing in the community, they were neither overwhelmed nor pessimistic about this.

The themes from the research have been detailed and have been used to structure the reporting of the participants' contribution to the project's needs assessment. In this section of the report the researchers have summarised key issues that have emerged from the various data sources.

Managing at Home

The policy context in Australia has for the last 20 years directed resource allocation to services that support 'ageing in place'. Older Australians understand, and as this project suggests, value the principles underlying the policy. However a number of consequences flow from this.

Firstly, participants in western Adelaide illustrated that ageing in place can be complicated by housing. Many of the participants in the project lived in older homes and on traditional quarter acre blocks reflecting housing patterns that are well established in Adelaide. Decisions to change residence have been complicated by more recent inflated housing costs, making downsizing to smaller homes/units and more manageable garden space unrealistic or of no financial value. In addition, participants identified the importance of retaining

links with their own community. Shifting to alternate accommodation within that community is not easy – either to downsize or to find supported accommodation (in all its forms).

Secondly, the task of managing at home was complicated by the physical challenges of dealing with maintenance tasks in relation to the house and garden. Participants consistently acknowledged the difficulties of maintaining gardens and attending to minor and major household repairs. It simply gets harder to do these tasks when dexterity and mobility are affected by ageing. For those in their own homes the costs to attend to these tasks can be prohibitive and difficult to negotiate. For those in private and public rental accommodation the difficulties flow from lack of responsiveness of landlords and ever decreasing servicing of tenancies.

Connectedness

Throughout this project participants talked about the importance of social networks whether they be family, friends, neighbours or group associations. Being involved, albeit at varying levels, was valued and the evidence in the preceding sections of the report reflect patterns of involvement that confirm the contribution of older people and their engagement in their worlds.

For some participants engagement was now focused on sustaining their independence. Despite many participants having chronic health issues these did not dominate their lives but did mean lifestyles were often modified to adapt to physical, sensory and health changes. Some participants were using social services but participants were describing lives that were minimally dependent on such services. Other participants described levels of activity that meant they were involved in a wide range of social networks/organisations and not

just as passive recipients of such activities. In the process they were actively helping others and maintaining strong friendships.

Significantly the four communities in the project had many long-term residents. The links established over time have clearly sustained a sense of connectedness for many participants. Individuals knew their community, knew people, and felt confident about making contacts through local government.

Families were considered a source of much support and the critical difference for some in their efforts to remain at home. However not everyone has family members able to assist and in fact some may have no immediate family. Regardless of family circumstances, participants in the project strongly asserted that they did not want to burden their families and preferred to remain independent of them. They acknowledged the pressures on their children and did not want to complicate their lives or to have to forgo their own lifestyle/ independence.

The Role of Local Government

One of the most consistent themes in participants' commentary on their community was around the role of their Council and the particular importance of key individuals (elected members and staff). The City of West Torrens is one of the smaller Councils and the evidence from the project asserted the importance of the Council as a point of reference for the local community. In this research evidence suggested that participants identify the Council as a source of information, resources and specific services for older people. The message that comes through clearly was that personalising points of contact was very positive for older people. Using local government as a focal point for information and services to support ageing in place could be developed further, at least in this area. Participants valued services provided and when changes or cutbacks in the services occurred they had a major impact. Aged care funding provision from other sources often did not incorporate maintenance supports such as tree pruning and general gardening services.

Transport

As was so eloquently expressed by participants, mobility issues were the key to participation in the community and managing independently. Driving allowed flexibility and enabled older people to be active both locally and across wider areas. Participants did not complain about the decision to stop driving but recognised the changes it brought to their lives.

However, many participants were not driving and probably had not driven as younger people. Many used public transport but once mobility became a problem there were acknowledged problems in accessing public transport. Transport routes in the West Torrens area

vary in convenience and their location strongly impacted on older peoples' capacity to engage and manage independently. The community transport services from the Council were consistently valued and participants had only minor suggestions about strengthening these services.

Taxis were used primarily for essential transport needs such as medical appointments and shopping. Cost featured here and even where participants had vouchers they were carefully allocated to cover those medical/health needs. Issues with utilising taxi services for short distances were also acknowledged by many.

Access to Information

Local government and local newspapers were identified as important information services. Participants consistently talked about the value of meeting with other people to share information. Centralised information systems were not seen to individualise information – either in terms of the person or local area. All too often publicly available information was found to be out of date or inaccurate. The idea of advocacy for individuals needing information about services was seen as important. Concerns about knowing "what is a fair deal", "what is a fair price", "what is a good service" were raised during discussion. This means information services need to be more interactive to enable older people to make decisions with greater confidence. The need for personalised services was a recurring theme, whether at the bank, in shops or support services. For some, technological information generated more isolation.

A consistent theme in the project has been the lack of clear understanding older people have concerning the services they are receiving. Many participants did not know who a service provider

was or what the parameters of services were. As a result, it was difficult for participants, either as carers or recipients, to have a sense of control over what was happening in their lives – or even to negotiate a simple change in arrangements.

Service Provision and Professional Practice

Participants were consistently appreciative of services provided. However, some significant findings about service provision can be drawn from this first stage of the project. Firstly, participants were not seeking an ever increasing number of services for themselves. They did not want to have continuous services except where their health status required more support. Participants talked consistently about more responsive services that could be called on to assist during emergencies or on an intermittent basis. Present service arrangements were seen to demand ongoing arrangements and people were afraid to cancel a service for fear they would face another long waiting period if they again needed help. Other services involved extensive waiting lists and were seen to be of no value for those requiring short term, responsive assistance. Timing, flexibility, resourcefulness and individualised and integrated service arrangements could reflect participants' preferences.

Service providers were to some extent locked into funding agreements that prescribe service eligibility and conditions and target specific populations. In addition there is a challenge to ensure that ageing in place is supported by service provision arrangements that sustain the centrality and integrity of a client focused approach. Underlying the comments by participants in relation to service provision was a request to work with them as they find ways to maintain independence.

Finally, to reaffirm the voices of participants the research team has listed the key suggestions they would make to strengthen Elder Friendly Communities in West Adelaide:

- Improved housing options for older people within their own communities; including units, retirement villages and independent living units.

- Improvements to footpaths

- More conveniently placed postboxes

- Easier access to information on services

- Flyers on available services and activities for older people in their communities

- Current and correct information on available services

- Opportunities for older people to meet as a group and exchange information and ideas

- A 'gardening exchange' program for older people

- Improved public transport, particularly on Sundays

- More flexibility in the community bus services

- Improved security in independent living units

- More integrated shopping services at the smaller shopping centres

- More flexibility in in-home care services

- Improvements in training standards of in-home carers

Postscript

Many participants offered their comments and feedback on the focus group process and the opportunity to be involved in creating more elder friendly communities. The Elder Friendly Communities project management team would like to share some of the comments with you.

"And that's the reason that I decided to participate when you invited me. Because I thought if we don't speak up and participate, we haven't got a voice."

"Thanks for sending me the report. I think we all have the same problems as we get older: losing friends, getting lonelier, not easy to get about and needing help in the house. I hope this report might produce some help in some of these areas."

"Being a long term resident and a senior residing in the Richmond area it is certainly reassuring to know that with advancing years we have not become 'invisible' nor our needs overlooked."

"I know a lot of people who don't go to things. Who wouldn't come to this meeting because they're too nervous to speak up…because it might be seen as complaining."

APPENDICES

10.1a Focus Group and Interview Questions:
Older Community Members

1. Can you please tell me about the community you live in?

2. How involved are you in your community?

3. What services have you used, or currently use, yourself?

4. What concerns do you, or other older people you know, have about living in your community?

5. What would you like to see in your community that would make it a better place to live in?

10.1b Key Community Informant Interview Questions

1. Can you tell me a little about your experiences with older people in the community?

2. Based on your experience, what do you think it is like for an older person living in the community?

3. Based on your experience how are older people involved in this community?

4. What is your experience or understanding of existing services and associations for older people in this community?

   a. What do you think is working well?

   b. What isn't working well?

   c. Are there any gaps that you can identify?

   d. Do you believe that any changes need to be made to existing services?

5. Based on your experience what feedback do you hear about any concerns that older people have about living in this community?

6. How do you think we could improve things for older people living in these communities?

10.1c   Service Provider Focus Groups Questions

1. Based on your experience what do you think it is like for older people living in this community?

   - What do you think it is like for family and friends who are carers?

   - What do you think older people like about their community?

   - What do you think that they do not like?

2. Using your experience, how do you think older people are involved in this community?

   - Do you know of any older people who are volunteering?

   - Do you hear stories or see examples of older people helping each other out?

   - What kinds of organisations and groups are older people involved in?

   - How could older people become more involved in their communities? What would they need to become more involved in the community?

   - How could we help older people who are more isolated become more involved in their communities?

3. Based on your experience, what services do older people in this community use?

   - What services are most commonly used? Are these services located in the local community or outside?

   - How do you think they found out about services?

   - Do you think information about services is easy for older people and their carers to find and access?

   - How easy have services been to access?

   - Can you tell me of any experiences older people have had with services that they use?

   - Do you feel that additional services would be useful?

4. Based on your experiences, what concerns do you think older people have about living in this community?

   - Do you think there are enough services to continue supporting people as they get older and continue to 'age in place'?

   - What other services do you think the older people you currently work with may need in the future?

   - Do you feel that this community could do more to support older people?

5. Do you think that changes need to be made in the delivery of services to older people in this community to make it a better place to live?

   - If yes, what changes would you like to see made?

   - Do you feel that service providers could work more closely together?

   - Do you feel that there are duplications in service delivery now?

10.2a Staying Active - Richmond

Current Activities

- Probus Club
- Camden Community Centre
- Delta Foundation Book Club
- Tramway Buses Travel Club
- Lockleys Senior Citizens
- Canasta group in Glenelg
- Airport Card Group
- West Torrens Council community meal
- West Adelaide Football Club – meals and 'pokies'
- Church of Christ Art Classes
- Southern Cross Exercise Group
- Rummikins group – private
- Saturday night dinners out with friends
- Tai Chi group at Southern Cross
- Aqua aerobics
- Bingo at West Adelaide Football Club
- Aquafun – Council/COTA
- Bridge group – private
- Church services
- Family visits
- Library
- Catholic Women's League
- Endeavor Tours day trips
- Life Be In It day trips
- Morning Melodies – Festival Theatre
- Weight Watchers
- Regular Cards with friends
- Central Market community shopping bus run
- Legacy
- Contract Bridge group

Volunteering – Past and Current

- St Martin's Nursing Home (past)
- Underdale Campus Toy Library (past)
- Southern Cross Nursing Home (past)
- Adelaide Central Mission (past)
- RSL – manager (past)
- Flora McDonald (past)
- Variety Club (present)
- Southern Cross Nursing Home (present)
- St Vincent de Paul's (present)

Desired Activities

- Hayhurst Seniors Club (lack of transport to access)
- Movies (lack of transport to access)

10.2b Getting What You Need - Richmond

Services Used

- Council Community Bus for shopping
- Council Community Bus for library
- Public library
- HACC Carers from Council
- Council Home Repair service
- HACC house cleaning service from Council
- Council gutter cleaning service
- Carers from ACH Group
- Red Cross daily morning call service
- Emergency Assist beeper
- Ambulance service
- New Council HACC home assist program
- Domiciliary Care services
- Private cleaners

- Private gardeners
- District Nurse
- In-home private hairdresser
- GP
- Red Cross medical transport service
- Bpay Bank service
- Direct debit bank service
- Jim's Mowing
- Carers from ECH
- Medical transport from ECH
- Centacare
- Rails & Ramps installed by Council
- Private frozen meal delivery service
- Southern Cross therapy services
- Southern Cross exercises classes
- Meals on Wheels
- Diabetes Association – podiatrist
- Private Podiatrist services
- Royal Adelaide Hospital
- Daws Road Repatriation Hospital
- Ashford Hospital

Lack of Service Knowledge
- HACC 12 hours per year house cleaning service
- Ambulance – attendances without transportation to hospital
- What Council services are offered
- Quota of services 'allowed' from council
- If the council provide a gardening service
- Quality of Meals on Wheels
- Availability of a spring cleaning service
- If Domiciliary Care will provide house cleaning services
- Parameters of the Council home maintenance services

- Who provides current cleaning service
- Cost of in-home carers service

Services Wanted

- Assistance with putting out the rubbish bins
- Vacuuming assistance
- Spring cleaning services
- Follow-on carer assistance from independent living units
- More housing choices within the community

10.3a   Staying Active - Brooklyn Park

Current Activities

- Theatre visits – Airport over 50's Club
- Council community lunch
- Bingo
- Lunch with friends
- Cards at Airport over 50's
- Thebarton Senior Citizens
- Card group at Thebarton Neighbourhood House
- Exercise class at Airport Over 50's Club
- Indoor Bowls
- Traveling – interstate and overseas
- Over 50's Saturday BBQ's
- Bus trips with Airport Over 50's
- Visiting friends in a nursing home
- Bible School Fellowship group
- Legacy – Poppy Club
- Legacy – Lockley's Group
- Genealogical Society historical meetings
- Aquarobics

- Carpet Bowls – Church Group
- Church
- Catholic Women's League
- Yoga
- Knitting & Crocheting
- Library
- Camden Community Centre
- Movies

Volunteering: Past & Present
- Run the bingo for the Airport over 50's Club (current)
- Flora McDonald Nursing Home (recent past)
- Blood Bank (past)
- Driving the community bus (recent past)
- St John Ambulance (past)
- Driver for Bedford Industries (past)
- Red Cross (past)
- Thebarton Senior Citizens Committee (past)
- Meals on Wheels (past)
- Airport Over 50's Club Committee (present)
- St Vincent de Paul (current)
- Kitchen volunteer – Church playgroup (present)
- Volunteer with Church disability group (present)
- Data entry for Genealogical Society (current)
- Muscular Distrophy Association (current)
- Catholic Women's league community meal for older people (current)
- Knitting for premature babies at Women & Children's Hospital (current)

Desired Activities

- Walking group for exercise
- Dining out for entertainment
- Traveling/Touring
- Concerts in a group
- Craft Group

10.3b   Getting What You Need - Brooklyn Park

Services Used

- Prepared meal service – Adelaide Frozen Foods
- Grocery delivery service
- Council community bus for shopping
- Council community bus for library
- Mobile library service
- Grief and loss counseling service – Solace Association
- Daily carers – ARCS through the Repatriation Hospital
- SAHT – maintenance and changing smoke alarm batteries
- Pension information – Centrelink
- Private gardener
- Private cleaner
- CSI Options Coordination – carer
- SAHT – installation of grab rails in bathroom and ramps
  at front door

Lack of Service Knowledge

- Alternative supported housing choices in the area
- If it is possible to employ a private gardener in SAHT units
- Future existence of services (general)

Services Wanted

- Decent shopping area in Brooklyn Park
- Public bus 'Circle Line' service on Sundays
- Someone to change light globes
- Private gardening service
- Spring cleaning service
- Tree trimming and removal service

10.4a Staying Active - Fulham

Current Activities

- Airport Over 50's Club
- Card groups – retirement village
- Knit
- Daily Mass
- Rummikins
- Aquafun - Council
- Craft work
- Lockleys Hotel – regular family lunch
- Dinner parties
- Regular lunch with friends at West Lakes
- Indoor Bowls – Airport Over 50's
- Probus club
- Library
- Council community lunch
- Bingo – Airport Over 50's
- Contract Bridge
- Water Colour Painting
- Elder Hall – Chamber music concerts
- Church services

Volunteering: Past & Present

- St. Vincent de Paul
- Reading Assist at Primary School
- Community Bus driver
- Orana Industries

Desired Activities

- Craft group
- Tai Chi group
- Computer lessons

10.4b Getting What Your Need - Fulham

Services Used

- Gardener (private)
- Meals on Wheels
- St Hilarion's (respite)
- Fulham Retirement Village (meals & cleaning for ILU's)
- Jan's Van
- Cleaner (private)
- Domiciliary Care – cleaning, home nurse and equipment hire
- War Services help (Dept. Veterans Affairs)
- GP
- Council Community Bus - shopping
- Access Cabs
- Council home & garden maintenance services
- Wesley Uniting Care
- Lawn mowing services
- Council volunteer driver service
- Independent Living Centre – equipment purchase
- Council Community Bus – library access

- Mobile Library service
- UNISA – podiatry service
- Post Office – bill paying and banking
- Western Community therapy & specialist services
- The Pines – rehabilitation services (hydrotherapy and physiotherapy)
- Podiatry services - Airport Over 50's Club
- Community Library
- Emergency Call Assist – personal alarm
- Supermarket Home Delivery services
- Supermarket phone order services
- Podiatry services – private

Lack of Service Knowledge
- Supermarket delivery services (who and how much)
- Supermarket phone order services (who and how much)
- Where to find a reliable gardening service
- What services are available through the Fulham Retirement Village
- Who to contact for emergency, temporary care services
- Information about the Red Cross daily call service (cost)
- The existence of the community bus library run

Services Wanted
- Gardener
- In home, responsive emergency services
- Assistance with shopping
- A central information service

10.5a Staying Active - Plympton

Current Activities

- Bingo at Southern Cross
- Camden Community Centre
- Legacy Widows – Pt Adelaide branch
- Shirley Club – Adelaide branch
- Mirror Image – day bus trips
- COTA-National Seniors – day bus trips
- Exercise classes – Southern Cross
- Happy Hour – the Pines
- Tai Chi classes – the Pines
- Movies – the Pines Hostel
- Walking Group – informal neighbourhood group
- Council community meal
- Seniors Club – Uniting Church
- 10 pin bowling – with friends
- local hotel – meals & 'pokies'
- Legacy
- Glenelg Community Centre – indoor bowls and Folk Dancing
- West Branch of the Ex-Service Women's club
- Casino – meals & 'pokies'
- Outings with family
- Sewing Club
- Computer courses – University of the Third Age
- Computer classes – Camden Community Centre

Volunteering: Past and Current

- Camden Community Centre HACC programs (present)
- Southern Cross – calling Bingo (present)
- University of South Australia (present)
- CWA – committee member (past)
- The Pines Nursing Home (present)
- Westcare Community Shop (past)
- Meals on Wheels (past)

Desired Activities

- Tai Chi classes
- Computer classes
- General Social Club

10.5b Getting What You Need - Plympton

Services Used

- Lawn mowing service (private)
- Council home maintenance services
- Home maintenance services (private)
- Cleaning services (private)
- Public bus services
- Access Cabs
- Council community bus – shopping
- Gardening services (private)
- SAHT – painting and home repairs
- Meals on Wheels
- Council installation of handrails and bath seats
- In-home personal carers – Repat. Hospital
- The Pines transport service to Marion shopping centre
- In-home personal carers – Hendercare

- In-home personal carers – Council
- Post Office – bill paying and banking
- Local GP's
- Home nursing services
- Council HACC cleaning services
- Podiatry – The Pines
- Podiatry – The Repat.
- Dental Clinic
- Podiatry - UNISA
- COTA National Seniors – financial advice services
- Council volunteer shopping assistance
- Physiotherapy – The Pines
- Mobile Library

Lack of Service Knowledge
- Where the nearest Dental Clinic is
- What services are offered by the Council
- Where to find a gardening service

Services Wanted
- A security system for group of Independent Living Units
- Gardening assistance
- More integrated shopping services in local smaller shopping centres
- Responsive, flexible in home care services

For more information about the
Elder Friendly Communities Programs
please refer to:
www.elderfriendlycommunities.org