Community Participation of Older South Australians

2012
Older People’s Community Engagement

Prepared for:

Resthaven Inc.
COTA for Older Australians

Authors:

Dr Debbie Faulkner and Ms Julia Law
Centre for Housing, Urban and Regional Planning (CHURP)
School of Social Sciences
The University of Adelaide.
www.adelaide.edu.au/churp

Contracting Body:

Adelaide Research and Innovation Pty Ltd.
Commercial Development Company of the University of Adelaide
Level 14, 115 Grenfell Street
Adelaide SA 5000
PO Box 149 Rundle Mall
Adelaide SA 5000
Telephone (08) 8313 5020 Facsimile (08) 8313 4355
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CALD</td>
<td>Culturally And Linguistically Diverse</td>
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<tr>
<td>M.S.</td>
<td>Multiple Sclerosis</td>
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<tr>
<td>OH&amp;S</td>
<td>Occupational Health &amp; Safety</td>
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<tr>
<td>P.A.T.S.</td>
<td>Patient Assistance Transport Scheme</td>
</tr>
<tr>
<td>TQEHT</td>
<td>The Queen Elizabeth Hospital</td>
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Executive Summary

Social interaction is critical to health and wellbeing and to the ongoing functioning of communities yet there are indications that social engagement and social capital in our society are declining. Older people, due to the changes brought about by their current phase of life, can be particularly vulnerable to a decline in social engagement and participation in the community.

Using a multistage methodology this study provides insights into the level of participation and engagement of a sample of older South Australians and identifies factors that influence older people’s connections to family and community. The project was inclusive of older South Australians defined as all persons aged 60 years and over and indigenous people aged 50 years and over.

The objective of the study methodology was to create as large a sample as possible within the limits of the funds available and the time frame given to complete the project. It was decided a survey would provide the best results given these parameters. The construction and development of the content of the survey was achieved through consultation with both the Reference Group and through conducting focus groups. The focus groups were planned to cover a range of sub-groups within the age specifications such as people from differing socio-economic backgrounds; those from an Indigenous background or from a non-English speaking background; and persons living in metropolitan or non-metropolitan areas. The resulting four focus groups each provided an insight into the particular needs and obstacles apparent within different cohorts of older South Australians, regarding their community engagement and participation.

The level of community engagement within each focus group ranged from quite insular and/or family oriented, to busy volunteers and members of committees. During discussion, common themes became apparent for every group, and, as also consistently expressed in the responses to the survey, access and transport are considered one of the greatest obstacles to engagement with community. With further examination, the issue of transport has many aspects, not least the dearth of volunteer drivers available. Within the focus groups, discussion about transport often led to volunteer matters. Those within the focus groups who were involved in committees and with volunteer management, or, indeed, who volunteered, were frustrated and discouraged by the obstacles that have become entrenched within the volunteer system in South Australia, that ultimately has had the effect of inhibiting new volunteers joining.
The focus groups also gave greater insight into the connections and activities of older South Australians, including those that are Culturally And Linguistically Diverse (CALD) and those from an Indigenous background. Differences were apparent within each group regarding social networks and support, with the focus group attendees who came from a CALD background rarely venturing beyond their own cultural group, as these groups provided good meaningful and practical support throughout life, although a concern for some was that their knowledge of activities outside their own cultural group was limited. A contrast was apparent with those from an Indigenous background and Australian born older South Australians. Social connectivity was more dependent not only upon the ubiquitous issues of transport and finances but hinged upon attitudinal habits developed when younger, in sociability and a range of interests. With guidelines provided by the Reference Group and the input from the focus groups the survey was produced, with questions designed to seek a wide array of information on the social networks people have and their thoughts on the importance of community engagement and the factors that facilitate or inhibit participation. To reach as many older South Australians as possible, a vigorous campaign was initiated, consisting of advertising, personal contact and word of mouth that ultimately achieved approximately 1200 responses.

Findings that emerged from the analysis of the survey data showed that despite those who answered this survey being stable in terms of residence, with most being associated with an area for a long time, the variability in their feelings of belonging to the community means there is the potential for a significant percentage of these people to become lonely and isolated if they feel detached from the community around them and perhaps have a limited circle of family and friends.

Respondents were asked about the frequency and type of contact they had with their children, their family, friends and neighbours. They were also asked if they were happy with the amount of contact they had with their children, where although most affirmed they were satisfied, 18 per cent stated they were not happy. The frequency of contact with children has been found, in this study, to have a positive effect on self-assessed quality of life. In general people identified that they had either 1-4 friends or 5-10 with a small number indicating they had no friends with whom they felt they had a close relationship. It is particularly noteworthy in this study that marital status, frequency of contact with children and frequency of contact with friends has a positive influence on people’s self perceived quality of life.
People’s relationships with their neighbours were found to be quite variable: with just over half of respondents who answered the question said they spoke to their neighbours weekly. This has salience as, with ageing, the proximity and role of neighbours can take on increasing importance as older people’s lives may become more focussed on home and their immediate environment. Also, the relationship older people have with their neighbours is particularly important if older people’s family networks and other support systems are lacking. This study has also found that while pet ownership may provide companionship to some, overall it has no effect on health and wellbeing and therefore is no substitute for family and friends. The findings of this study regarding marital status, contact with children, family and friends can provide a method of flagging as ‘at risk’ those in the community who may be at risk of loneliness or social isolation.

This study has found that there is a positive relationship between participating within the community, either through volunteering or being part of an activity, and self assessed health. There appears to be a relatively high degree of participation by older South Australians who responded to this survey in formal volunteering, community groups and other activities that involve socialising with people. While some people, for one reason or another may not be as involved as they used to be, many have been active in formal volunteering or participating in community activities for decades. This concurs with the research that indicates patterns observed over the life course have been shown to positively predict that those who participate at a younger age are more likely to do so when they age, with functional decline playing a relatively small role in decreased participation.

This study will provide a resource for a variety of sectors, such as service providers and policy makers. It can provide a deeper understanding of the many factors that inhibit or promote successful community participation and can aid the facilitation of programs to enable better engagement with community for older South Australians.
1. Introduction

1.1. Introduction

There is increasing recognition in Australia of the critical role of social networks and social integration for the health and wellbeing of older Australians (Commonwealth of Australia 2008). Resthaven Inc. and COTA believe it is very important at all times to acknowledge that older people are valued and respected and that the continued engagement of older people with their families and the broader community is a key issue not only for their health and wellbeing but for the community as well. Policy, both nationally and internationally, recognises and promotes social inclusion, active lifestyles, ageing well and ageing productively.

To celebrate the 75th anniversary of Resthaven’s significant role in care and support of older South Australians, Resthaven’s Board approved a number of celebrations and activities, one of which was a joint research project with COTA on the community engagement of older people. This report presents the findings of this joint research project.

1.2. The value and importance of social engagement and community participation

Our interaction and commitment to others be they family, friends, neighbours, people in the workplace, at church or in other organisations, shapes who we are and how we feel about ourselves and how we value others. Social connection and participation also underpins the functioning of societies creating dynamic and resilient communities. While statistics indicate that on an international scale Australia fairs well in terms of social engagement, there is evidence that social connections are declining (Kelly et al 2012; Leigh 2010). There is the potential for this decline to intensify as a result of societal and demographic changes such as lower marriage rates, higher divorce levels, an increase in single person households, reduced fertility, more mobility within society and a tendency for greater self reliance. Older people, because of the changes their current phase of life brings, can be particularly vulnerable to a decline in social engagement and participation in the community.

A range of processes that operate at the level of the individual and society can affect an individual’s engagement with community. These include:
• Socio-demographic factors (age, gender, income, education, ethnicity, household characteristics, place of residence) (Hawthorne 2008);
• Significant life events (death of partner, loss of relationships, divorce, disability, retirement/unemployment, being a carer) (Dykstra et al 2005);
• Physical and mental health issues (Grant et al 2009);
• Mobility (changes in transport options such as loss of a drivers licence, poor access to public transport) (Findlay and Cartwright 2002);
• Subjective factors (individual personality characteristics, attitudes and expectations); and
• Degree of support received and participation in social activities and access to information.

Collectively there are a range of factors beyond an individual's control that can also affect their ability to be socially engaged including prejudices (ageism, sexism, racism) and the confluence of declining localised support within communities (Peel 2000; Leigh 2010). Overall evidence suggests social capital in our societies is declining as fewer people attend church, there is a decline in the number of people who are active members of organisations and the average number of friends people have declines (Leigh 2010). This is of concern, because even though people vary in the degree of social engagement they require, accumulating evidence is indicating that some level of meaningful social connection is crucial to health and wellbeing (Kelly et al 2012).

Numerous studies have documented the benefits of diversified social networks (Sansoni et al 2010) and the detrimental consequences of a lack of meaningful social connections (Grant et al 2009; Cacioppo et al 2006; Cacioppo and Patrick 2008; Holt-Lundstad et al 2010; Friedman and Martin 2011). De Vlaming et al. (2010, 3) have found better health for the elderly is linked to satisfactory relationships with friends, family and neighbours. They go on to find that the elderly ‘experience their health and wellbeing in the context of their daily life and not as isolated issues’. Social participation has been associated with a decline in cognition and better self-reported health (Glass et al. 2006, 606). In addition authors writing on the topic of ‘Mattering’, explore the concept that mattering to others has strong connections to health and wellness, less depression occurring through a greater sense of purpose in life. ‘Greater purpose in life was the best predictor for older adults having greater levels of overall wellness’ (Dixon 2007, 90).
A lack of social engagement can ultimately affect survival. A systematic review of 148 studies looking at social isolation found people followed in these studies over an average of 7.5 years had differential rates of survival. People with strong social relationships – with family, friends, neighbours and colleagues, for example – had a fifty per cent greater likelihood of survival compared with persons with weak relationships (Holt-Lundstad et al 2010).

Clearly it is important to monitor and understand the degree of social engagement and community participation of the population to ensure old age is a time of meaningful connection and involvement with social networks.

1.3. Aims and objectives of the research

Broadly this research aims to identify the level of participation and engagement of older South Australians and seeks to identify the factors that influence older people’s engagement. The specific aims of the research are to:

a) Identify factors that support and enable older people to continue to engage in their communities;

b) Learn about increasing the presence of such factors in older people’s communities by taking action on the supports and enablers that older people identify.

The objectives of the research are:

a) To gain an in-depth knowledge of older people’s experience of community engagement;

b) To point to further specific research that may inform work on community engagement among a wider group of older people.
2. Methodology employed in the research project

This study uses a multi-stage methodology to gain an in-depth knowledge of older people’s degree and diversity of community engagement, which ranges interactions with family, friends and neighbours to participation or volunteering in activities within the wider community. Great importance is placed upon identifying the factors that support or present barriers to achieving community participation. A targeted review of international and national literature was used on an ongoing basis to inform the implementation of both Stage One and Stage Two of this project as well as the findings of the project. The project set out to be inclusive of older South Australians, defined as all persons aged 60 years and over and Aboriginal people aged 50 years and over. The study is inclusive of metropolitan and regional South Australia. Both Stage One and Stage Two of the project received ethics approval from the University of Adelaide’s Human Research Ethics Committee (Project No. H-244-2011).

2.1. Stage one: focus groups

Focus groups represent inductive, or ‘bottom up’ research, which moves from specific observations to broader themes and generalisations. Participants of focus groups assist each other to overcome shyness and provide encouragement to other members to further ‘express, clarify or even to develop particular perspectives’ (Kitzinger 1994, 112), therefore the interaction between participants is an important function of the focus group.

Four focus groups were held, three in metropolitan Adelaide (in the Onkaparinga, Playford and Charles Sturt local government areas) and one in regional South Australia (at Port Augusta). The areas selected, in consultation with the Reference Group overseeing the project, were planned to provide a mix of people with a range of socio-economic and demographic characteristics. We aimed to have between eight to twelve participants for each group so as to return the best outcome for the generation of ideas and sharing of experiences (Fern 1982, 12). The focus group participants were recruited by various methods of advertising. Leaflets and posters were distributed in the Onkaparinga, Findon and Playford areas and were placed at venues such as community centres, health centres (including health clinics specifically for Indigenous people) and libraries. Older South Australians from a non-English speaking background were called for in the Findon area, therefore advertisements were placed with local radio stations that catered to Italian and Greek speaking people. Free air time was given by Southern Cross television, in the Community Events slot, to attract
participants in the Port Augusta area. Email and telephone communication was also conducted in all areas but especially Port Augusta, to ask various venues to allow the poster to be displayed. Generous assistance from staff at community centres was also provided as they encouraged attendance by speaking about the project to people that attended their centre.

Table 1 outlines the number of attendees at the focus groups held at Onkaparinga, Findon, Playford and Port Augusta. Attendance at the focus groups was directed by the advertising and promotion that was done, yet at some groups more people arrived than had advised would come (Findon, Onkaparinga and Playford), and at others (Port Augusta), less attended.

Table 1.1. Characteristics of the people attending the focus groups

<table>
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<tr>
<th>Location</th>
<th>Number of attendees</th>
<th>Age range</th>
<th>Characteristics</th>
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| Onkaparinga-Elizabeth House, Christies Beach | 11 | 60s-80s | 8 Women
|                                 |                     |           | 3 Men                                                                            |
|                                 |                     |           | 1 person identified as Aboriginal                                                  |
| Findon-Findon Community Centre  | 8                   | 60s-80s  | 4 Women                                                                          |
|                                 |                     |           | 4 men                                                                            |
|                                 |                     |           | Mix of people born in Spain, Italy and Holland                                    |
| Playford-Munno Para Library     | 7                   | 60s-80s  | 3 Women                                                                          |
|                                 |                     |           | 4 Men                                                                            |
|                                 |                     |           | 3 came from One Tree Hill, a small country town 13kms east of Munno Para          |
| Port Augusta-The Be-Active Community Centre | 6 | 70s-80s | 4 Women                                                                          |
|                                 |                     |           | 2 Men                                                                            |
|                                 |                     |           | 1 person identified as Aboriginal, 1 person travelled 77 kms from Whyalla.       |
A different mix of characteristics were present at each location; at Findon it was created by advertising for people from Culturally and Linguistically Diverse (CALD) backgrounds, otherwise the other three areas presented a mix of people from backgrounds that included varying levels of socio economic status and with ages ranging between the 60s to the mid-80s with some identifying as from an Indigenous background. All participants signed a consent form to indicate they willingly agreed to be involved in the focus group and were also given a complaints form as required by the Ethics Committee of the University of Adelaide. At the end of the discussion, participants were offered a $20 Coles/Myer voucher, to thank them for their participation.

In consultation with the Reference Group of the project a set of questions were formulated to guide the focus group discussion (see Appendix A), but the direction and flow of the conversation within each focus group was primarily directed by the participants at the session. The discussions, in all but the Port Augusta focus group, were recorded and in addition hand written notes were also taken. Each group expressed distinctive opinions and experiences regarding community engagement, and these were developed using qualitative research techniques, with emergent themes being used in the design of the survey questions in Stage Two of the project.

2.2. Stage two: survey development

The targeted literature review, the narratives obtained from the focus groups which aided in a wider understanding of what older people from different sub-groups find important regarding engaging with their communities; and issues or factors to be explored as outlined in the project proposal was used to draft a survey. This draft was submitted to the Reference Group for comment and to make sure the survey topics and questions addressed the issues COTA and Resthaven Inc wanted explored. The finalised survey included some minor revisions as a result of this consultation.

2.2.1 Structure of the survey

The survey was divided into a number of sections covering locality, household size and dwelling details; engagement with family and friends; formal volunteer work; involvement in community groups; informal volunteering; other activities; general opinions; health and quality of life; and socio-demographic characteristics. A section at the end allowed those interested to enter into a prize draw, for a chance to win one of four prizes of $500. The survey was designed so the final page containing the personal details of those respondents who wished to enter the prize could be removed from the survey to maintain confidentiality of the responses (see Appendix B).
The survey was designed for ease of use with around 90 per cent of the questions offering tick box options. Eight questions were included that offered an open response on involvement in volunteering and specific questions on community engagement and participation over all. The last question in the survey allowed respondents to make any further comments with regard to connection and participation of older people in the community if they had not had the opportunity to do so earlier in the survey. Many people took advantage of this providing many comments. A limited number of people also included letters or other information they believed was of relevance to the study.

2.2.1. Survey distribution/availability

This project set out to enable as many older South Australians as possible to participate. As funds were limited and as it is costly to survey a random sample that will result in statistically significant results for subgroups of the population the objective of the study methodology was to create as large a sample as possible within the limits of the funds available and the time frame to complete the project. A range of techniques were used to facilitate this:

- mail, email and telephone contact was made with local councils, community houses (including community centres that serve people from an Indigenous background), libraries, Home and Community Care (HACC) services, pensioners’ and carers’ associations, Meals on Wheels services to ask if they could assist with this research project by facilitating the distribution of hard copy surveys to their clients;
- the survey itself was printed with a striking orange cover to attract attention;
- COTA and Resthaven distributed the survey amongst their programs and services;
- the project was advertised through print media, on radio and in magazines designed specifically for older people such as COTA’s magazine OneCOTA for Older Australians and SA 50s lifestyle news;
- as mentioned above four prizes of $500 (two for participants living in metropolitan Adelaide and two for participants living in regional South Australia) were available as an incentive to encourage people to participate;
- the survey was advertised in the Centre for Housing, Urban and Regional Planning’s newsletter and on the website. From the website a downloadable copy of the survey was available;
an online version of the survey was created using SurveyMonkey™ software which allowed the public to enter their responses online, having obtained the link from either advertising, a letter or from the information provided in the Introduction Section of the printed/hard copy survey; and

respondents also had the option to complete the survey via a Facebook page, called Community Participation of Older South Australians, which was created in March 2012.

In all around 3740 hard copy surveys were distributed with 995 returned. This represents a response rate of 26.6 per cent for this means of distribution, highly comparable with the study by National Seniors (2010) on productive ageing in different types of rural communities where 20000 surveys were distributed and 4000 were returned. Through the online version of the survey we received 280 responses which included 37 responses received via the Facebook links. Clearly older people prefer to fill in hard copies of surveys. In all 1275 surveys had been completed but 23 were errors and 21 self disqualified. As 32 surveys had been completed by non-Aboriginal people aged 50-59 these people have been excluded from the sample. The remaining number of valid entries was 1199.

2.2.2. Analysis of survey results

Clearly the means by which survey data is collected can affect the quality of the data received. In postal and online surveys respondents are much more on their own in their interpretation of the question and in making sure they have at least read and had a chance to answer every question than is the case in Computer Assisted Telephone Interviewing (CATI) and personal interviewing. Consequently the non-response rate has the potential to be higher in postal surveys than in other means of data collection.

To analyse the information collected the quantitative responses were cleaned and analysed using the statistical analysis package SPSS, a software program that allows the production of basic frequency tables to more complex analyses of statistical significance and correlation and regression and modelling. The open questions, and also the sections of questions that asked for ‘other’ responses were analysed using a qualitative software program (NVivo) which enables users to classify, sort and arrange information as well as examine relationships, with emergent themes being further refined and presented in a stand alone or matrix format.
3. Focus Group Outcomes

3.1. Introduction

As outlined above a number of focus groups were held across Adelaide as well as in Port Augusta to gauge older people’s opinions to general questions about community participation. Participants were asked about the impact factors such as health, housing, transport and information technology have on their ability to connect with the community. Opinions were sought about participant’s experiences and history of volunteering and engaging in other forms of community participation and whether a person’s life circumstances, such as bereavement or loss of a driving licence, can reduce this activity. Members of each focus group were encouraged to share their own attitudes based on their circumstances and experiences and how this affects their interactions with friends, family and the wider community. Factors that presented barriers for older people to more fully engage with their communities were ascertained and suggestions for improvement were sought.

In all four groups, participants were eager to contribute to the lively discussions that ensued. Each group presented a variety of needs and opinions, often reflecting their own attitudinal, socio-economic, cultural or demographic aspects. Levels of engagement, ranging from insular and socially isolated to busy volunteers who were on numerous committees, were represented. The following presents the specific focus and outcomes from each of the focus groups.

3.2. Port Augusta focus group

As a result of discussions with the Reference Group to the project Port Augusta was chosen as the place to represent non-metropolitan views on community participation.

3.2.1. Characteristics of the focus group and general comments

Participants in the Port Augusta focus group were aged in their 70s and early 80s. The group contained one Indigenous person. One person had travelled 70 kilometres to be part of this group.
3.2.2. Themes emerging from the group discussion

Members of the group mainly identified volunteering as the main component of community engagement, rather than engagement with neighbours, family and friends. The group identified problems that pertain especially to a regional area. These were:

- **Government and local council.**
  - Concern was expressed about how the government and the local council are arranging services that require volunteers. For example:
    - Council is unsympathetic to the financial costs implicit in being a volunteer. This was seen as a frequent reason why people give up volunteering;
    - **Skills** of older people are ignored;
    - Services for Indigenous people are seen as unsatisfactory, disrespectful, unwieldy:
      
      ‘Right hand doesn’t know what the left is doing’ (referring to Indigenous services);
    - Identified problems between delegation of responsibility between Government and local council, heavy-handed decision making that is seen to impose itself upon local council;
    - Lack of local consultation with decisions made somewhere else, or consultants from elsewhere are called in:
      
      *When it becomes Government takeover-we get hurt-no longer needed:*
      
      and
      
      *Volunteers used to be part of community, now are part of organisations.*
  
  - **Positive**
    - Opportunities to volunteer through Government, local council;
    - Council library notice board good for finding out about opportunities.
• **Transport**
  - Much discussion surrounded the Patient Assistance Transport Scheme (PATS) and no dedicated bus service for people seeking medical treatment in Adelaide.
  - Members of the group felt there were many volunteer drivers in Port Augusta, but no supply of vehicles. (One comment refuted this and told of Domiciliary Care operating a car that runs patients to Adelaide).

• **Attitude**
  - Little recognition or gratitude shown to volunteers:
    - [Volunteers] need recognition & thankyou, doesn’t always happen.
  - Loss of sense of community; apathy.
  - Little encouragement to involve people, poor dissemination of information.
  - Skills not recognised or required.

• **Other factors**
  - Poor internet skills, internet too expensive; internet not useful for finding out about any forms of community engagement in area.
  - Health mentioned as reason for declining involvement in community

3.2.3. **Conclusions reached from the Port Augusta focus group**

Overall there appeared a sense of detachment from community. The local council and government departments such as the Education Department appeared unsympathetic to the costs borne by volunteers (i.e. when mentoring at schools some distance away). Recruitment and coordination of volunteers was largely seen as needing improvement, although Domiciliary Care was mentioned in a more positive light. Overall, although most of them worked hard as volunteers, the members of the focus group felt unappreciated and expressed disenchantment with community engagement in the Port Augusta area.

3.3. **Findon focus group**

Findon was chosen as the area of Adelaide where a good representation of older people from CALD backgrounds could speak on their experiences of community engagement in Adelaide.
3.3.1. Characteristics of the focus group and general comments

Participants of the Findon focus group were all born outside Australia, in Italy, Spain and Holland. The age range was broad, with people in their early 60s to those in their 80s present. One person worked part time and another did volunteer work. The remainder (six people) felt their connection with family and friends was their most important form of community engagement. This group engaged with their community through activities they participated in within the community centre and with clubs outside the centre, associated with their ethnicity. Most spoke with a strong accent and as will be discussed below, language has presented a barrier for some of this group.

3.3.2. Themes emerging from the group discussion:

- Family and Friends
  The six participants who were involved with the community centre also considered connection with family and friends as their most important form of community engagement. Strong family ties and social occasions that included friends, usually from within the same ethnic group, had special significance. The remaining two members of the group who did not have family in Australia considered volunteering and work to be their way of engaging with the community.

- Community Centre
  The majority of the group considered their engagement with community was performed by interaction within their community centre (in this case, Findon Community Centre), and this usually involved mixing within the same ethnic group, such as the Spanish Senior Citizens, and the Italian group called ‘Con Te’. These groups are available to eligible clients only, the criteria to be met is age, provenance and level of need (such as social isolation). These two groups would often use the centre to meet to go on bus trips, to Italian or Spanish social clubs or to the casino.

  There was also some mixing outside of specific ethnic groups through physical activities such as a walking group, an exercise group, a bocce group and the gym. These groups were not necessarily connected to the Findon Community Centre. Nevertheless, most people remained within their own ethnic group and participated only in the activities provided by this group and were quite unaware of programs and other activities offered within the community centre or the wider community.
Transport

Transport is seen as having great importance in enabling, or being a barrier to community engagement. Most of the focus group members drove a car and would be stuck without one. A large component of activities within the social clubs involved the use of a bus to take people to activities. Only a few participants used public transport or community buses. There were some comments about taxis and the difficulty entailed in procuring cost reducing vouchers.

Meaning of community engagement

The people at this focus group felt connected to the community and felt that community engagement or participation was good for people no matter what their age and good for the community as a whole. It was seen to keep the brain active, to keep people busy and most importantly it makes people a part of something.

3.3.3. Types of community engagement within the focus group

Participants described a range of activities, such as getting together with friends and family or volunteer work. This group included volunteers who were a consumer advocate at the Queen Elizabeth Hospital (TQEH), a swimming coach for Multiple sclerosis (MS) sufferers, the Italian Carnival, the Spanish Reunion, the Semaphore Eco-Centre, working for a charity and a walking group.

Barriers to community engagement

The group listed a number of barriers to participating in the community and in order of importance these were:

- Transport – Overall, there was mainly reliance on private cars, a few participants caught the bus and some wanted to obtain taxi vouchers but thought they would need to be in a wheelchair to be eligible. There was much use of hire coaches within the clubs.

  *I like to fit in with the community. The disadvantage is that using my own money to travel, I can’t afford to travel because of fuel etc.*

- Financial – Much discussion revolved around the cost of living and the problems this presents to those who are not well-off, in remaining engaged and connected with their community. Having to pay for classes at the gym or at the community centre and the lack of free courses available. Of salience was the belief held that the cost of accessing and training to
become more proficient with a computer and the internet was prohibitive and led many to feel they could not find out about what was going on in their community.

- **Difficulties with volunteering** – It was expressed that sometimes people come and offer to volunteer but were rebuffed. This, the group felt, led to people not wishing to offer again. There was a general opinion that volunteer coordinators needed better training.

  *I hear about people being rebuffed (when they offer to volunteer). That person never volunteers again. They need training, have to be a lot more sensitive.*

- **Language barriers** – Difficulties with language, especially in accessing health care, was expressed. Lack of translators at the QEH was mentioned. Understanding spoken and written material was a problem, with reliance upon the children of the participants to interpret for them.

- **Attitudinal** – Depression and losing a partner was seen as a reason why people remain inside their home and do not get involved.

  *Some people are scared to meet other people, they have lost their confidence.*

- **Crime, security** – Discussion encompassed many personal expressions of fear about being attacked and robbed, at any time of day. Many people were nervous about leaving their home after dark. One couple had been accosted when walking and would never go out after dark again, unless in a car.

- **Information dissemination** – Coupled with difficulty accessing the internet (financial), problems were found with finding out what is happening in their community.

  *Everyone says, go online, a lot of people have difficulties searching computers, there is not so much written information.*

**3.3.4. Conclusions reached from the Findon focus group**

The group had concerns about what would happen if they could no longer drive and most did not use public transport. This group had concerns about costs associated with community engagement, which may be ascribed to most of them being on a low income. The members of this focus group represented first generation Australians but the two members who had no family in Australia were involved in activities that were not
associated with their provenance. So a theme emerges where those people from a non-English speaking background (CALD), who have a large family in Australia will consider family and friends as their main form of community engagement and will participate in activities mainly within their own cultural group.

This group reported frustration with the attitudes of volunteer coordinators, and concern that people would not offer to volunteer again after a bad experience. A language barrier existed, both written and spoken, that was seen as preventing not only improved community engagement but compromising the quality and outcomes of health care that they received. People's attitudes were also seen as a reason for them not to become involved. The group all expressed apprehension with the level of crime and attacks upon older people, in daytime as well as the evening. This fear has ramifications for involvement with the community if reliable forms of transport are not available. Lack of access to and (perceived) affordability of, a computer and the internet was seen by the group as a reason for many to not be connected and informed of events within their community.

3.4. Onkaparinga focus group

3.4.1. Characteristics of the focus group and general comments

The group were mostly within the ‘young-old’ cohort (65-74). Once the meeting commenced it became apparent that most of the participants of the focus group devoted much of their time to volunteering and were on committees that helped the community. Discussion was vigorous and members of this group had much to say.

3.4.2. Themes emerging from the group discussion:

- **Benefits of community engagement** - The group agreed that community participation and engagement meant showing a social conscience, that it was good for people, ‘and keeps you young. It was seen to break social isolation after the death of a partner. Many had volunteered since they were young or had been involved for a large part of their life.

  Community involvement is good for you; it gives you a sense of purpose and a sense of achievement. Gain something, learn something, keeps you younger.

  Somewhere along the line, people have lost the idea of service to the community.
• Barriers to community engagement
  
  o Volunteer Issues
    
    ▪ Regulations, Centrelink - Police checks are seen as a problem as far as time, costs and dissuasion for volunteers. Occupational Health and Safety (OH&S) regulations are also seen to take time away from the work of volunteering; an example was given of having to spend a day training to acquire a food handler’s certificate before holding a sausage sizzle. Insurance (public liability) costs affect funding for new groups and are seen as a cause of groups not forming. Disappointment with changes to Centrelink guidelines concerning volunteers, older people are constrained to volunteer for set hours and at set places, whilst also seeking work. Members of the focus group feel that this has resulted in a dropping off of volunteers aged 55-65 years.
    
    ▪ Transport - This group viewed the ubiquitous issue of transport and community engagement through a different viewpoint from other groups. Whilst seeing that transport was a major component of community engagement, and problems with accessing transport could present a very real barrier to this, some of the group were involved as coordinators of volunteer transport services. They considered that growing pressure was being placed upon the volunteer services by government, yet funding was being reduced. Coupled with prohibitive restrictions set by OH&S regulations and Centrelink, recruiting new volunteer drivers was problematic.

    Transport is a big issue. Need funding for transport – transport system is getting worse – people rely on friends for transport – people need to plan their days ahead if they want access to transport.

    ▪ Meetings with governing bodies or government - These volunteer services coordinators also expressed frustration with deferred meetings adding to the time burden of their work.
Grandparents - It was noted that some older people have sole responsibility for their grandchildren and this can be a barrier to community engagement, due to the time and energy required to raise a young person.

Fragmentation of social groups

- Gender - Men’s breakfast groups were seen to die off.
- Indigenous - The aboriginal participant shared her opinions as to why indigenous people are not mixing with the mainstream. She considered that culturally, men and women do not tend to mix so there is a need for community groups that cater for both sexes. There was also a reiteration of transport barriers for this group. On a more positive note, she thought that art and craft would be a good way for involving indigenous people within the larger community.

Black fellas need a lot of encouragement to get people involved – there seems to be a barrier for black and white mixing; we’re a tricky mob, feel outside the square, don’t feel welcome.

- Attitudinal – The group observed that although older people get ‘out and about’, to the shopping centre, this does not contribute to the community. Pokies were also seen as a form of community disengagement.

- Information dissemination – Although Onkaparinga Council produces two community directories, with one specifically for seniors, the group felt that people were not interested in reading about what was available within their communities. Local notice boards were also not receiving attention, due to this reluctance to read. The group blamed this on apathy. The internet was mentioned as contributing to a decline in social skills.

3.4.3. Types of community engagement within the focus group

The participants in this focus group were involved in a wide array of activities – seniors groups, pastoral care, St. Vincent de Paul, branch secretary of political party, volunteer driver for community centre, volunteer driver for Noarlunga Volunteer Transport Service, church management, access and equity reference group, gay support groups, sit on committees such as the Seniors Art and Craft Exhibition, Smith Families, TAFE with
English; Kids Hope; Cards; Catholic/ United/ Baptist/ Lutheran Churches, Fred’s Van, Feed the Poor, Food bank, Salvation Army, help with friends’ gardens and so on.

3.4.4. Conclusions reached from the Onkaparinga focus group

This group predominantly consisted of volunteers and committee members who had been involved within their communities for a significant part of their lives. This gave them the ability to observe changes in the management of volunteer services, the effects of changing regulations and the changing attitudes of the community. The group thought that compared to the past (an example of the Mannum Floods fifty years ago was given, where the whole community pitched in to help) there was a lack of engagement within the community in present times. Indigenous people and men were especially thought to be disassociated with their community. The group was concerned that there was a dropping off of numbers of new volunteers to fill the vacancies caused by natural attrition, and ascribed this to over-regulation and prohibitive conditions set by Centrelink. New technology was seen to be an impediment to community engagement and the group were perplexed that despite good resources being available to advise of activities within the community, the information was not being read by those within the community who may benefit.

3.5. Playford focus group

3.5.1. Characteristics of the focus group and general comments

The Playford focus group consisted of three people from the One Tree Hill area and the remainder were from the Elizabeth area. The people from One Tree Hill were very engaged within their community in contrast to the others and this group had also been community oriented from an early age. Of the other four members of the focus group, one couple had the sole care of their grandchild with the wife also being a carer for her husband.

3.5.2. Themes emerging from the group discussion:

- **General comments** - The group agreed that people will not wish to be involved if they do not want to, no matter what activities are available. Different methods of reaching older people to let them know what is available in their communities were discussed, such as a general doorknock campaign. One person had an idea to improve older people’s fitness through a self-defence technique called ‘Cane-Fu’ that he was trying to get off the ground, but had little idea of whom to
approach to advertise as council notifications stay within the council and the senior’s guide was seen not to include ‘which group does what’. One person expressed how Skype had allowed them to reconnect with members of their family all around the world.

3.5.3. Types of community engagement within focus group

The people in this focus group were involved or had been involved in arrange of social networks and activities including being members of a church, editing and printing the One Tree Hill community paper “The Grapevine”, being involved in the One Tree Hill Progress Association, making sandwiches/cakes for the CFS, patchwork group, Grenville House, library, internet, Skype, ten pin bowling, counsellors with Lifeline, singing group, hospital visiting, and carer’s groups.

*Community engagement begins long before retirement.*

- **Barriers to community engagement**
  - **Attitudinal** – It was agreed that the area has ample groups and activities taking place but it was thought people’s attitudes were the main reason why they did not participate.

  - **Transport** – The group were all reliant on private cars and identified that transport, or lack of it, was an important component in community engagement.

  - **Night-time events** – Crime and also licence restrictions upon night driving were said to discourage people from participating in events within their communities after dark.

  *Grenville House-meals, concerts, lot of events but night driving prevents us attending this.*

  - **Regulations** – These were seen to be an impediment to community engagement.

  - **Volunteer issues** – Finding the right niche for each person’s skills. One person felt it was his own defects of personality that led to his volunteer services being declined.
3.5.4. Conclusions reached from the Playford focus group

The group represented a heterogonous mix of those very involved within their community, those only involved within their own families and some wanting to participate within their community but feeling unable to find what they need. Attitudinal barriers, family commitments and lack of knowledge about how to search for what is out there appear to be some of the barriers to community engagement within this group.

3.6. Conclusion

The four focus groups each provided an insight into the particular needs and obstacles apparent within different cohorts of older South Australians, regarding their community engagement and participation. Not only was a range of ages present, but also different cultural and socio-economic backgrounds were represented. As well as this, the level of community engagement within each group ranged from quite insular and/or family oriented, to busy volunteers and members of committees.

Despite the wide range of backgrounds respondents often gave similar opinions upon barriers to community involvement, but the priority of importance would alter somewhat for each group. Where all groups had identified transport issues as a major factor in enabling community engagement, the Onkaparinga group presented a different nuance to this as the group consisted of a number of volunteer drivers and coordinators. This group saw their main obstacle to achieving, among other things, provision of transport options for their community, as being caused by Centrelink, OH&S or government regulations concerning volunteering.

The Port Augusta group expressed frustration with the liaison and cooperation between local council, non-government organisations and government in arranging and supporting volunteer services. The volunteers within this group largely felt unappreciated, although some positive comments were directed towards groups such as Domiciliary Care. Services for Indigenous people were seen, by one of the focus group members, to be unsatisfactory.

Participants in the Playford and Findon groups made comments that expressed different priorities compared to the two other, more regional groups. Whilst the need for reliable, cheap transport also remained a common theme of major importance in enabling community engagement, issues pertaining to either group’s characteristics came to the fore. The Findon group mainly engaged in activities within their own ethnic backgrounds and expressed a lack of knowledge about the types of participation that allowed
engagement with the wider community. This group also showed a concern about affordability of new activities. In contrast, the Playford group often considered that lack of engagement was a result of attitudes held by the community. Although the three members of the Playford group that lived some distance away were active within their community, the remainder felt isolated, uninformed or too busy with their own family obligations although they acknowledged that there were events and activities that were available to them.

The next section of the report turns to an examination of the findings from the survey of older South Australians. Many of the thoughts and issues raised in the focus groups are re-iterated through the responses to the survey.
4. Analyses of survey results and outcomes

This chapter focuses on the outcomes from the survey. As outlined in the methodology the survey sought a wide array of information on the social networks people have and their thoughts on the importance of community engagement and the factors that facilitate or inhibit participation. Each section of this chapter replicates the division of questions in the survey.\(^1\) The chapter begins with a look at the characteristics of the survey respondents.

4.1. General characteristics of the sample

Table 4.1 shows the socio-demographic profile of the respondents while Figure 4.1 compares the age structure of the respondents with that of the State at the 2011 Census. As to be expected more females filled in surveys than males and more young old than old-old. In comparison with the State’s population at the 2011 census people aged 60-64 and 90-99 years are under-represented in this community participation survey while those aged 65-89 are slightly over-represented.

**Figure 4.1. Age Structure of the survey population and the South Australian population aged 60 years and over.**

\(^1\) Although there were 1199 valid responses to the survey, not all people answered every question. This was because a question may not have been relevant to the person, they decided to decline to answer or just inadvertently missed the question(s). Generally the tables and figures included in this chapter only present data for those people who answered the question. Often the number of people represented is stated.
Table 4.1. Socio-demographic profile of the respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage distribution of respondents who answered the question</th>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Male</td>
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<td>Overseas</td>
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<tr>
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Regional South Australians are over-represented in the survey and as Figure 4.2 shows there is a wide distribution of communities represented.

Figure 4.2. Distribution of respondents in metropolitan Adelaide and regional South Australia by postcode
Around 2 per cent of the respondents identified as Aboriginal while 30 per cent were born overseas. Of those people born overseas over two thirds were from the UK and 20 per cent were from Europe. Over three quarters of respondents were retired with many living on a government pension and while most considered they were comfortable financially, close to 30 per cent stated they were struggling. Finances can be influential in the degree to which people are able and willing to participate in activities and in being socially connected.

Figures 4.3, 4.4 and 4.5 provide detail on the living arrangements of the respondents.

Figure 4.3. Household tenure of respondents

As to be expected the majority of respondents were outright home owners with a small percentage still paying a mortgage to achieve the aim of outright ownership. Around 15 per cent were renting and another 14 per cent paid a fortnightly maintenance fee while holding a licence to occupy their home. A small percentage of people lived in other types of tenure arrangements such as living with family or friends, living in camping areas or people who were unsure of their tenure.

Figure 4.4 provides details on the type of dwelling occupied by the survey respondents. It is clear that over two thirds of people live in a separate house while an additional 30 per cent live in a cottage, semi-detached house or unit. Many of these people live in
retirement villages. In fact 22.4 per cent of respondents stated that they lived in a retirement village.

**Figure 4.4. Dwelling type occupied by respondents**

Just over half of the respondents were part of a couple household while an additional 35 per cent were single person households. There were other combinations but they represent a very small proportion of all households.

**Figure 4.5. Household composition of respondents**
4.2. Connection to place

Belonging to place whether this is the local street, the local neighbourhood or a rural town or region can be vitally important to a person’s sense of self worth and wellbeing. Knowing and spending time with the people who live around us helps us feel we belong, provides us with a sense of identity (Learmonth et al 2011; Kelly et al 2012; Pearson et al 2012) and can make us feel safe. In fact this sense of belonging is related to trust and people who have a strong sense of belonging to their community have been found to have increased levels of trust (Davis et al 2010; Pearson et al 2012) and life satisfaction. Research by Helliwell and Wang (2011, 57) indicates that life satisfaction increases by 11 per cent when people’s feelings of connection to community were strong. In addition it is believed that ageing can increase or intensify a person’s feelings about place and so locality can become increasingly important to older people’s quality of life (Means and Evans 2011; Scharf, Phillipson and Smith 2003).

Length of residence is important in fostering a connection to place and creating greater attachment to place (Means and Evans 2011) though it has also been argued that length of residence may not be as significant to older people today as in the past (Rowles 1993). With increasing mobility people can have a familiarity with a number of locales and older people can quickly develop attachment to other places (Phillipson 2007; Means and Evans 2011). Older people’s – length of residence in the local area, attachment to area, whether people liked living in the area and how strongly they feel a part of the community was examined in the survey.

With respect to length of time living in the local area nearly 40 per cent of respondents could be classified as long term residents having lived in the same area for over 30 years, (26 per cent for over 40 years), with an additional 21 per cent having lived in the same area for 11-20 years and 13 per cent for 21-30 years (Figure 4.6). Long term stability was more prevalent in non-metropolitan areas with nearly 32 per cent of people having lived in the area or region for over 40 years. In metropolitan areas 11-20 years was the most prevalent length of time living in the same area followed closely by over 40 years (Figure 4.7).

With this degree of stability then it is not surprising that 97 per cent of the sample liked living in their local area. While nearly all people appeared to be happy where they currently live this doesn’t necessarily equate with feeling attached to the area. While a high percentage feel attached, 11 per cent felt neither attached nor detached and 1 per cent felt detached from the area (Figure 4.8).
Figure 4.6. Length of time respondents have lived in the local area

Figure 4.7. Length of time respondents have lived in the local area, metropolitan and non-metropolitan areas
As mentioned above length of residence can be important in fostering attachment to place and this appears to be the case for older people in this survey. As evident in Figure 4.9 there is a very positive relationship between length of residence and sense of attachment to the area. Those people of longer standing in an area were more likely to indicate they were ‘very attached’ while those people relatively new to an area had more mixed feelings.

Attachment is clearly tied to feelings of belonging however attachment must not be confused with feeling part of the community. As can be seen in Figure 4.10 despite the fact around 88 per cent of the people participating in this survey felt at least attached if not very attached to their area the feeling of connection to the community is not so strong. Only 64 per cent of participants felt very strongly or strongly connect to the community.
Figure 4.9. Length of time respondents have lived in the local area by level of attachment to area.

Figure 4.10. Degree to which respondents feel a part of the community
So while the older people in South Australia who answered this survey are very stable in terms of residence, and most have been associated with an area for a long time, the variability in their feelings of belonging to the community means there is the potential for a significant percentage of these people to become lonely and isolated if they feel detached from the community around them and perhaps have a limited circle of family and friends. Feelings of loneliness and isolation are discussed later in this chapter.

4.3. Connection with family, friends and neighbours

While meaningful connections to place are important in developing and maintaining feelings of belonging, it is the social interaction we have with other people that is vitally important to health, quality of life, feelings of self worth (Dixon 2007), wellbeing and ultimately survival (Giles et al 2005; Holt-Lundstad et al 2010; Friedman and Martin 2011). Social engagement is important at any stage of life but at older ages it can be compromised by the social, economic and health changes that accompany later life.

Section B of the community participation survey explored older people’s contact with family and friends by establishing the size of this circle, the level or frequency of contact with family and friends and neighbours; and whether people are satisfied with their level of involvement and contact with their family and friends. Clearly while a wide circle of family and friends would seem protective against loneliness and isolation it is not necessarily the number of people that is important but the degree to which this interaction satisfies an individual’s specific subjective need for connection – the meaningfulness of the interactions with people (Cacioppio and Patrick 2008; Buonfino and Thomson 2007).

People’s normative expectations, about the suitability of the level of interaction they have with people depends upon the hierarchical importance of those people. For example spouses are expected to provide the most support in terms of physical and emotional needs. Adult children are next in the hierarchy with expectations of regular contact and emotional and instrumental support if needed. Friends and other close relatives like brothers and sisters are relied upon for limited support such as that required for a short illness while it is hoped that neighbours will be friendly and take a general interest in each other’s lives and may help out occasionally with a ride to the shops for example (Wenger 1997).

In addition as people age they report different priorities emerging ‘away from “instrumental” values, such as achievement, and toward “terminal” values, such as happiness’ (Burns & Leonard 2005, 169). Burns and Leonard (2005, 270) also find that
older individuals become more selective with whom they interact, within the paradigm of ‘socio-emotional selectivity’ where they seek those that ‘maximise and deepen social and emotional gains’.

4.3.1. Marital status

It is clear from Figure 4.11 that just under half of the respondents to this survey do not have that first, and highest, level of hierarchical support – that of a partner. The following two comments reflect the difficulties people without partners can face:

Having retired I realise how easy it is to become isolated in an area you have lived in for many years. My personal circumstances have also changed and a change in marital status also creates a barrier for some friends that were previously part of your social group. Working through and extending one’s social circle is challenging and takes time. You have to be patient but I wish I knew what the answer is.

and

The difficulty is making the effort to move into unknown territory after the loss of a partner necessitates a complete change of lifestyle. When ageing in one’s home is their world then it is shattered and one has to look outside or become reclusive. It’s a battle.

Figure 4.11. Marital status of respondents
In this study marital status has a positive influence on self assessed health status \((p=0.13)\) and on self assessed quality of life \((p=0.05)\)

### 4.3.2 Contact with Children

Many of the older people surveyed had children though 13.5 per cent of those that answered this question stated they had no children. Over half of the sample had either two or three children (Figure 4.12).

Overall people tended to have reasonably high levels of contact with these children and 58 people were actually living with a child or a child was living with them. Most people tend to have contact with their children at least once a week though around five per cent only saw their children at most every two to three months and unfortunately five people had no contact with their children (Figure 4.13)

Survey participants were able to indicate the multiple ways they keep in contact with their children and as Figure 4.14 shows, seeing them and speaking on the phone were the most common choices. Electronic means of communication (skype, email, text and facebook) were also important though the use of these options decreased with increasing age (Figure 4.15).

**Figure 4.12. Number of living children of respondents**

![Bar chart showing the number of living children of respondents](chart.png)
Figure 4.13. Frequency of contact with children

![Frequency of contact with children chart]

N=994

Figure 4.14. Ways respondents keep in contact with children

![Ways respondents keep in contact with children chart]
Finally older people with children were asked if they were happy with the amount of contact they have with their children and around 80 per cent were happy. In addition the frequency of contact older people have with their children, has in this study, been found to have a positive effect on people’s quality of life \((p=0.028)\). It should be noted that a reasonably high, 18.8 per cent of older people in this study, were not happy with the intensity of the contact they have with their children.

**4.3.3. Other family**

In response to the question ‘do you have any other family members (for example, any brothers or sisters, parents, grandchildren)’ 92.3 per cent said yes and 88 per cent of these people provided details on the degree of interaction they have with other family members. As Figure 4.16 shows while many people have quite regular contact with these family members around 20 per cent see other family members less than every 2-3 months and 2.5 per cent (27 people) have no contact at all with other family members.

Older people keep in contact with these family members in very much the same way they keep in contact with their children, mostly through seeing them and speaking on the phone. Emailing, texting are also used but writing letters is becoming obsolete (Figure 4.17). While people may have many extended family members that they keep in contact
with here and there, older people may not feel they have a close relationship with all these other family members and it is the close family who are important in terms of feeling connected and supported.

**Figure 4.16 Frequency of contact with other family members**

Over 50 per cent of the respondents to this survey indicated they had between 1-4 other family members they felt close to. Around 30 per cent felt they had between 5-10 other family members and a few identified more than 10 other family members who they consider to be close (Figure 4.18).

### 4.3.4. Friends

Friends can often be a greater source of social participation and connection than that of family. Ninety-five per cent of respondents indicated that they had people in their lives they considered to be friends and most respondents had contact with those friends at least once a week or more (Figure 4.19). The indication from this study is that this frequent contact with friends is very important to one’s quality of life \( (p=0.005) \).
Figure 4.17. Ways respondents keep in contact with other family members

Figure 4.18. Number of other family members person has a close relationship with
In fact as Figure 4.20 shows the amount of contact the respondents had with their friends closely resembled the contact older people have with their children. Contact with other family members was of less importance.

Figure 4.19. Frequency of contact with friends

![Bar chart showing frequency of contact with friends.](image)

N=1124

Figure 4.20. Frequency of contact with children, other family and friends

![Bar chart showing frequency of contact with children, other family, and friends.](image)
Respondents to this survey were most likely to keep in touch with their friends through seeing them and speaking on the phone (Figure 4.21) and interestingly they were more likely to see their friends (37 per cent) than was the case with their children (29 per cent) or other family members (28 per cent). In general people identified that they had either 1-4 friends or 5-10 with a small number (61 persons) indicating they had no friends they felt they had a close relationship with.

Figure 4.21. Ways respondents keep in contact with friends

![Ways respondents keep in contact with friends](image)

Figure 4.22. Number of friends person has a close relationship with

![Number of friends person has a close relationship with](image)
4.3.5. Neighbours

With ageing the proximity and role of neighbours can take on increasing importance as older people’s lives may become more focussed on home and their immediate environment (Burns et al 2012). In a time when society has become more mobile and there is an emphasis on self-sufficiency and privacy the role of neighbours has changed such that there has been a decline in localised support within society (Beck 1992; Peel 2000). Research by Cheshire (2012) indicates the relationship older people have with their neighbours is particularly important if older people’s family networks and other support systems are lacking. From her research she commented ‘people who were disconnected from family and other support mechanisms also suffered when local support from neighbours was absent’ (Cheshire 2012).

From this survey it is clear that people’s relationships with their neighbours is quite variable (Figure 4.23).

**Figure 4.23. Frequency of contact with neighbours**

While around 54 per cent of respondents chat with their neighbours weekly, and another 14 per cent chat once or twice a month, around one fifth of the sample chat with their neighbours infrequently and 2 per cent never chat with their neighbour.
4.3.6. Other relationships – pets and animals

While relationships with people are paramount to wellbeing, pets are often seen as a source of comfort and companionship for older people and, through exercising for example, a pet may result in improved health benefits and interactions with other people (Ward, Barnes and Gahagan 2012). Research findings however are mixed on whether pets have any influence at all on the health or wellbeing of older people. Quantitative research by Wells and Rodi (2000) and more recently by Parslow et al (2005) in Australia have shown that pet ownership has only very limited or no positive benefits on physical or mental health and thus older people’s wellbeing.

In this study two questions were asked with regard to pets – ‘Do you own a pet?’ and in terms of the ‘other activities’ that people participate in ‘walking the dog’ was one of the options available. In this study 35 per cent of the sample indicated they were pet owners and 15.3 per cent indicated they exercised their dog. Analysis of the relationship between pet ownership and self-rated health and quality of life indicate there is no relationship between self-rated health and pet ownership, no relationship between self-rated health and increased frequency of walking the dog and there is no relationship between quality of life and ownership of a pet.

So while pet ownership may provide companionship to some, overall it has no effect on health and wellbeing and therefore is no substitute for family and friends.

4.3.7. Conclusion

This section of the chapter has presented the findings from the survey with relation to people’s connection to place, immediate and extended family, friends and pets. It is clear that many respondents have been long term residents in their area and therefore feel quite attached to their neighbourhood and local area. Attachment is clearly tied to feelings of belonging however attachment must not be confused with feeling part of the community. Over one third of the respondents only felt somewhat part of the community or not part of the community at all. The variability in feelings of belonging to the community means there is the potential for a significant percentage of these people to become lonely and isolated if they feel detached from the community around them and perhaps have a limited circle of family and friends.

The results of this survey have shown the high degree of contact older people have with their children and friends and to a less extent with their extended family. It is particularly noteworthy in this study that marital status, frequency of contact with children and
frequency of contact with friends has a positive influence on people’s self perceived quality of life. The next section of the chapter examines people’s involvement in activities in the community.

4.4. Volunteering

**Volunteering delivers essential services to those in need. It reduces costs to organisations and government who would otherwise be restricted in the delivery of these services. It creates enormous social value by building stronger, more resilient communities. It alleviates suffering, fosters innovation, and creates wellbeing.** (Young et al 2012).

In 2011 the Australian government released its National Volunteering Strategy recognising, encouraging and supporting volunteering as an essential ingredient for an inclusive Australian society (Commonwealth of Australia 2011). While the peak age range for volunteering is 45-54, the percentage of older people aged 55-64, 65-74 and 75 years and over volunteering increased between 2006 and 2010. In addition people who have retired volunteer for the highest number of hours per week on average at 4.4 hours (Commonwealth of Australia 2011, 10). As the number of older people retiring or in semi-retirement will increase significantly over the next 10 years or so part of the Australian Government’s strategy is to increase the number of older people engaged with volunteering.

A number of studies in Australia have examined the changing nature of volunteering (Young et al 2012), the contribution of volunteering to social capital (Baum et al 2000; Hodgkin 2011) and the positive effects of volunteering on people’s health, wellbeing and longevity (Onyx and Warburton 2003; Harris and Thoresen 2005; Windsor et al 2008; Friedman and Martin 2011).

This survey examined older South Australian’s participation in formal voluntary work. In all 65 per cent indicated that over the last 12 months they had formally volunteered in one way or another. Figure 4.24 provides details on the range of activities people are involved in.

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2 In the survey formal volunteering was defined as unpaid, voluntary help willingly given in the form of time, services or skills for an organisation, club or association. Some examples include helping out at the local school or hospital; selling raffle tickets to raise money for a foundation; helping with Meals on Wheels. It excludes voluntary work done overseas and donations of money or goods do not count as volunteering.
It is clear from Figure 4.24 that the 770 people involved in formal volunteer activities did so for a wide array of groups and organisations. Volunteering at church remains an important means of providing service to the community. Specific over 50s groups and social service clubs are important to older South Australians while many people provided their help at a range of organisations that provide service to the wider community. While around 25 per cent of people only volunteered for one organisation or group (Figure 4.25), it is clear that many people are involved in multiple groups (75 per cent in more than one group) and a very small number are involved in more than 5 groups.

**Figure 4.24. Range of organisations/groups older South Australians provided formal volunteering to over the previous 12 months**
As well as indicating the range of organisations/groups that they volunteered for, the participants in the survey also provided details on the frequency of their contribution to formal volunteering for each organisation. Table 4.2 provide an insight into the patterns of participation. It is clear once a week is the most popular extent of volunteering for most activities however others such as involvement in arts/theatre or heritage groups is more likely to occur on a monthly basis as is work for a service club or trade union. Volunteering for a political party or body corporate group tends to occur just once a year for most people.

While some people become volunteers only later in life often upon retirement, the majority of older people have had a lifetime of volunteering. In this survey of older South Australians 37 per cent had been volunteers for more than 20 years (17.5 per cent for more than 40 years) and an additional 20 per cent for between 11 and 20 years. A range of reasons were provided as to how people became involved in volunteering and the following quotes provide an insight:

*A belief that it is the way to achieve something for the benefit of the community.*

*Actively sought volunteer work as I wanted to contribute to our community.*
Table 4.2. Frequency of involvement in voluntary work

<table>
<thead>
<tr>
<th>Activity - Volunteering</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport or physical recreation group</td>
<td>28.9</td>
<td>42.1</td>
<td>6.8</td>
<td>8.4</td>
<td>4.7</td>
<td>1.6</td>
<td>7.4</td>
<td>190</td>
</tr>
<tr>
<td>Arts, theatre or heritage group</td>
<td>11.5</td>
<td>20.6</td>
<td>14.5</td>
<td><strong>25.2</strong></td>
<td>9.2</td>
<td>5.3</td>
<td>13.7</td>
<td>131</td>
</tr>
<tr>
<td>Religious or spiritual group or organisation</td>
<td>28.9</td>
<td><strong>44.3</strong></td>
<td>6.3</td>
<td>11.1</td>
<td>3.2</td>
<td>2.0</td>
<td>4.3</td>
<td>253</td>
</tr>
<tr>
<td>Craft or practical hobby group</td>
<td>16.0</td>
<td><strong>45.1</strong></td>
<td>16.7</td>
<td>12.5</td>
<td>2.8</td>
<td>1.4</td>
<td>5.6</td>
<td>144</td>
</tr>
<tr>
<td>Musical group</td>
<td>11.1</td>
<td><strong>42.0</strong></td>
<td>11.1</td>
<td>12.3</td>
<td>6.2</td>
<td>3.7</td>
<td>13.6</td>
<td>81</td>
</tr>
<tr>
<td>Specific over 50s groups (i.e. senior citizens, ARPA)</td>
<td>23.5</td>
<td><strong>30.4</strong></td>
<td>12.0</td>
<td>24.9</td>
<td>4.1</td>
<td>0.9</td>
<td>4.1</td>
<td>217</td>
</tr>
<tr>
<td>Adult education</td>
<td>8.6</td>
<td><strong>45.7</strong></td>
<td>9.9</td>
<td>11.1</td>
<td>9.9</td>
<td>2.5</td>
<td>12.3</td>
<td>81</td>
</tr>
<tr>
<td>Ethnic/multicultural group/club</td>
<td>5.4</td>
<td><strong>24.3</strong></td>
<td>0.0</td>
<td><strong>24.3</strong></td>
<td>13.5</td>
<td>10.8</td>
<td>21.6</td>
<td>37</td>
</tr>
<tr>
<td>Social club/group</td>
<td>14.9</td>
<td><strong>34.9</strong></td>
<td>12.0</td>
<td>28.6</td>
<td>4.6</td>
<td>1.7</td>
<td>4.0</td>
<td>175</td>
</tr>
<tr>
<td>Service clubs (e.g. Lions, Rotary)</td>
<td>12.9</td>
<td>15.0</td>
<td>30.0</td>
<td><strong>31.4</strong></td>
<td>5.7</td>
<td>1.4</td>
<td>3.6</td>
<td>140</td>
</tr>
<tr>
<td>Community welfare organisations (e.g. Royal Society for the Blind, Salvation Army, opp. shop)</td>
<td>18.8</td>
<td><strong>24.7</strong></td>
<td>17.6</td>
<td>16.5</td>
<td>5.3</td>
<td>1.8</td>
<td>15.3</td>
<td>170</td>
</tr>
<tr>
<td>Environmental or animal welfare group (e.g. Animal Welfare League, Greening Australia)</td>
<td>8.2</td>
<td><strong>23.0</strong></td>
<td>21.3</td>
<td>19.7</td>
<td>9.8</td>
<td>6.6</td>
<td>11.5</td>
<td>61</td>
</tr>
<tr>
<td>Emergency services (e.g. CFS)</td>
<td><strong>21.1</strong></td>
<td>15.8</td>
<td>10.5</td>
<td><strong>21.1</strong></td>
<td>10.5</td>
<td>0.0</td>
<td><strong>21.1</strong></td>
<td>19</td>
</tr>
<tr>
<td>Civic group or organisation (e.g. Australian Civic Trust)</td>
<td>11.8</td>
<td><strong>26.5</strong></td>
<td>8.8</td>
<td><strong>26.5</strong></td>
<td>2.9</td>
<td>5.9</td>
<td>17.6</td>
<td>34</td>
</tr>
<tr>
<td>Trade union/professional/technical association</td>
<td>10.0</td>
<td>15.0</td>
<td>0.0</td>
<td><strong>30.0</strong></td>
<td>20.0</td>
<td>5.0</td>
<td>25.0</td>
<td>20</td>
</tr>
<tr>
<td>Political party</td>
<td>3.4</td>
<td>3.4</td>
<td>0</td>
<td>20.7</td>
<td>17.2</td>
<td>3.4</td>
<td><strong>51.7</strong></td>
<td>29</td>
</tr>
<tr>
<td>Human and civil rights group</td>
<td>13.6</td>
<td>18.2</td>
<td>4.5</td>
<td><strong>27.3</strong></td>
<td>13.6</td>
<td>4.5</td>
<td>18.2</td>
<td>22</td>
</tr>
<tr>
<td>Body corporate or tenants’ association</td>
<td>20.0</td>
<td>11.4</td>
<td>5.7</td>
<td>20.0</td>
<td>5.7</td>
<td>11.4</td>
<td><strong>25.7</strong></td>
<td>35</td>
</tr>
</tbody>
</table>
Figure 4.26. Number of years person has been a volunteer

![Bar graph showing the number of years people have been volunteers.](image)

%  
N=731

- less than a year
- 1-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- more than 40 years

**Been a volunteer all my life in many ways.**

**Friends asked if I would help her deliver Meals on Wheels fifteen years ago.**

**After the death of my husband I needed to find something outside of home, used to work in aged care home so I volunteered to help with craft about 6 months ago.**

**As a means of staying in contact with the ‘outside world’ and to continue to feel relevant and involved in the community.**

**Involved as a member of a small rural community and then as parent (to benefit own children) and now as a grandparent (to benefit grandchildren).**

**As a migrant I became a member of ethnic group and a church. Later helped other people free of charge. Still do some of that as well as my ethnic group and church.**

**I have expertise as an office bearer of many organisations over 60 years and like to contribute to the decision making of village life and activities.**

Due to wider economic, social and technological change the environment for volunteering has changed (Commonwealth of Australia 2011) and this is impacting on
older people. From the focus groups discussed above in section 3 concerns were raised about the need for police checks and occupational health and safety regulations which are dissuading people from starting or continuing to volunteer.

Information provided to the survey by a participant from Yorke Peninsula raised some concerns about the treatment volunteers receive at times and other people’s perceptions of the roles of volunteers.

_When it becomes Government takeover-we get hurt-no longer needed._

_Volunteers used to be part of community, now are part of organisations._

Some volunteers feel that they are now seen as a resource to be used by a government department to save money by using kindly people as unpaid staff instead of qualified staff.

_We seem to be there for the convenience of the staff not for the patient’s benefit._

In addition volunteers feel there are restrictions upon the degree of care or familiarity they are allowed with clients/people and this can influence their ongoing involvement in volunteering:

_Some volunteers now believe that they are forbidden by the law, or the organisation’s interpretation of expectations, of helping clients or being friendly or showing affection and caring.’ These beliefs result in older people either leaving volunteering or greatly minimising their level of volunteering._

While people who volunteer do it because they love it or feel it is their duty to provide assistance to the community it is important that they receive recognition and thanks for their efforts and input:

_Volunteers need to feel needed and valued. They need to be thanked and not just handed an annual certificate. People do not believe the ‘volunteer industry’ when it says “How wonderful our volunteers are” when words and actions are not congruent. Most volunteers are well aware that without them some services would not exist, and they need to feel that their contribution is genuinely appreciated by management, and that their views/input are welcome_ (female Minlaton).
Clearly volunteering is an important part of the lives of older South Australians who participated in this study and many of the respondents had been volunteers for decades. In this study the number of organisations in which people act as volunteers results in a positive association between self rated health and quality of life.

4.5. Involvement with community groups

In addition to volunteering, or instead of volunteering, older people become involved in, or continue their involvement in a wide range of what are considered community activities. The survey sought peoples’ active involvement in social, community, religious, civil or political groups where they are a primary participant (and not a volunteer). In all 75.6 per cent of the older population surveyed indicated their involvement in such activities over the previous 12 months. Only 35 people failed to provide a response to the question: ‘Over the last 12 months have you been actively involved in any community groups or taken part in an activity they have organised?’

There are an array of community activities that older people are involved in and it is clear that sporting organisations, church, specific over 50s clubs and social clubs are the most popular places where older South Australians seek involvement (Figure 4.27). Table 4.3 highlights the frequency with which people are involved in certain activities and the trends are similar to those for formal volunteering with involvement for some activities being most often weekly and for others at monthly intervals.
Figure 4.27. Range of community activities older South Australians actively participated in over the previous 12 months
Table 4.3. Frequency of involvement in community activities

<table>
<thead>
<tr>
<th>Activity-Community Activity</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
<th>Total no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport or physical recreation group (i.e. played tennis, bowls, member of hiking group or gym)</td>
<td>33.6</td>
<td>49.5</td>
<td>3.0</td>
<td>4.3</td>
<td>3.0</td>
<td>1.8</td>
<td>4.8</td>
<td>396</td>
</tr>
<tr>
<td>Arts, theatre or heritage group</td>
<td>9.5</td>
<td>11.8</td>
<td>8.3</td>
<td><strong>26.0</strong></td>
<td>22.5</td>
<td>7.7</td>
<td>14.8</td>
<td>169</td>
</tr>
<tr>
<td>Religious or spiritual group or organisation</td>
<td>21.9</td>
<td>55.8</td>
<td>6.6</td>
<td>8.6</td>
<td>3.0</td>
<td>0.7</td>
<td>3.3</td>
<td>301</td>
</tr>
<tr>
<td>Craft or practical hobby group</td>
<td>18.0</td>
<td><strong>44.5</strong></td>
<td>14.5</td>
<td>7.0</td>
<td>3.5</td>
<td>2.5</td>
<td>10.0</td>
<td>200</td>
</tr>
<tr>
<td>Musical group</td>
<td>12.1</td>
<td><strong>45.8</strong></td>
<td>10.3</td>
<td>13.1</td>
<td>4.7</td>
<td>3.7</td>
<td>10.3</td>
<td>107</td>
</tr>
<tr>
<td>Specific over 50s groups (i.e. senior citizens, ARPA)</td>
<td>18.8</td>
<td><strong>35.4</strong></td>
<td>15.8</td>
<td>19.6</td>
<td>3.5</td>
<td>2.3</td>
<td>4.6</td>
<td>260</td>
</tr>
<tr>
<td>Adult education</td>
<td>11.6</td>
<td><strong>35.7</strong></td>
<td>8.9</td>
<td>4.5</td>
<td>7.1</td>
<td>6.3</td>
<td>25.9</td>
<td>112</td>
</tr>
<tr>
<td>Ethnic/multicultural group/club</td>
<td>6.3</td>
<td>28.1</td>
<td>15.6</td>
<td>9.4</td>
<td>5.9</td>
<td>3.1</td>
<td><strong>31.3</strong></td>
<td>32</td>
</tr>
<tr>
<td>Social club/group (e.g. playing cards, going on organized trips)</td>
<td>11.3</td>
<td><strong>29.6</strong></td>
<td>11.6</td>
<td>27.3</td>
<td>7.4</td>
<td>4.2</td>
<td>8.7</td>
<td>311</td>
</tr>
<tr>
<td>Service clubs (e.g. Lions, Rotary)</td>
<td>6.2</td>
<td>16.3</td>
<td>23.3</td>
<td><strong>38.8</strong></td>
<td>2.3</td>
<td>2.3</td>
<td>10.8</td>
<td>129</td>
</tr>
<tr>
<td>Community welfare organisations (e.g. Royal Society for the Blind, Salvation Army, opp. shop)</td>
<td>15.2</td>
<td>23.4</td>
<td>10.3</td>
<td><strong>24.1</strong></td>
<td>6.9</td>
<td>2.1</td>
<td>17.9</td>
<td>145</td>
</tr>
<tr>
<td>Environmental or animal welfare group (e.g. Animal Welfare League, Greening Australia)</td>
<td>9.1</td>
<td>13.6</td>
<td>13.6</td>
<td>22.7</td>
<td>11.4</td>
<td>4.5</td>
<td><strong>25.0</strong></td>
<td>44</td>
</tr>
<tr>
<td>Trade union / professional / technical association</td>
<td>0.0</td>
<td>16.0</td>
<td>8.0</td>
<td>16.0</td>
<td>20.0</td>
<td>8.0</td>
<td><strong>32.0</strong></td>
<td>25</td>
</tr>
<tr>
<td>Political party</td>
<td>2.9</td>
<td>8.8</td>
<td>0.0</td>
<td>20.6</td>
<td>11.8</td>
<td>2.9</td>
<td><strong>52.9</strong></td>
<td>34</td>
</tr>
<tr>
<td>Civic group or organisation</td>
<td>17.6</td>
<td>14.7</td>
<td>4.4</td>
<td><strong>29.4</strong></td>
<td>10.3</td>
<td>5.9</td>
<td>17.6</td>
<td>68</td>
</tr>
<tr>
<td>Human and civil rights group</td>
<td>19.0</td>
<td>9.5</td>
<td>9.5</td>
<td>9.5</td>
<td><strong>28.6</strong></td>
<td>0.0</td>
<td>23.8</td>
<td>21</td>
</tr>
<tr>
<td>Body corporate or tenants’ association</td>
<td>12.1</td>
<td>5.2</td>
<td>5.2</td>
<td><strong>32.8</strong></td>
<td>6.9</td>
<td>8.6</td>
<td>29.3</td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>
Figure 4.28 indicates the number of community activities each person participated in while Figure 4.29 highlights the number of years a person has been involved with community groups. It is clear that just over 50 per cent of the sample were involved in just one or two activities. An additional 20 per cent were involved in three activities and then the numbers involved in more activities declines considerably.

**Figure 4.28. The number of community activities each person participated in over the previous 12 months**

![Bar chart showing the number of community activities](image)

**Figure 4.29: Number of years person has been involved in community groups**

![Bar chart showing the number of years involved in community groups](image)
The number of community activities people are involved in is **positively associated with self assessed health and quality of life.**

The pattern of distribution for people's length of involvement in community groups mirrors their pattern of involvement with volunteering. Some people have only recently become involved but the majority have been involved for decades. For those people who had only become involved in the last twelve months 10 people indicated they had become involved through seeing an advertisement, another 10 through encouragement from family and friends and four people had become involved through attending an open day. Thirteen people did not indicate how they recently became part of a community organisation.

While people may have been involved with community groups for a long time their degree of participation can vary from time to time. Survey participants were asked to indicate if their level of participation had changed over the last 12 months.

**Table 4.4. Change in level of participation in community groups over the last 12 months**

<table>
<thead>
<tr>
<th>Level of participation</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased</td>
<td>221</td>
<td>24.8</td>
</tr>
<tr>
<td>Decreased</td>
<td>168</td>
<td>18.9</td>
</tr>
<tr>
<td>Remained same</td>
<td>486</td>
<td>54.5</td>
</tr>
<tr>
<td>Not stated</td>
<td>16</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>891</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Surprisingly 44 per cent of people indicated that their level of involvement had changed over the last 12 months. For those whose level of involvement had changed 56.8 per cent (or 221 persons) suggested their participation had increased and 43.2 per cent (168 persons) indicated their involvement had declined. Many reasons were provided as to why people's involvement had changed and these reasons are summarised below.

In terms of **increased** participation a range of reasons were given:

- More spare time – as a result of reduced working hours, retirement, movement of partner/parent into aged care or the death of a partner or parent for whom the person had caring responsibilities resulted in the freeing up of time to personally become involved in more activities.
As I was caring for my mother I did not have the opportunity before.

As I am now retired I can umpire extra games of cricket during the week instead of only on weekends.

- Accepted more committee roles:

  *Increasing number of committees and workshops.*

  President of University of the Third Age organising programme reports committee, community garden supervisor, old folks home building and grounds committee re maintenance and new buildings.

- Needing to find involvement, counter loneliness, find friendship and enjoyment has driven people to get involved in community activities

  *Being part of the community especially of shared interests – lack of close family (overseas and separated as a child - postwar child migrant aged 9 exported to Australia)* provides some substitute

- Many people just wanted to become involved sometimes because of encouragement from others, from increased confidence or responsibility, from increased opportunities, because of the need for help in the community, by the snowballing effect of meeting more people resulting in more things to do and because of the way it made them feel – healthier, rewarded, and because they felt it has a positive effect on their well-being.

  *I have become more interested in such groups and more confident in my abilities.*

  *Ive found more things to do because I have met more people.*

  *Increased because have more responsibility, more enjoyment, learning new skills and retirement means I have more time to participate.*

- Others became more involved because they had moved from the country to a town or the city, or to a retirement village.

- A few people’s increased involvement came from starting and running a new activity – a men’s shed, a weight watchers group, a craft group etc.
Similiarly, many reasons were provided as to why one’s participation had declined.

- the overwhelming reason was health/disability (mentioned around 75 times);
- followed by age (mentioned around 35 times);

\[
\text{At 85 everything declines!}
\]

- also significant were caring responsibilities and family commitments for partners, children/grandchildren (mentioned around 20 times) – the overwhelming toll caring can take on a person’s time is clearly demonstrated by the following example:

\[
\text{In 2005 my husband was diagnosed with Alzheimer’s and I visited 5 days out of 7 to hospitals and nursing homes. 2010 the visiting became more intensive, nursing him at home at intervals.}
\]

- Other reasons cited included:
  
  o not wanting to go out at night
  
  \[
  \text{I have given up playing indoor bowls because it is at night and touring groups because day trips are too long a day since I turned 100.}
  \]
  
  o transport difficulties,
  
  o cost -
  
  \[
  \text{As a pensioner on a very tight budget unable to take on commitments as having to save on outings (petrol etc).}
  \]
  
  o death of family member,
  
  o the activity is no longer available or there are declining numbers,
  
  o feel others, young and old should help; and
  
  o moved to new area.

\[
\text{Moved from city to country – hard to make that move at 57}
\]

Of course some people indicated that over the previous 12 month period they had not been active in any community groups. In fact a considerable 21 per cent (or 257 persons) in the survey indicated no involvement. It is important to understand why this
may be the case. Often more than one reason was given and the reasons can be divided into a number of groups.

The first group of reasons could be labelled as barriers to participation – health was cited by 95 people, financial reasons were mentioned by 33 people, a lack of transport was given by 38 people, 20 people had significant caring responsibilities for others while 10 people cited their age as a reason for not being involved in community groups. Other reasons given were there are no groups in the area (20 people) or the distance to travel to groups is too far; the person’s partner does not approve of their involvement and language was also mentioned.

90 years of age, enjoy solitude and prayer.

I have a hearing disability and wear hearing aids but still find it hard to understand what people are saying and nearly always answer the question wrongly.

The second group of reasons are those related to time or interest. Coming second only to health as a reason for not being involved in community groups was a lack of interest (stated by 74 people). Other people stated they had no time (46 people), it was not convenient for them (37 people), they did not want to commit on a regular basis (2 people), they were interested but had not engaged yet, they were fully involved in other activities or they were employed.

I've often thought about attending some events, but my wife still works and therefore we are limited with time. Situation would change on her retirement.

I work full time and family and friends take a lot of time.

My volunteering and professional work provides all the involvement I need.

The third and final group of reasons revolve around personal feelings, that is people are not involved in community groups because feel they have no one to go with them and a few people (9) did not feel accepted:

New to area – hard to become involved.

I was not born in the town and unless someone wants skills that I have, I do not exist.
4.6. Informal volunteering

Many people provide help to others on their own initiative and not through a group or organisation. This informal volunteering or unpaid assistance includes shopping for a neighbour, mowing someone's lawn, baby sitting, visiting or helping someone who is sick or elderly for example. For the 95 per cent of people who answered the question – do you provide unpaid assistance to other people, close to half (46.2 per cent) of the older people surveyed answered ‘yes’ and often more than one form of assistance was provided. While the most popular assistance provided was just being there to listen to someone, providing help with shopping and transport and caring for children, the list of activities listed in the survey under ‘other’ indicates the many varied ways older people help others.

In addition to providing help a small number of people 232 or around 20 per cent of the older people surveyed are the recipients of help and care. The types of help received were equally distributed across shopping, gardening, maintenance around the home and help with transport. A range of options were provided under ‘other’ with the most mentioned item being cleaning assistance.

4.7. Involvement in other activities

Besides formalised activities and offering support to people the survey inquired about activities people may take part in that get them out and about. Table 4.5 provides a snapshot of the sorts of activities older people are involved in and the frequency with which they are involved.

The most ‘popular’ activities the older respondents to this survey were involve in were going to the doctor (once a month or once every two months), visiting the library (most frequently between once a week and once a month), travelling (but only once or twice a year), exercising (mostly many times a week), going shopping (most frequently between once a week and once a month), eating out ((most frequently between once a week and once a month), attending the theatre, opera or cinema (once a month or once every 2-3 months) and attending fetes/festivals (once a year).

4.8. Conclusion

There appears to be a relatively high degree of participation by older South Australians responding to this survey in formal volunteering, community groups and other activities that involve socialising with people. While some people, for one reason or another may not currently be involved at all, or not as involved as they used to be, or would like to
be, many have been active in formal volunteering or participating in community activities for decades. This concurs with the research that indicates patterns observed over the life course have been shown to positively predict that those who participate at a younger age are more likely to do so when they age, with functional decline playing a relatively small role in decreased participation (Agahi et al. 2006, 340,343). Therefore a socially active person when younger is more likely to maintain that habit when older, with functional factors not playing a significant role in any decrease in social participation.

Table 4.5. Frequency of involvement in ‘other activities’

<table>
<thead>
<tr>
<th>Activity</th>
<th>Many times a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice a year</th>
<th>Total No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking after grandchildren</td>
<td>21.3</td>
<td>13.8</td>
<td>12.2</td>
<td>13.8</td>
<td>5.6</td>
<td>9.6</td>
<td>427</td>
</tr>
<tr>
<td>Going to doctor</td>
<td>3.5</td>
<td>9.4</td>
<td>28.3</td>
<td>32.6</td>
<td>12.1</td>
<td>12.0</td>
<td>884</td>
</tr>
<tr>
<td>Visit library</td>
<td>9.9</td>
<td>21.6</td>
<td>20.2</td>
<td>20.2</td>
<td>12.6</td>
<td>12.6</td>
<td>610</td>
</tr>
<tr>
<td>Go to church</td>
<td>10.1</td>
<td>4.6</td>
<td>6.0</td>
<td>2.8</td>
<td>2.5</td>
<td>11.3</td>
<td>435</td>
</tr>
<tr>
<td>Travelling</td>
<td>7.2</td>
<td>5.7</td>
<td>10.3</td>
<td>20.2</td>
<td>12.6</td>
<td>12.6</td>
<td>375</td>
</tr>
<tr>
<td>Exercise (walking, running, swimming)</td>
<td>67.2</td>
<td>3.9</td>
<td>2.6</td>
<td>1.0</td>
<td>0.8</td>
<td>0.5</td>
<td>775</td>
</tr>
<tr>
<td>Walking the dog</td>
<td>71.6</td>
<td>3.3</td>
<td>3.3</td>
<td>0.0</td>
<td>5.5</td>
<td></td>
<td>183</td>
</tr>
<tr>
<td>Play pokies</td>
<td>5.2</td>
<td>14.1</td>
<td>17.6</td>
<td>7.3</td>
<td>10.9</td>
<td></td>
<td>193</td>
</tr>
<tr>
<td>Shopping (other than grocery shopping)</td>
<td>10.4</td>
<td>20.6</td>
<td>24.4</td>
<td>14.5</td>
<td>5.3</td>
<td>3.2</td>
<td>718</td>
</tr>
<tr>
<td>Spectator at sports</td>
<td>6.4</td>
<td>17.7</td>
<td>16.3</td>
<td>4.3</td>
<td>4.3</td>
<td>14.2</td>
<td>282</td>
</tr>
<tr>
<td>Eating out</td>
<td>6.0</td>
<td>23.9</td>
<td>24.7</td>
<td>16.1</td>
<td>4.7</td>
<td>3.1</td>
<td>872</td>
</tr>
<tr>
<td>Attend theatre/cinema</td>
<td>1.6</td>
<td>8.3</td>
<td>26.2</td>
<td>28.3</td>
<td>9.7</td>
<td>21.9</td>
<td>626</td>
</tr>
<tr>
<td>Attend community centre</td>
<td>25.7</td>
<td>9.9</td>
<td>12.0</td>
<td>7.9</td>
<td>3.2</td>
<td>8.8</td>
<td>342</td>
</tr>
<tr>
<td>Attended fetes, shows, festivals</td>
<td>2.1</td>
<td>4.2</td>
<td>13.9</td>
<td>23.6</td>
<td>19.2</td>
<td>35.0</td>
<td>525</td>
</tr>
<tr>
<td>Internet social activity</td>
<td>63.7</td>
<td>9.0</td>
<td>4.7</td>
<td>0.7</td>
<td>2.2</td>
<td>3.2</td>
<td>278</td>
</tr>
</tbody>
</table>
4.9. General comments

As the survey was very structured in terms of capturing the characteristics and participation/involvement of older people in various activities, opportunities were provided in the survey through a series of open ended questions to enable older people to express their thoughts on the focus of the survey and research project. The questions focussed on:

- the importance of feeling actively involved in the community;
- the benefits community involvement can bring to older people’s lives;
- the individual or personalised characteristics that influence people’s willingness and or ability to stay connected with the community, family and friends;
- the aspects of the community or service system that may make it difficult for older people to remain connected and involved in their community;
- the facilities, programs or services that are effective in encouraging older people to be actively involved;
- ideas about how the government, local councils, service providers or community groups can assist people to remain involved or become involved with the community; and finally
- how do older people find out about events, groups, clubs or organisations in their local area.

In addition to these questions an open ended question on ‘any further comments’ was included at the end of the survey so people could make comments on issues or ideas that were not covered by the previous questions in the survey. The older people of South Australia were wonderfully responsive to these questions and this section outlines the findings from this part of the research.

4.9.1. The importance of being actively involved in the community

Table 4.6 outlines how important the older population feel it is to be actively involved in the community. It is clear the importance of community involvement to people’s lives is well recognised reflecting the findings of the literature. In all over 80 per cent of the older population involved in the survey believed community involvement to be important or very important. A further 17 per cent were not so strong in their beliefs and just under two per cent did not think community involvement was important.
Table: 4.6. The importance of community involvement to older people’s lives

<table>
<thead>
<tr>
<th>Importance</th>
<th>Number</th>
<th>Per cent</th>
<th>Valid per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>461</td>
<td>38.4</td>
<td>40.9</td>
</tr>
<tr>
<td>Important</td>
<td>456</td>
<td>38.0</td>
<td>40.5</td>
</tr>
<tr>
<td>Moderately Important</td>
<td>189</td>
<td>15.8</td>
<td>16.8</td>
</tr>
<tr>
<td>Of little importance</td>
<td>14</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Unimportant</td>
<td>7</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Not stated</td>
<td>72</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1199</strong></td>
<td><strong>100.0</strong></td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.9.2. Benefits community involvement can bring to older people

Believing involvement with your community is important to life and wellbeing, the respondents spoke of the many benefits that this brings to themselves and others. Many of the benefits, of course, are inter-related.

Community engagement was seen as a means of **getting out of the house** as a means of providing routine to life, as a means of using up otherwise idle hours, as a reason for getting out of bed in the morning and many people mentioned community participation to prevent insularity, loneliness and social isolation.

Respondents felt that **companionship** and making friends was a positive aspect of community involvement. It can help with the grieving process when confronted with the loss of a loved one, it provides enjoyment, fun, pleasure and contentment. It is good to mix with others of similar interests and community engagement provides an instant network of friends. Often the concept of community engagement was coupled with respondents feeling that companionship meant people felt a part of something, they felt needed, that they belonged, it increased people’s confidence, **increased self esteem** and made them feel more **valued in society**.

Not only was community engagement seen as important to the older individual but **important to the community** as a whole. People are able to give something back, to pass on skills while perhaps learning new one’s themselves. It is a way of contributing to the future.
Overall community engagement was seen to have a **positive effect on both physical health and mental health**. Keeping the mind active was seen to prevent depression and keep the mind open to new learning experiences.

Listed below are some of the comments provided that reflect the points made above:

*Friendship; a need to be wanted; better health, e.g. avoiding loneliness and depression; keeps the brain active; confidence; learning new skills; sharing skills; fun/laughter; new knowledge about a range of issues.*

*Keeps a person active and the mind active, keeps being lonely at bay.*

*Makes you forget about your own problems, keeps you active, less depression and more positive attitude. People need people, especially older folks to feel needed, to keep loneliness and depression at bay. Prevents aging prematurely.*

*I am 84 years old (and widowed) and by walking every day and also exercising, it helps my body and mind keep active. For my age I feel great. By mixing with other members of the community it is also very helpful in many aspects of life.*

*Community involvement gives meaning and purpose to people, especially those who are retired or unemployed. Flow on from this is better physical and mental health. The recipients of volunteers get social contact they may not get otherwise.*

*If a person feels lonely he/she would benefit by being contacted by a community group and invited to join. A lonely person needs encouragement to do so, as they are inclined to either feel unwanted or cannot be bothered to join in other people's activities.*

*Challenges our beliefs. Social skills honed. Kept up to date. Friendships evolve. Helps break patterns of circular thinking and conversation.*

*Mixing with other people, getting out of the house, getting to know others with similar interests. Socialising with others gives them a reason to get out of the house, to talk with other people, to share life experiences and memories, to learn new things, and then they don’t feel so alone. A chance to make new friends, for support after loss of loved ones.*
A desire to feel valued as a member of society, a desire to continue to
learn and adapt to modern living, a willingness to help others where
possible.

After working full time for 20+ years with people of all ages, male &
female, around you everyday talking and laughing I missed that when I
retired. That is why I have to have daily contact with family or friends by
some form of communication.

4.9.3. Individual characteristics that influence people’s willingness
and/or ability to stay connected with the community or family and
friends

A range of individual characteristics were listed as influencing people’s ability to be
involved with the community or family and friends. The comments could be divided into
three groups:

a) characteristics that were considered important in maintaining social connections;
b) characteristics that may prompt and encourage social connectivity; and

c) characteristics that might contribute to a reluctance to engage with the
community.

Characteristics that were considered important in maintaining social connections:
Sociability and an outgoing personality were considered important, as was the ability to
be a good listener and to have compassion and understanding for others. Respondents
also felt that strong family ties and experience throughout life in socialising would make
people more predisposed to connect more readily with their community. Having
adequate finances, transport and reasonable health were also factors that were thought
to aid social connectivity.

Gregariousness, youthful spirit, sense of family, sense of community,
open-mindedness.

Broad outlook, a willingness to experience change, strong relationships,
especially with differing age groups.

Acceptance of self and others. Ability to try new things/meet new people.
Understanding of the importance of community.
Characteristics that may prompt and encourage social connectivity: A fear of being alone was often cited as a characteristic that might influence a person’s connection to community. The death of a partner or of friends were seen to either prompt a person to get out and about more, or it could be a reason to withdraw from society.

- Ability to overcome feelings of isolation and make new friends as older friends die- also ability to relate to younger population and gain some measure of acceptance.
- A willingness to interact with other people. A need to be active. A fear of loneliness.

Characteristics that might contribute to a reluctance to engage with the community: Finances, access issues and health problems were some characteristics that could obstruct community engagement, but respondents mainly considered it was an attitudinal issue. If people were involved at an earlier stage of their lives they would be more likely to be involved at a later age, so that habit might be dictating their likelihood of engagement with the community. Loneliness and isolation were also seen as predisposing factors in preventing people connecting more. Also stated were factors such as cultural or language differences and an inability to use computers or otherwise retain contact with the outside world.

1. Life experience, something to occupy self after retirement, if never been in the 'workforce' then life outside the home can be frightening. 2. Ability to drive or access to transportation 3. Use of computers, email and the internet 4. Ability to use the English language 5. Cultural background, some culturally different backgrounds have more insular approach, especially for women.

Health (poor hearing or breathing) may make social situations uncomfortable or embarrassing because it's difficult to join in with conversation; mobility difficulties will embarrass some and they will become less connected with the community; losing a partner causes some people difficulty facing the community as 'one' rather than as a couple; grieving also causes withdrawal from society.

Personality (introvert or extrovert) and self confidence or lack of. Past hurts/bad memories can have negative influence.
4.9.4. Aspects of community or service system make it difficult for older people to remain connected and involved in their community

While personal characteristics can play an important role in people's involvement with family, friends and the wider community there are a number of barriers to community engagement over which older people may have little control.

In order of frequency, barriers to community participation were seen to be

- transport;
- health and mobility;
- attitude;
- finances;
- information dissemination/technology; and
- red tape/ volunteer issues/personality clashes and language barriers.

**Transport** is seen as the main barrier to people engaging with their community. Australia's ethos of reliance upon the private vehicle (Ker 2004) presents difficulties for older South Australians who are no longer able to drive. Respondents expressed concern about the availability and frequency of community buses or other forms of transport, and considered themselves disadvantaged when relying upon them.

- Regional areas: The availability of transport options for all regions was felt to be unsatisfactory, but people from non-metropolitan areas considered the situation to be dire. They saw a lack of transport as leading to social isolation, influencing health outcomes (see Port Augusta focus group comments) and ultimately affecting their overall quality of life. If older people do not have family or friends to take them to places they suffer a social disadvantage. Transport is needed not only to maintain social contacts and participate within their communities, but also for essential activities such as visiting specialists.

- Adelaide metropolitan area: Although there are more community or public bus services available for people in the Adelaide metropolitan area, transport is still considered the major impediment to engaging with community for older people.
  - Frequency and availability: On Adelaide's public transport system, free tickets are available between 9-3pm. Council run community buses are also usually free or ask for a gold coin donation and run on set routes throughout the day. Respondents felt that
community bus services were not plentiful and in some cases (Holdfast Bay) services were discontinued. Council run, volunteer driven buses which are used to take people to community centres are available, but even in busy metropolitan centres, they require eligibility assessments to be able to offer a home to community centre transport option.

- Familiarity, physical ability and confidence to travel using the public transport system are necessary to access these services. Health issues affecting mobility and ease of access stepping up into a bus present impediments. Taxis are an expensive option, although vouchers are available for some.

*Transport. Long walk to main bus route. Community bus 9-3pm Monday-Friday. No weekend service, all provided by volunteers.*

*The tyranny of distance for people who do not drive.*

*Lack of transport. Not enough government finance allocated to stimulating people and keeping them connected when cannot get around by themselves.*

*Older people who are not mobile or who do not have transport are at a disadvantage to attend any outings.*

*When independence is removed - if not able to drive, there is extremely limited suitable transportation in rural areas.*

*Lack of transport at a reasonable cost - public transport does not always connect with the transport that is required to get to the place where the event takes place. Buses too hard to step into and to alight.*

*Lack of public transport from major regional centres such as Port Lincoln, Port Pirie, Port Augusta and Whyalla to Adelaide.*

*Create an actual regular bus service in Victor Harbor so that people can plan to do things without the need to depend on well wishers. Not just a bus service that you have to ring to use. There is no walking to the bus here. It is amazing considering the number of older people who don’t or can’t drive.*

**Health and Mobility** was the second most frequently mentioned factor in preventing community engagement. Lack of mobility and need for wheelchair friendly transport is
frequently commented upon as is the need for venues to cater to the needs of the disabled, such as ramps and toilets. Deafness, vision or speech impairments can create an impediment to community involvement if no facilities are in place. Gophers are used by some respondents but are also mentioned as too expensive.

- Access: As well as access issues for the disabled, other issues that prevent people from getting out and about were mentioned. These included
  - Poor footpaths and branches hanging over the path.
  - Night time events. Restrictions upon older people’s driving licences for night time driving, and a general preference for events to be held in the daytime, were expressed.

**Attitude** was the third largest barrier to community engagement. Grief or shyness was seen as making it difficult to attempt new activities. The loss of a partner presenting challenges with changes in lifestyle, income and habits. Gender and age bias were also mentioned. Some respondents expressed frustration with programs for older people that they thought were patronising and that they felt categorised them all as one group.

*Shy people too scared to attend functions on their own.*

*Social constraints-feeling welcome or not; feelings of not belonging.*

*Nervousness about attending somewhere for the first time if not personally invited.*

*Remoteness, loss of partner, failure to establish friendships during early life and then feeling cut off after retirement.*

*Some people have never been part of community groups and find it very hard to integrate at an older age.*

*A feeling of alienation of "otherness", often accompanies resentment at the notion of an organised activity especially among single people.*

*Inflexibility; service personnel who think you have lost it once you turn 60 and have to be treated as if your brain and body are on the way out; systems that respond to older people as if all we care about is meal on wheels and playing cards and that we are not vitally interested in everything and can contribute; lack of assessment skills in service personnel e.g. Some of us do need physical, emotional and other help because we have age related disabilities and some of us have other*
needs - we need to be heard and not have people think they know what people over 60 need.

It is important to recognise that older people are not homogenous! Some community groups or programs aimed at older people seem to think we are all of low intelligence.

**Finances** were seen as the fourth largest barrier to community involvement. Cost of transport and costs of the activities themselves, such as courses or gym/exercise classes, were cited as examples. Also there were comments made about the costs incurred by those providing their time as volunteers. Respondents felt that the cost of living expenses for older people made it prohibitive to attempt to obtain a mobile phone plan or a computer and internet connection.

*Make a variety of activities available at a reasonable price for those on limited income.*

*Low cost mobile phone plans for them to keep in touch with family/friends.*

*I couldn’t do courses with u3a because cost 2x $35, same for gym @ $6 per week. Discounts not enough in movies/theatres.*

*More assistance to such groups as U3A, especially in help with rooms or other facilities. We find it difficult to meet the rents demanded, but get by because most group leaders open their own homes for the small groups, such as Play Reading, or Book Club.*

*It’s a big deal to put a donation on the plate at church.*

**Information dissemination/technology** - respondents felt that there was difficulty in finding out about activities and events that are relevant to older people. This can be caused in a variety of ways. People cite the main method of getting information about community activities comes from the local paper, yet many events are advertised through web sites which can exclude those who do not have access to the internet, through financial reasons or apprehension concerning new technologies.

*I think they are already doing a great job. About the only improvement I can think of, short of making everything free (an unlikely utopian concept!) is to improve communication regarding what is available, and how to access the service/s. Although councils particularly send out a fair bit of information, I think it is sometimes a bit verbose and intimidating.*
and there are too many different brochures, and the elderly take a look and think it’s too hard or confusing to read it all and sort it out. Perhaps one comprehensive book containing all the services, with a simple index at the front, so that one could look at the index and see, e.g., "showering", and turn to the page given, and just have the basic contact information, rather than a three page essay on what it is all about. Following that, of course, the particular service would need to have someone at the end of the phone to discuss the person's needs (not an automated service!)

Internet is a way to keep in touch with family & friends but it is no substitute for physical contact and socialising with others. Future governments could justify withdrawing funding for community centres and groups or transport by thinking that the internet will provide enough community contact.

**Red tape/volunteer issues/personality clashes and language barriers** - frustration with police checks and OH&S regulations were seen as dissuading volunteers in helping their communities. Dissatisfaction was felt with the lack of appreciation given to volunteers. Group dynamics were sometimes seen as dissuasive of continued participation in an activity. Also, language barriers were mentioned as preventing people from mixing with the wider community.

*Coming up against person/s who dominate a group activity or discussion can make non-confident person feel they can’t or don’t have anything worthwhile to contribute. Or simply can’t be bothered with the hassle in the end.*

*In recent times the introduction of 'police checks' for anyone involved in voluntary work has made some people give up volunteering.*

*Many individuals don’t like the idea of having to be registered to be a volunteer. So do not get involved with the hoo! haa!*

*With more stringent regulations being placed on volunteers, volunteering has become, in some instances, onerous. For instance, to teach two classes of computing (broadband for seniors) once a week, volunteers now must have first aid certificates, they must complete mandatory 'volunteer training' that includes things like 'manual handling' and 'food preparation' (which, when you come to think of it, is somewhat ridiculous*
in the context of teaching someone how to use a computer!). All these demands tend to put people off. The cost of fuel/transport is another issue, particularly in country areas.

Cultural diversity programs. People from other cultures can feel isolated due to language, sensory impairment, cultural traditions.

4.9.5 Facilities, programs, services that you know of that are effective in encouraging older people to be actively involved in the community

Many people had suggestions here often associated with their local area. In general terms, in order of times mentioned, the facilities and programs that were seen to be effective in encouraging older people to be involved in the community or provided great opportunities for people to be involved were community centres (or houses), followed by clubs for seniors then programs run by local councils. Church activities were often mentioned, followed by Meals on Wheels, Probus, men’s sheds, community buses, library, volunteers, bowls, sporting, U3A, craft groups, COTA, Elderly Citizen’s homes’ recreational clubs and activities, fitness and walking groups, computer courses, Rotary, cards, visiting, outings, newsletters and programmes (Figure 4.30).

**Figure 4.30. Facilities, programs and services seen to be effective in encouraging older people to be actively involved in the community**
4.9.6 Ideas about how the government, local councils, service providers or community groups can assist older people to stay connected to the community and family and friends.

A range of suggestions were provided in response to this question. The most frequently mentioned ideas however were:

- improve transport options;
- personal invitations to participate, a buddy system, home visits, direct contact;
- improve methods of disseminating information;
- increase efforts to assist older people to remain at home; and
- reduce costs of participation and transport.

Transport options: respondents considered that Government and service providers could improve transport options, which would make accessing activities easier and cheaper for older people. Another advantage of better transport options would be to help people to ‘get out of the house’ and engage with the community, whilst encouraging people to remain living independently. Respondents felt that, on the whole, retirement villages provided good transport options that catered to those who are disabled, yet those living in the wider community were not receiving the same benefits. It was suggested that gophers be made available to those living in aged care villages. Of special concern were older people in regional areas who suffer disadvantage through infrequent, unavailable, inappropriate or costly forms of transport. Within comments regarding transport were calls to relax stringent volunteer driver police checks.

Put more money into transport in regional areas for the elderly. Distance is often a problem for the elderly in the country.

Personal invitation to participate: it was considered important to make personal communication with older people to let them know there are activities and events that they may like to attend. It was felt that sometimes the usual forms of advertising are not reaching those who are isolated. Suggestions included a council liaison worker to visit people in their homes or for contact by telephone to be made. A buddy system was suggested as was “Friend Watch”, similar to Neighbourhood Watch or a system where an older person is “adopted”, which can help them remain connected and feel cared for.
By sending out information or coming to our home and talking to us, not everyone reads pamphlets, not everyone feels welcomed/wanted especially the aboriginal community.

I believe older people should be encouraged, by these community groups, to get involved. The only way this can occur is if some friends or neighbours already involved can visit and ask them to go along with them to join a group.

One idea-'adopt' an older person. Someone could contact an older person say once a week and invite them to have an outing or let them know what is available. It is hard to go to a club/group on your own first time.

**Improve methods of disseminating information:** ideas ranged from a seniors information page in the local paper to leaflets inserted into council rates notices. Some respondents wanted more information over the internet, yet others thought they were being pressured to use this technology and were not interested. More letter box drops, a centralised information booklet for the area and also spreading information through word of mouth or telephone contact were all suggested.

*Make a safe secure environment, set up telephone services for what's on where and how to get there, publish and target seniors within the community on relevant information, make transport more accessible.*

Information on facilities, programs and services can be collected from libraries, council officers etc. Perhaps some of the brochures could be included with council rate invoices when being mailed as older people may not visit the above places due to disabilities, etc. Social workers or volunteers could visit some of the elderly and inform them of the various events.

Although the services are there, however a high number of people are not aware of the information and services available. There needs to be a comprehensive education of the whole community re all services and the process required to obtain information and services. Need better coordination of services.

**Increase efforts to assist older people to remain at home:** respondents felt that the provision of improved support to older people who remain in their own home would be
of benefit to older people remaining connected to the community and family/friends. This theme ties in with ‘Personal invitation to participate’. It was felt older people who are in their own homes can sometimes not be as aware of activities and resources on offer as they could be, therefore different outreach services that can encourage ageing-in-place would be beneficial.

Local councils could be more compliant in allowing home owners to place granny flats on their property. They then could stay within their family hub, be looked after and not then be a drain on council/government to provide more old aged homes.

Community liaison working from local council support working with and knowing most needy and vulnerable in the area and then coordinating with health/welfare services to support those people. Informing community of the support needed for elderly neighbours that people are not aware of. Similar to safe houses but have community contact in each street or locality.

Reduce costs of participation and transport: the provision of cheap or free transport is frequently iterated by the respondents. Travel concession cards are not applicable for regional people so it was suggested that travel allowance be considered for rural seniors. This was felt to be of particular salience in regional areas. Reduced or subsidies joining fees for courses or classes and the costs of hiring venues were mentioned. Cheaper internet and phone calls were often called for also.

Provide means e.g. bus to transport people to activities, shopping in town-perhaps trips to shop in a larger city e.g.Port Lincoln. City people benefit from bus transport but country seniors don't benefit from this. Seniors card for local travel-perhaps a travel allowance for country seniors could help. Some people without family close by (even if they do it's not always possible to help) have difficulty even getting to health appointments in town. The new age care packages could allow more money for carers to do social support and transport. At the moment this is fairly limited.

The biggest problem the University of the Third Age is the cost of hiring a room, $1,500 PA from the Senior Citizens, who in turn hire the hall from the City of Mt. Gambier who own the hall.
4.9.7 Methods of finding out about events/groups/clubs or organisations in the local community

There are a range of ways older people find out about events or clubs in the local community (Figure 4.31). The most frequently mentioned method of obtaining information was from the local paper, *The Messenger*, a free paper. In contrast, *The Advertiser* was very rarely mentioned. Respondents then listed friends or word of mouth as the next most popular way of obtaining information followed by newsletters then noticeboards. Being a pre-existing member of a club was then the next most frequently stated way of finding out about events, then the internet, local council and the library followed. Finally, information was obtained from the television (this was more common in regional areas and local television stations), pamphlets dropped in letter boxes, then radio stations. The last mentioned was family providing information about events.

**Figure 4.31. Methods of finding out about events/groups/clubs or organisations in the local community**

4.10. Further comments

As mentioned previously the last option in the survey was an open ended question that allowed survey respondents to make any further comments they wished with regard to the connection and participation of older people in the community. Respondents made
comments that covered a wide range of issues and those made most often pertaining to the connection of older people to their community related to:

- loneliness and isolation;
- boredom;
- financial issues – cost of living expenses inhibiting ability to get out and about;
- assistance to remain in one’s own home;
- feeling unimportant;
- how older people are treated; and
- being too busy with caring commitments to participate.

Much of this section is a presentation of older people’s words reflecting their opinions and how they feel.

4.10.1 Loneliness and isolation:

Respondents felt that loneliness could be attributed to a number of events or constraints in their life. Some of these are:

- Transport options
  
  *I feel that transportation is the biggest problem. If an elderly person had had to give up their drivers licence, they may feel isolated (even in suburbia!), and that it is unfair that they can no longer drive anywhere where they want to. They also are (slightly?) resentful of having to rely on others to come and "collect" them.*

- Living in their own home
  
  o Loneliness felt at night
    
    *I am 85 years old and I find life very lonely especially at night time, just someone to talk to. I have lots of friends, I do lots but it is still lonely.*
  
  o Not enough services to reach and help these people to live with dignity
    
    *It appears that government policy is to have older people live in their homes. There appear to be adequate services for physical health but there appears to be woeful recognition that old people require adequate services for home maintenance and*
improvements at an affordable price. Dignity is still a quality old people value and that requires a decent home to enjoy normal social relationships.

1. So difficult to find someone to do the dusting (HACC can’t help). 2. Virtually impossible to wash car etc due to balance problems. 3 Haven’t touched an iron for 6 years (balance problems again). 4. Haven’t been to cinema for 6 years - can not find anyone to go with.

- Lifetime habits of community involvement directing present situation
  
  On the whole I do not think people change their activities much due to age- if they were outgoing, social types in mid life- it is only less income and the bad luck to have ill health or low income which rules their choices in later life.

- Bereavement or divorce/separation
  
  I did feel part of the community. However, since retiring and the death of my husband I feel very isolated. The original inhabitants have grown old, many have moved to other areas and a ‘different' population has moved in.

  My general happiness has decreased since my wife of 27 years left and my son has spent of each of the past three years serving overseas with the Australian defence force. I feel less inclined to meet with other people.

- Loneliness felt whilst living in a retirement village
  
  I have lived in an independent unit for seven years, and though I love it here, and take part in most things going on here, it is harder still to get people to participate. I am now 84 and have slowed down a lot, I think the worst thing I feel us oldies is loneliness so we must keep on trying to connect with one another, but really don’t know how to.

  Loneliness in retirement villages needs to be addressed. Professional people need to be engaged to assist lonely people in retirement villages.
After 16 years one finds that through natural changes through death or necessity, any friends I've made have moved on and being 92 it is hard to make new friends. It is often a chance meeting, circumstance that brings a new resident into my life. A very rare occurrence. Loneliness can not be remedied easily.

- Information and communication

The first step is to improve community contact for any clubs through easier community communication. Small part time free to air community tv will offer the best opportunity to target members sitting bored at home would be coaxed in. Isolated individuals with quirky interests such as model train enthusiasts or cactus growing could identify each other more easily and form clubs.

4.10.2. Boredom

Coupled with isolation, this is a recurring theme and is often associated, within people’s comments, with needing to get out of the house and having a reason to get out of bed.

*I see many elderly people who sit in a chair often depressed and with nothing to do.*

4.10.3. Financial- Costs presenting a barrier to participation

*I organise and volunteer as a bus driver in our community. We have approx 350 people living here with no public transport within many miles. We run a shopping bus once a week and trips in bigger buses every 4-6 weeks. In the first 3 months of this year 120 of our residents had been on my buses. Cost is a major factor.*

*It is hard to be part of the community and join in activities no matter how small the cost when you are trying to live on a pension. The cost of living rise is not geared to the actual cost of living increases. Many aged person live well below the poverty line.*

*I am 62 years of age (63 in August), voluntarily left my full time employment due to health issues. Not ill enough to qualify for a disability allowance, therefore have been placed on Newstart, but have had to wait three months for first payment (still waiting). Husband recently retired*
and receives a fortnightly Government pension. We are not self funded. Life is hard.

4.10.4. Assistance to remain in own home

Varying suggestions and ideas were put forward by respondents regarding older people who remain in their own homes.

- Observations by service providers such as Meals on Wheels

  I often meet older people in their homes when delivering meals on wheels. See many people living alone - all they want is someone to spend a little time talking and sharing – there’s no time!

  Being a meals on wheels volunteer I visit many homes and you get to know each person, but it is so noticeable how lonely they all seem to be. They all want you to stay and talk or show you something. Many just sit and watch TV all day; so I am all for involvement in any age group, especially the aged. Volunteers need to be encouraged to be involved more.

- When a partner is in a nursing home

  I note in your questions you do not allow for a wife living alone with a husband in a nursing home. This is very draining both physically and emotionally. Not to mention the huge drain on income not only for the home costs but the small incidentals like clothing, medication and little extras you like to give your loved one. Because my husband receives a small superannuation we are penalised and the home costs more, this makes it very difficult to exist.

  Help us not to have to go into nursing homes - all very depressing indeed for the person and their family.

- Assistance with home maintenance

  It would be great to get assistance when unable to climb a ladder to do the essential things in the home and outside the home.

  In old age we want to live in our own house for as long as possible and would accept practical help to do so.
Perhaps the unemployed women could go to older ladies and ask to do their floors and perhaps some shopping. Also unemployed men could go to the older guys and help with garden, shopping etc whatever they needed help with. Would be a good idea for both parties!

- Financial assistance with remaining at home

The last 2 years have been difficult the council raising the rent every year, no yard man employed to look after yard duties or help cart rubbish bins, power gone up and telephone gone up.

I would like to see more health benefits for single pensioners and perhaps more concession on phone and power. My power bill wouldn’t be any less than a couple’s power bill. Having elderly people involved in the community and not ailing at home is of greatest benefit to the wider community.

For me the most important thing is to expand services so that people can stay in their own home longer if that is their choice.

This really applies more to people staying in their own homes. Many have regular assistance but I think there is a need for occasional assistance e.g. if one has the flu or brief illness. Often it is not so much cost as needing people who can be trusted to work unsupervised and who can come without a long waiting period.

The pension should be higher. They love our gardens but the cost of water is outrageous, also the cost of power.

It is extremely important older people have the opportunity, be it through government assistance or otherwise, to remain in their country community as long as practicable.

- Need for transport and accessible facilities

Removing facilities such as council office/police station/bank, especially if no public transport, makes payment of bills difficult for older people who no longer can drive. Unless family can help it could tip the balance re staying at home & moving into an aged facility.

We don’t want buses when we are too old to get to the shops ourselves we want to be independent now so we are strong mentally and
physically, thereby saving the Govt millions by looking after us in hospitals and nursing homes. People can be very active in the 60 to 80 year old group and not necessarily stuck at home requiring help. PLEASE PLEASE provide more activities in parks and groups.

- The need to be needed and keep active

Loneliness is main problem. 16 hours per day to be filled. Living in a small unit not enough work.

I would like to suggest a grandparent scheme encouraging young people to visit and form relationships with lonely seniors. When young and in the U.K. I took part in this scheme & gained a great deal from it; befriending a delightful 80 yr old lady and visiting her once or twice a week. I know that today there would be a lot of red tape to go through to initiate such a scheme, but it would be very worthwhile. I also think we should tap into the wealth of experience older people have. Many of us would delight in helping with reading or story-telling.

- Methods of keeping those in their homes informed of activities

I think it is vital to keep people involved in what is happening in their area. To this end I make sure that neighbours are aware of activities that I know/think that they will have an interest in and I encourage them to participate, sometimes offering a door-to-door travel service to them. I pick up such people and take them with me to a movie morning, for example, which ensures that they do get out and about and meet up with people that they know through me. Usually they enjoy themselves and return home feeling positive.

The effort of getting to a community centre as age increases and particularly when no longer able to drive a vehicle, will cause this component of community involvement non-starters to grow significantly. The inevitable increase in this category means taking the “community activities" to the household residents rather than assume they will congregate at common centres. Systematic coverage of individual houses will become necessary by “visitors” who will take the “community activities" to the household residents rather than assume they will move out of their homes to gain benefit from them.
It is the lonely people not "on line" who need help — we are in a retirement village with many facilities and activities (including karaoke nights, trip to races etc, not the stereotyped "oldie" activities!) Whereas many people are alone at home.

4.10.5. Feeling unimportant

There were some comments that expressed how older people felt they were unimportant to society and that their skills and knowledge was not required.

Older people don’t seem to be valued by the government.

Schools and social communities could teach the younger generation to help and respect older people, instead of treating them as if they have no rights!

I feel older people, if they are fit and able, should be given every opportunity to still be an important part of any community, to share their skills and to be made to feel they are respected and valuable in the community!

If one is doing volunteer work it gives one a reason to get up in the morning and a feeling of being of worth in the community. It gives one contact with other people and if one lives alone this is important. There seems there is a reluctance by most employers to engage older people, ideas etc. That’s a shame as in my opinion there is a lot of experience lost.

As you get older you feel thrown upon the scrap heap because you lose contact with the people you have worked with and feel out of the swim.

4.10.6. How older people are treated

People expressed concerns about how older people feel they are treated in the community, (in employment, in retirement villages) and the activities designed for older people.

In the village I feel we are treated as children and I think they will be at this stage one day (if they live long enough) see how they like it!

Each one of us needs to be communicated with as an individual, not placed in a group. We are not all wrinkles, o.a.p.s, pensioners, oldies,
past it, a burden on society, to be ignored, etc (although I know a few who fit into these categories!).

Listen to people themselves and not make snap decisions about seniors as if service providers feel they know best.

Taxis are often unavailable especially if the manager of the service knows you only need a five minute trip. But that trip to me is as important as a half hour one. If I went to a shopping centre by taxi, there is no certainty of when I can get home.

Annoys me that people of my age group are forced to volunteer, by Centrelink, (who have told me the government needs a bank of volunteers) but younger unemployed are not. Cannot get training because we volunteer (catch 22) too much rhetoric by politicians, etc saying they need our "life experiences" in workforce (ha! ha!) But no employer is going to spend time and money on old workers for short tenure.

A huge shift - women fought for right to work, equal opportunity but now it's a given, no affirmative action to give us a 'go' in old or very old age.

Being retrenched with no hope of getting another job, too old to even get an interview.) tends to knock one's self worth. My wife has been very understanding and supportive. Together we'll get through. Don't try and put me into a neat little category, Sorry I don't and won't fit. We oldies have plenty to offer, accumulated skills and life experiences, we just express ourselves a little differently.

Lack of services for older people; boring activities. There is this perception that 60 year olds are the same as 60 year olds 50 years ago. We are the people who came through the 60s revolution of politics, arts, music yet we are not catered for.

4.10.7. Too busy with caring commitments to participate

Some respondents were very busy with other commitments or with caring for family and could not find the time to become involved with community activities.

Too busy to even think about it.
I could be more involved with community if I wanted to be, but have run out of steam after a busy working life and raising a family. The thought of yet another meeting etc is too hard to even think about really!!! Maybe it’s a fear of having to get involved on a committee yet again?? I am quite content with my home and garden, family and friends, and lucky to have a husband!!

I care for 87+ mother, grandson (21) + son (42) who live in our home, sister-in-law with early dementia + husband. Support 2 daughters who have small children and work. When I write all this down I feel tired!

My connection is limited due to my husband who has dementia and mobility issues.

Moved to this location 5 years ago to care for mother with dementia—combination of full time work, caring responsibilities and putting her house on the market, renovation and maintenance of her property and mine in the country meant little time for any social life. Actively involved in care for 8 years. Limited support for working carers. Access to high level community care in the hills is limited. Caring responsibilities don't stop when the cared for person enters residential care.

As I have been a carer for my wife for 25 years. I have not had much time for myself. The last 3 years she has been in the hospital with Parkinsons as she cannot walk and I will sit with her until our time comes!

Our family consists of me, my husband, and our two sons (both with different disabilities, and one of whom has developed mental health issues). As a result of this we feel "different" and sometimes isolated from family and friends. Our time, and energy, is so much taken up with our own family, and with my own health problems that we can’t volunteer within the community. With advancing age, and declining health, we are even more worried than before about the future.

4.10.8. Conclusion

In summation, over a quarter of respondents replied to this final question that asked for further comments regarding the connection and participation of older people in the
community. Responses, on the whole, were well thought out and reflected the complex and varying barriers to engagement with community. Habits and attitude to others were seen by respondents as directing social engagement, the ability to adjust to the loss of a partner or the natural attrition of friends and family might be the gauge to how well a person can make new friends and get out of the house. Similarly, establishing new contacts and becoming involved in activities can create a new purpose in life. Respondents felt that there needed to be more personal contact with people who were at risk of becoming isolated, one suggestion being humorously styled an adoption scheme.

Respondents iterated the importance of remaining at home as long as possible, but felt they were not supported enough to do so. Frustration was felt when respondents could not get help for chores such as dusting and proper cleaning of the house which led to distress. There were some suggestions that involved bringing the community engagement to the home, via visitors or volunteers. This would also allow for a more tailored match of the older person and community activities. With issues of mobility and transport barriers coupled with inadequate support with cleaning and other services, there needs to be improvement in encouraging older people to age in place.

The idea that people would not fit in with mainstream activities, or that the activities are patronising and boring was expressed by a number of respondents. Some felt that they were thrown upon the scrap heap and there was a lack of appreciation for the skills they had. Finally, dissemination of information was a ubiquitous issue, despite there being a large amount of activities available; knowing where to look to find out about activities and events that might suit an individual was often cited as a problem.
5. Summary

This report has provided an insight into the community participation of older South Australians in 2012. While issues of loneliness and social isolation were raised and there are a number of factors that act as barriers to participation, older people recognised the importance of community participation to their health and wellbeing and collectively its positive benefits for the community as a whole.

Many of the findings in this report reflect those discussed in the literature: the importance of place and belonging to community to feelings of well being, and the influence of frequency of contact with children and friends and active participation in the community has on self rated health and quality of life.

The report contains many quotes reflecting the thoughts, opinions and ideas of older South Australians and hopefully these points of view will enrich the knowledge of service providers and policy makers in promoting and fostering the continued engagement and connectedness of older people with family, friends and the wider community. To age well, to age positively can only occur if older people are valued through life no matter what their circumstances and are able to live in an inclusive society.
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Appendix A: Guiding Questions for Focus Groups with Older People

1. What does the term community engagement mean to you?

2. What activities do you feel are important in keeping older people connected with their community?

   2a Is volunteering a part of your life?

   2b What are the advantages and disadvantages of volunteering?

   (possible answers may include volunteering; sporting activities, church events etc)

3. What influence do you feel being activity involved in the community has on older people’s lives and on the community as a whole?

4. What aspects of people’s lives do you feel influence their ability to be involved with the community?

   (possible answers may include: personality, income, language skills, ability to drive, physical and mental health; friendship networks etc).

5. What aspects of the community influence older people’s ability to be connected with the community?

   (possible answers may include: physical environment; availability of accessible and reliable public transport system; availability of suitable activities for both men and women such as men’s sheds;)

6. Are there any aspects of the service system that hinder or assist community engagement by older people?

   (possible answers – cost of services, lack of disability taxis;)

7. Are there any community based programs you feel are effective in encouraging community engagement for older people?

8. How satisfied do you feel with your level of community involvement and connectedness?

9. Do you have any ideas/thoughts about how governments and service providers can better address the issue of community engagement for older people?
Appendix B: Survey
SURVEY OF

COMMUNITY PARTICIPATION

OF

OLDER SOUTH AUSTRALIANS

2012
INFORMATION ABOUT THE SURVEY AND PROJECT

This survey forms part of a project that is seeking to identify the factors that best support and enable older South Australians to continue engaging strongly in their communities. This research is being undertaken by researchers from the Centre for Housing, Urban and Regional Planning at the University of Adelaide, with the valued support of Council on the Ageing (COTA) and Resthaven Inc. This project is funded by COTA and Resthaven Inc.

This project seeks the views of South Australians aged 60 years and over (and Indigenous South Australians aged 50 years and over). We want to gain an in-depth knowledge of older people’s experiences of community engagement.

We want to hear the views of as many older South Australians as possible. This survey will take approximately **30 minutes** to complete.

The information collected from this project will be used to produce a written report. However please be assured that any information provided by you will be treated in the strictest confidence and no participant in this research will be individually identifiable in the report or other publications resulting from this research.

Please note that you are entirely free to discontinue your participation in this research at any time. You may skip any question(s) you do not want to complete.

**How do I take part in the survey?**
Participants who wish to take part in the project will be provided with multiple options for taking part in the survey. You will have a choice of either:

- Completing a printed questionnaire made available to you, and returning it by post;
- Completing an online questionnaire via Survey Monkey link:
  [https://www.surveymonkey.com/s/CommunityParticipationof OlderSA](https://www.surveymonkey.com/s/CommunityParticipationofOlderSA)

For copies of the survey please contact Julia Law on 0437296195 or julia.law@adelaide.edu.au

For further information on the study contact Dr Debbie Faulkner 08 8313 3230 or mobile 0427797582; or email debbie.faulkner@adelaide.edu.au

**Share your views with others**
As part of this project, a Facebook page is available to allow discussion between older people about the nature of the survey, their views on community engagement and potential strategies to increase older people’s community involvement.

[http://www.facebook.com/CommunityParticipationofOlderSouthAustraliansStudy](http://www.facebook.com/CommunityParticipationofOlderSouthAustraliansStudy)
This research project (approval number H-244-2011) has been approved by the University of Adelaide Human Research Ethics Committee. Contact details for the committee if you wish to lodge a complaint are Human Research Ethics Committee Secretariat (08) 8303 6028.

ALL PEOPLE TAKING PART IN THE SURVEY MAY ENTER INTO A DRAW TO WIN ONE OF FOUR PRIZES OF $500 EACH (SEE PAGE 25).

HOW TO FILL IN THIS SURVEY

In answering these questions please be as accurate as possible.

Please answer the question by:

Marking a box like this

or

or

Or writing a number in a box like this

Sometimes you will find an instruction telling you which question to answer next like this:

Yes

No (go to question 2)

Some questions do not provide you with any options but allow you to write about your ideas and thoughts.

Once you have completed the survey please return it in the pre-paid envelope as soon as possible. If you wish to enter the prize draw fill in your contact details at the end of the survey.

Thank you for your assistance with this research
Section A: Locality, household size and dwelling details

The first few questions ask about where you live and details about your house and who you live with.

A1. In what suburb, town or regional area do you live?
_______________________ (suburb, town, regional area)

A2. What is the postcode of the area where you live?
_____________ (postcode)

A3. How many years have you lived in this local area?
☐ Less than 1 year
☐ 1-5
☐ 6-10
☐ 11-20
☐ 21-30
☐ 31-40
☐ 40+ years

A4. How attached are you to this area?
☐ Very attached
☐ Attached
☐ Neither attached or detached
☐ Detached
☐ Very detached

A5. How strongly do you feel a part of the local community?
☐ Very strongly
☐ Strongly
☐ Feel somewhat part of the community
☐ Have no attachment to the community
A6. Do you like living in this area?

☐ Yes
☐ No

A7. What type of dwelling do you live in?

☐ Separate house
☐ Semi-detached, row, terrace house, townhouse
☐ Flat or apartment
☐ Caravan, tent, cabin, houseboat
☐ Other (please describe)_________________________________________________ 

A8. Is this dwelling part of a retirement village (i.e., a retirement village is a collection of houses or units specifically for older people)?

☐ Yes
☐ No

A9. In this residence you are …

☐ Paying off a mortgage
☐ The outright owner / joint owner
☐ Renting
☐ Paying a maintenance fee and hold a license to occupy
☐ Using a rent to buy scheme
☐ Living with children or other relatives
☐ Life tenure – able to live in the home rent free for the remainder of your life
☐ Other (please describe)

____________________________________________________

A10. The household you live in is a...

☐ Single person household
☐ Couple only household
☐ Family household (e.g. household including children, grandparents/grandchildren)
☐ Single parent household
☐ Other (please describe)_________________________________________________
Section B: Engagement with family and friends

The next set of questions explores your contact with family and friends.

B1. How many living children do you have?
☐ None (go to question B7)
☐ One
☐ Two
☐ Three
☐ Four
☐ Five or more

B2. Do you live with any of your children, or do any of your children live with you?
☐ Yes
☐ No

B3. Excluding any children you live with (or who live with you), how often do you have contact with one of your children? (For example, you may be in contact with different children on different days, but overall you hear from one of them every day, or every week)
☐ Every day
☐ A few times a week
☐ Once a week
☐ Once or twice a month
☐ Every 2-3 months
☐ Every 4-5 months
☐ Once or twice a year
☐ Less than once a year
☐ No contact with any children (go to question B6)
☐ Not applicable (go to question B6)
B4. By what means do you keep in contact with your children?

Multiple responses possible

☐ See them
☐ Speak on phone
☐ Skype
☐ Write
☐ Email
☐ Text on phone (SMS)
☐ Facebook

B5. How many of your children would you say you have a close relationship with?

Please write number in box  

B6. Are you happy with the amount of contact you have with your children?

☐ Yes
☐ No

B7. Do you have any other family members (for example, any brothers or sisters, parents, cousins, in-laws or grandchildren)?

☐ Yes
☐ No (go to question B11)

B8. Excluding any family members you live with, how often would you have contact with at least one of these other family members?

☐ Every day
☐ A few times a week
☐ Once a week
☐ Once or twice a month
☐ Every 2-3 months
☐ Every 4-5 months
☐ Once or twice a year
☐ Less than once a year
☐ No contact with other relatives (go to question B11)
B9. By what means do you keep in contact with these family members?

*Multiple responses possible*

- See them
- Speak on phone
- Skype
- Write
- Email
- Text on phone (SMS)
- Facebook

B10. How many family members would you say you have a close relationship with?

*Please write number in box*  

B11. Do you have people in your life you consider to be friends (not including relatives)?

- Yes
- No (go to question B15)

B12. Excluding friends who live with you, how often do you have contact with a friend or your friends?

- Every day
- A few times a week
- Once a week
- Once or twice a month
- Every 2-3 months
- Every 4-5 months
- Once or twice a year
- Less than once a year
B13. By what means do you keep in contact with your friends?

*Multiple responses possible*

- See them
- Speak on phone
- Skype
- Write
- Email
- Text on phone (SMS)
- Facebook

B14. How many of your friends would you say you currently have a close relationship with?

*Please write number in box*  

B15. How often do you chat with your neighbours?

- On most days
- Once or twice a week
- Once or twice a month
- Once every two-three months
- Occasionally
- Rarely
- Never

**Section C. Formal voluntary work**

*The next three sections of the survey ask questions about your involvement in the community.*

Formal volunteering means unpaid, voluntary help willingly given in the form of time, services or skills for an organisation, club or association. Some examples include helping out at the local school or hospital; selling raffle tickets to raise money for a foundation; helping at Meals on Wheels. It excludes voluntary work done overseas and donations of money or goods don't count as volunteering.

C1. In the last 12 months did you do any formal volunteer work?

- Yes
- No (miss this section and go to question D1)
C2. Thinking about the last 12 months: How often did you volunteer for any of the following types of organisations? *multiple responses possible*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport or physical recreation group</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Arts, theatre or heritage group</td>
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<td>Religious or spiritual group or organisation</td>
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<td>Craft or practical hobby group</td>
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<td>Musical group</td>
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<tr>
<td>Specific over 50s groups (i.e. senior citizens, ARPA)</td>
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<td>Adult education</td>
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<td>Ethnic/multicultural group/club</td>
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<td>Social club/group</td>
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<tr>
<td>Service clubs (e.g. Lions, Rotary)</td>
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<tr>
<td>Community welfare organisations (e.g. Royal Society for the Blind, Salvation Army, opp. shop)</td>
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<tr>
<td>Environmental or animal welfare group (e.g. Animal Welfare League, Greening Australia)</td>
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<tr>
<td>Emergency services (e.g. CFS)</td>
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<td>Civic group or organisation (e.g. Australian Civic Trust)</td>
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<td>Trade union/professional/technical association</td>
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<td>Human and civil rights group</td>
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<td>Body corporate or tenants' association</td>
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<td>Other (please specify)</td>
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</table>

____________________________
C3. How long have you been a formal volunteer?

☐ Less than a year
☐ 1-5 years
☐ 6-10 years
☐ 11-20 years
☐ 21-30 years
☐ 31-40 years
☐ More than 40 years

C4. How did you get involved with volunteering?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Section D. Involvement in community groups

The next few questions are about your active involvement in social, community, religious, civil or political groups where you are primarily a participant (that is you play sport, play cards, are involved in local theatre, hobby groups, exercise classes, senior citizens).

While you may also act as a volunteer in these groups this question is about your active involvement (the frequency of playing bowls, of going to the local community centre or social club) – not the time spent helping out as a volunteer.

D1. Over the last 12 months have you been actively involved in any community groups or taken part in an activity they have organised?

☐ Yes
☐ No (go to question D7)
D2. Thinking about the last 12 months: Can you indicate the frequency of your involvement, if you have you been *actively* involved in any of the following community groups or taken part in an activity they have organised?

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<thead>
<tr>
<th>Activity</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
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<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
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<tbody>
<tr>
<td>Sport or physical recreation group (i.e. played tennis, bowls, member of hiking group or gym)</td>
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<td>Social club/group (e.g. playing cards, going on organized trips)</td>
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</tbody>
</table>


D3. For how many years would you say you have been actively involved in community groups?

☐ Less than a year (go to question D4)
☐ 1-5 years (go to question D5)
☐ 6-10 years (go to question D5)
☐ 11-20 years (go to question D5)
☐ 21-30 years (go to question D5)
☐ 31-40 years (go to question D5)
☐ More than 40 years (go to question D5)

D4. As you have only recently become actively involved what prompted you to get involved?

☐ Saw advertisement
☐ Encouraged by friend(s) family;
☐ Went to open day
☐ Other (please specify) ________________________________

D5. Has your level of participation in community groups changed over the last 12 months?

☐ Participation has increased
☐ Participation has declined
☐ Participation has remained about the same (miss the rest of this section and go to question E1)

D6. If participation has increased/declined:

Why has your participation changed over the last 12 months?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Now please go to question E1 in the next section.
D7. (If you answered ‘NO’ in question D1)

If no active involvement in community groups:

What are the reasons you have not been actively involved in any community groups in the last 12 months? *(more than one response possible)*

- [ ] No transport
- [ ] Financial reasons
- [ ] No one to go with
- [ ] No groups in the local area that I know of
- [ ] Full time carer
- [ ] Partner does not approve
- [ ] Not convenient
- [ ] Not interested
- [ ] No time
- [ ] Language is a barrier
- [ ] Health reasons
- [ ] Other (please specify) ______________________________

If you ticked more than one reason above can you please answer the next question

D8. If you ticked more than one box in the previous question:

What is the main reason you have not been actively involved in any social groups or taken part in any activities they organised?

- [ ] No transport
- [ ] Financial reasons
- [ ] No one to go with
- [ ] No groups in the local area
- [ ] Full time carer
- [ ] Partner does not approve
- [ ] Not convenient
- [ ] Not interested
- [ ] No time
- [ ] Language is a barrier
- [ ] Health reasons
- [ ] Other (please specify) ____________________________________________
Section E: Informal volunteering.

This is where you provide unpaid help directly to people OTHER THAN RELATIVES, on your own initiative and not through a group or organisation. This includes things like shopping for a neighbour, mowing someone else’s lawn, baby sitting for free, visiting or helping someone who is sick or elderly, etc.

E1. Do you provide unpaid assistance to other people?

☐ Yes
☐ No  (go to question E3)

E2. What type of assistance do you provide and how often is this assistance provided?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fort-night</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with shopping</td>
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<td>Help with gardening</td>
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<td>Help with maintenance work</td>
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<td>Transport help</td>
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<tr>
<td>Caring for children</td>
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<tr>
<td>Someone to listen</td>
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<td>Other (please specify)</td>
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</tbody>
</table>

E3. Do you receive unpaid assistance from other people?

☐ Yes
☐ No  (miss the rest of this section and go to question F1)
E4. What type of assistance do you receive and how often is this assistance received?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Many times a week</th>
<th>Once a week</th>
<th>Once a fortnight</th>
<th>Once a month</th>
<th>Every 2-3 mths</th>
<th>Every 4-5 mths</th>
<th>Once or twice yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping with shopping</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Help with gardening</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Help with maintenance work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Transport help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Caring for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone to listen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Section F: Other activities**

*The next part of the survey asks you about activities you may take part in that result in getting out and about.*
**F1. What other activities do you participate in?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many times a week</td>
<td>Once a week</td>
</tr>
<tr>
<td></td>
<td>Once a fortnight</td>
</tr>
<tr>
<td></td>
<td>Once a month</td>
</tr>
<tr>
<td></td>
<td>Every 2-3 mths</td>
</tr>
<tr>
<td></td>
<td>Every 4-5 mths</td>
</tr>
<tr>
<td></td>
<td>Once or twice yr</td>
</tr>
<tr>
<td>Looking after grandchildren</td>
<td></td>
</tr>
<tr>
<td>Going to doctor</td>
<td></td>
</tr>
<tr>
<td>Visit library</td>
<td></td>
</tr>
<tr>
<td>Go to church</td>
<td></td>
</tr>
<tr>
<td>Travelling</td>
<td></td>
</tr>
<tr>
<td>Exercise (walking, running, swimming)</td>
<td></td>
</tr>
<tr>
<td>Walking the dog</td>
<td></td>
</tr>
<tr>
<td>Play pokies</td>
<td></td>
</tr>
<tr>
<td>Shopping (other than grocery shopping)</td>
<td></td>
</tr>
<tr>
<td>Spectator at sports</td>
<td></td>
</tr>
<tr>
<td>Eating out</td>
<td></td>
</tr>
<tr>
<td>Attend theatre/cinema</td>
<td></td>
</tr>
<tr>
<td>Attend community centre</td>
<td></td>
</tr>
<tr>
<td>Attended fetes, shows, festivals</td>
<td></td>
</tr>
<tr>
<td>Internet social activity</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>________________</td>
<td></td>
</tr>
</tbody>
</table>

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F2: Do you own a pet?

☐ Yes
☐ No

Section G: General opinions

G1. How important do you feel it is for people to be actively involved in the community?

☐ Very important
☐ Important
☐ Moderately important
☐ Of little importance
☐ Unimportant

G2. What are some of the benefits community involvement can bring to older people’s lives?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

G3. What individual characteristics do you think influence people’s willingness and/or ability to stay connected with the community or family and friends?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

___________________________________________________________________
G4. What aspects of the community or service system make it difficult for older people to remain connected and involved in their community?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

__________

G5. Are there any facilities, programs, services that you know of that are effective in encouraging older people to be actively involved in the community?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

__________

G6. Do you have any ideas about how the Government, local councils, service providers or community groups can assist older people to stay connected to the community and family/friends?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

__________
G7: How do you find out about events/ groups/clubs or organisations in your community?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

G8. How satisfied do you feel with your level of community involvement and connectedness?
☐ Very satisfied
☐ Satisfied
☐ Neither satisfied or dissatisfied
☐ Dissatisfied
☐ Very dissatisfied

G9. How satisfied do you feel with your level of involvement and contact with family and friends?
☐ Very satisfied
☐ Satisfied
☐ Neither satisfied or dissatisfied
☐ Dissatisfied
☐ Very dissatisfied

G10. Do you use a computer and/or mobile phone?
☐ Use mobile phone only
☐ Use computer only
☐ Use both computer and mobile phone
☐ Do not use computer or mobile phone.
Section H: Health and quality of life

The next few questions are some general questions about your day to day health and quality of life.

H1. In general, would you say your health is excellent, very good, good, fair, or poor?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

H2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing several flights of stairs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

H3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished less than you would like</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Were limited in the kind of work or other activities</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
H4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished less than you would like</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did work or other activities less carefully than usual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H5. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)?

- □ Not at all
- □ A little bit
- □ Moderately
- □ Quite a bit
- □ Extremely

H6. These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
</table>

a) Have you felt calm and peaceful? □ □ □ □ □ □
b) Did you have a lot of energy? □ □ □ □ □ □
c) Have you felt down hearted and blue □ □ □ □ □ □

H7. During the past 4 weeks how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)?

- □ All of the time
- □ Most of the time
- □ Some of the time
- □ A little of the time
- □ None of the time
H8. We would like to ask you about your quality of life. Here is a list of statements that people have used to describe their lives or how they feel. How often do you feel like this?

*Please tick one box in each row. There are no right or wrong answers. Please select the response that best describes you/your views.*

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Not Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>My age prevents me from doing the things I would like to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that what happens to me is out of my control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel free to plan the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel left out of things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can do the things I want to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family responsibilities prevent me from doing what I want to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I can please myself what I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health stops me from doing the things I want to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortage of money stops me from doing the things I want to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look forward to each day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that my life has meaning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoy the things I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoy being in the company of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On balance, I look back on my life with a sense of happiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel full of energy these days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I choose to do things that I have never done before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel satisfied with the way my life has turned out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that life is full of opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that the future looks good for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section I: Socio-demographic characteristics

The last few questions are about your demographic and socio-economic characteristics to be used for our statistics only.

I1. Which age group are you in?
- □ 50-54
- □ 55-59
- □ 60-64
- □ 65-69
- □ 70-74
- □ 75-79
- □ 80-84
- □ 85-89
- □ 90-94
- □ 95-99
- □ 100 years and over

I2. Are you
- □ Male
- □ Female

I3. Are you of Aboriginal or Torres Strait Islander origin?
- □ Yes
- □ No

I4. Were you born in Australia?
- □ Yes (go to question I6)
- □ No (go to question I5)

I5. Which country were you born in?
- □ Austria
- □ Bosnia-Herzegovina
- □ Canada
- □ China
I6. Which of the following best describes your current marital status?

☐ Married
☐ Living with partner
☐ Separated/divorced
☐ Widowed
☐ Never married

I7. What is your current work status?

☐ Full time employment
☐ Part time/casual employment
☐ Unemployed/ retrenched
☐ Unable to work because of disability/workcover
☐ Retired
☐ Other (please specify) ________________________________
I8. What is the household's main source of income?

☐ Government pension
☐ Wages and salary
☐ Superannuation
☐ Investments
☐ Other (please specify) ________________________________

I9. Which of the following categories does your total household income (gross before tax) per fortnight fall into?

☐ Less than $600
☐ $601-$800 (level of basic single aged pension per fortnight; DVA single person service and age pension; DVA war widows widowers pension; DVA intermediate disability pension)
☐ $801-$1000 (level of basic couple aged pension per fortnight; DVA couple service and age pension)
☐ $1000-$1200 (level of DVA couple service and age pension with supplement; DVA disability pension TPI, Blind TTI))
☐ $1201-$1400
☐ $1401-$2000
☐ $2001-$4000
☐ Over $4000
☐ Not stated

I10: Financially do you feel you are....

☐ Struggling
☐ Comfortable
☐ Well off

I11. If you have any further comments you wish to make with regard to the connection and participation of older people in the community please do so here.

______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
THANK YOU. WE REALLY APPRECIATE YOUR ASSISTANCE WITH THIS RESEARCH
Respondent details for entry into the prize draw

Contact details:

Name:___________________________________________________________

Address:___________________________________________________________

Phone:___________________________________________________________

Email:___________________________________________________________

Terms and Conditions of Entry into the Prize Draw:

1. When you enter the competition, you accept these terms and conditions of entry.
2. Members of the research team and their immediate families are ineligible to enter.
3. Entry into the competition is by submitting a survey.
4. The first two randomly drawn entries from residents located within metropolitan Adelaide and the first two randomly drawn entries from non-metropolitan South Australia will receive the prizes. If a winner cannot be contacted or refuses the prize it will be offered to the next randomly drawn entry.
5. The decision of the University is final and no correspondence will be entered into.
6. Any winner drawn for the prize who is unable to fulfill all of these terms and conditions will forfeit the prize and another winner will be drawn.
7. The winner will be notified no later than Wednesday the 24th August 2012, and an announcement will be placed on the research website stating that the draw has taken place and four winners have accepted their prize. No identifying details of the prize winners will be made public.
8. Entry into the prize draw opens on 30th March and final entries must be received by 31st July. The prizes will be drawn by 5pm on the 17th August 2012 at The University of Adelaide in the presence of a member of the Reference Group overseeing this project.
9. A cheque for the $500 will be sent via registered post immediately after the draw or an electronic transfer of funds will be made upon agreement by the parties.

☐ I have read and agree to the terms and conditions of entry into the prize draw.

OFFICE USE ONLY
This sheet to be removed from the attached survey for confidentiality purposes