THE IMPACT OF THE SOCIAL ENVIRONMENT, THE BUILT ENVIRONMENT AND PLACE ATTACHMENT ON WELLBEING FOR OLDER AUSTRALIANS

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ABBREVIATIONS AND ACRONYMS

ABS	Australian Bureau of Statistics
ACH	Aged Care Housing
AHURI	Australian Housing and Urban Research Institute
CALD	Culturally and Linguistically Diverse
CBD	Central Business District
CNP	Caring Neighbourhood Program (Victor Harbor)
CWA	Country Women's Association
DVA	Department of Veterans' Affairs
ECH	Elder Care Housing
HACC	Home and Community Care
NPTN	Northern Passenger Transport Network Service
OECD	Organisation of Economic Co-operation and Development
PAT	Patient Assistance Transport
SA	South Australia
SEIFA	Socio-Economic Indexes for Areas
SFPAT	Southern Fleurieu Positive Ageing Taskforce
SCOTS	Southern Community Transport Scheme

ABSTRACT

Amidst a rapidly ageing global population, and changing attitudes to older age, Australian and International policy makers and researchers alike are compelled to continue to examine the changing social and environmental conditions for ageing well. This thesis argues that place, community and the nature of the built environment are critical and interconnected elements that influence experiences and perceptions of wellbeing later in life.

This research shows a complex balance of physical and social environment factors largely shape wellbeing. As people grow older their wellbeing is influenced by the social, natural and built environments of their local communities and their attachment to place– *where* we live influences *how* we live, expanding on Rowles' concepts of Person-Environment Fit. In addition to this, older people also have a complex life course history shaping decisions to live certain ways or in certain places as they age.

Using qualitative data from over 50 participant in-depth interviews, across five socio-economically and geographically diverse case study locations in South Australia, this thesis explores nuanced perspectives of place and wellbeing. The thesis uses Montgomery's (1998) principles of *Form, Image* and *Activity* and Rowles' Person-Environment Fit to contribute to more holistic understanding of the 'people and place' relationship, highlighting a range of physical, social and emotional variables that influence wellbeing.

The findings highlight that the ability to encompass and define the diverse factors that influence an older person's wellbeing continues to be problematic. In addition, whilst location and place make significant contributions to the wellbeing of older people, they are often not taken into the equation by policy makers and service providers. Location and place can be assessed through a combination of built environment dimensions, adequate services and facilities, and opportunities for social and community engagement. These contribute to wellbeing along with a personal sense of autonomy, independence, loneliness, social isolation and/or belonging. All these factors, personal and environmental, are intrinsically linked to social capital – the resources and benefits that are gained by being connected with others.

This study has illustrated how social capital can evolve in a variety of settings and creates important resources for older people. People seek out capital and resources from others, and from wider networks in their community. However, this needs to be contextualised in terms of the built environment and sense of place. Places require better design and mechanisms to fit the needs of the older people they cater to, however, a good environment for living and attachment to place can be viewed as positive forms of capital that contribute to wellbeing.

DECLARATION

I declare that this thesis presents work carried out by myself and does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; to the best of my knowledge it does not contain any materials previously published or written by another person except where due reference is made in the text; and all substantive contributions by others to the work presented, including jointly authored publications, is clearly acknowledged.

Signed:

Bethany L. Keough

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CHAPTER ONE: AGEING, SOCIAL WELLBEING AND PLACE

1.1 Introduction

Population ageing is among the most prominent demographic trends in the history of human society. Global ageing in the latter half of the twentieth century has been influenced by the demographic trends of fertility decline and improved life expectancy, influencing the size and structure of families (United Nations 2013). In addition, increased mobility and rapid urbanisation have influenced the places and social structures individuals are growing older in. This pervasive global trend creates an imperative to better understand the complex issues that impact the lives of older people, which should be central to global, national, regional and local social research and policy agendas.

In Australia, population ageing will accelerate over the next fifteen years as the 'Baby Boomer' population (born between 1946 and 1964) continue to move into the over 65 age group (ABS 2008, 2013a; Carmichael 2016; Rowland 2003). The number of Australians aged 65 years and over is predicted to double between now and the mid-2050s, and the number of older people aged 85 years and over will increase from the current two per cent, to close to five per cent (Commonwealth of Australia 2015a). Current predictions suggest that by the mid-2050s close to 40,000 Australians will be over the age of 100, where in 1975 there were only 122 (Commonwealth of Australia 2015a). This is chiefly the result of the Baby Boomer cohort moving through into older age.

Attitudes towards older age are also evolving in this era of modernisation and rapid population ageing. The ways in which older age was typically viewed in the 20th century are becoming increasingly less relevant; generally people are living longer and have more active and engaged lifestyles in older age (Government of South Australia 2014).

This chapter presents the problem statement, research aim, objectives, and questions that underpin this research. Subsequent sections briefly describe the theoretical framework, overview of research methods and definitions of the key concepts that have informed this thesis. This chapter concludes with an outline of the thesis structure.

In order to contextualise the argument, Section1.2 explores in more depth why our population is ageing and why the social constructs of older age are so integral to wellbeing. As the thesis narrative evolves, the role of place, and in its contribution to social wellbeing will filter into the discussion.

1.2 Problem statement: the age of ageing

Baby Boomers are the result of increased fertility following World War II, and due to their large numbers in Australia are considered a 'distorted cohort' (Rowland 2003). As the Baby Boomer generation continues to move into retirement and grow older they will undoubtedly place pressure on health services, aged care services and demand for pensions. However, as Baby Boomers grow older, bringing different experiences, education levels, skills and attitudes into older age than their predecessors there are still many unanswered questions about what impact these differences and changes will have.

Getting older is a stage of an individual's life that should be embraced and enjoyed for the opportunities it presents. For many older people this is a time of rich family, social and community engagement. However it is also important to acknowledge that there are some constraints that are commonly associated with increased older age. Many older people typically, at some point, experience a shrinkage of their life space, spending more time in their own home and local community; partly the result of declining health, reduced mobility and/or smaller social networks. Place attachment and local built environment design factors can also impact on the ability of older people to participate in their local community, to access services and facilities, to participate in community and group activities, and to spend time with family and friends. This complex mix of factors may contribute to an increased prevalence of social isolation and loneliness among older people and create negative outcomes for health and wellbeing.

Recognising diversity of lived experiences is integral for policy development and service provision, to ensure that all individuals age well (EPSA 2011). This is not only about access to health care and other services but also about enabling older people to confidently interact with their social and physical world. Older Australians currently experience more diverse living circumstances and options than any generation has historically (ABS 2012a). There are older people who work and those who don't or can't; those with children and those without; older Australians come from a wide variety of cultural backgrounds; some older people are carers and some need to be cared for; many older Australians volunteer and engage in community groups, but some prefer to spend their time alone. There are older Australians who are homeowners, renters, homeless, pensioners and self-funded retirees. The diversity of needs of older people requires understanding; it requires complex and comprehensive policy approaches, and wide ranging supporting services that are dynamic, holistic and flexible to adequately promote a good ageing experience.

The evidence falls short when it comes to identifying the context specific challenges faced by older people, and the dynamic community and environmental/place factors that contribute to experiences of wellbeing in older age. Social wellbeing is difficult to define and measure, and as such is not traditionally prioritised above environmental or economic policy agendas. However, social wellbeing is integral for individual, community and societal wellbeing. There are limited studies that explore the wellbeing of older people with the combined lens of social and built environment factors.

1.3 Aim

This thesis aims to inform a greater understanding of the complex relationship between the social and physical/built environment and wellbeing for older people in the context of a variety of 'typical' Australian settings.

It aims to provide deeper insight into some of the factors that are known to impact the wellbeing of older people, in particular, to explore how older people want to interact with private and public spaces, the importance of their family and community and how the design of their local built environment and the provision of services shape their wellbeing.

The use of primarily qualitative interview data provides deeper meaning (Matthews & Ross 2010) to draw out and articulate detail around the key barriers to wellbeing that are either common and/or unique to older Australians in their particular settings or circumstances.

1.4 Objectives

- To explore how community, social capital, place and the built environment interplay to shape experiences of wellbeing, and the impact of this interplay on individual and social wellbeing in a range of settings.
- To explore the social needs of older people i.e. how they engage with community, family and friends and how location/place can enable these interactions, but also create barriers.
- To explore individual perceptions of loneliness and social isolation, drawing on the lived experiences of older people in both rural and urban areas, to identify the role of place and location.
- To explore the barriers to services in the local community that most commonly impact on the wellbeing of older people.

1.5 Research questions

The following questions underpin the aims and objectives of this research:

- What are the social factors that shape wellbeing for older people and how do these differ from place to place?
- What are the 'built/physical environment' factors that shape wellbeing for older people and how do these differ from place to place?
- What is the relationship between the social and built environment factors that shape wellbeing for older people and how do these differ in varied physical settings?
- How can social and physical infrastructure be strengthened in a way that considers the complex combination of factors that shape wellbeing for older people in different settings?

1.6 Theoretical framework

Every social research study is framed by a theory, or a set of theories, that articulate our understandings of the social world. Social capital underpins this research design, largely informing the theoretical framework of this research. Social capital theory aims to explain why human beings come together and the benefits that are ultimately gained from that formation of community and society. Social capital imparts trust and encourages resource exchanges, thus contributing to the development of strong communities and social wellbeing. Bourdieu's (Marxian conflict theory) depiction of social capital suggests that society shifts between conflict and stability emerging from the state of equilibrium where people in positions of power maintain ultimate control through reform and order (Bourdieu 1985).

Change instigated through conflict is considered beneficial from this viewpoint provided that the change promotes the wellbeing of society's humanistic qualities. Social capital plays an important role in the development of wellbeing; it empowers people, mobilises groups and enables conflict and change. Social Capital is arguably stronger in communities where members are invested longer term. The reciprocal exchanges between community members can ebb and flow with different needs and contributions over time (Liu and Besser 2003) – as relationships in these spaces become more familiar the strength of social capital increases. This research suggests that there is an inherent link between the social and built environment and the ways in which people respond to where they live, the person-environment fit that evolves for individuals from this, and even collectively for groups. If attachment to place encourages people to choose to stay and age in a place then they begin to shape that place, it shapes them, and their involvement in the community over time creates an interrelated and

strong form of social capital. At a local and regional level social capital and place play an integral role in shaping wellbeing for older people.

1.7 Overview of research methods

The core concepts underpinning this research and its description of wellbeing include community, social capital and place. Bourdieu's (1986) conceptualisation of social capital, the complex advantages and resources accrued through social relationships and networks, underpins many of the social constructs explored. This thesis explores and builds on the linkages between wellbeing and social capital, to depict the importance of dynamic individual and place/built environment related contextual factors that shape these connections and influence belonging and wellbeing in relation to place. Local communities with varied geographic and socioeconomic qualities are assessed to identify both challenges and available resources for wellbeing in older people and further understand the implications of place. Ultimately it seeks to identify a meaningful set of themes or indicators that contribute to a holistic picture of wellbeing for older Australians.

This study adopts a case study methodology, which is in general terms a preferred methodological approach for social research when there are 'how' or 'why' questions involved and when the phenomenon is contemporary and influenced by real life-context (Yin 2003, p. 1). Five South Australian case study areas were selected: Playford, Holdfast Bay and Burnside (metropolitan), and Victor Harbor and Jamestown (rural). These case study sites were selected as they represent typical Australian community environments. Semi-structured interviews with a selection of older people (65+) and community stakeholders were undertaken in each case study area. Community stakeholders include local government community development workers, aged care program coordinators and aged carers. Basic demographic information and loneliness data was collected for every older interview participant. The qualitative data collected provides a detailed insight into the factors that shape wellbeing for older people in their daily lives. Interviews with stakeholders provide valuable, localised assessments of the social and physical barriers and opportunities that impact the wellbeing of older people within different community environments. Cross-thematic qualitative analysis methods were utilised to identify unique and common themes, between and across each of the metropolitan and rural case study locations.

1.8 Anticipated outcomes

- To strengthen understandings of the social and environmental factors that shape wellbeing for older Australians.

- Inform a clear set of themes/indicators that shape wellbeing in a way that cuts across many settings, and identify other themes/indicators that are specific to certain settings. Ultimately this could inform a dynamic framework for wellbeing for older Australians, which adequately captures the inter-relationship between the social and built/physical environment.

1.9 Key concepts

This section provides some cursory definitions of the key concepts that underpin this research: community, social capital, wellbeing and place. Chapter Two provides a more comprehensive review of these concepts.

1.9.1 Community

The word community originates from the Latin words *com* (togetherness) and *unus* (one or singular) – implying 'feeling united with others' (Delanty 2009, p. 10). Community is a universal term. Philosophers and sociologists alike have applied varying degrees of emphasis on its significance over the centuries.

Individual perceptions of community are ultimately subjective (Hopper 2003). Community is multifaceted and manifests in spatial and non-spatial dimensions. The term community can inspire a sense of belonging or solidarity, but importantly not everyone may value membership equally (Talen 2000). This thesis considers that in the notion of 'feeling united with others' community is important for wellbeing. Having a sense of belonging in a community has many benefits and geographically bounded communities are, in particular, important for older people.

1.9.2 Social capital

Social capital articulates the benefits of social relationships for both individuals and society as a whole. It is however, a widely debated concept. Positioned in a Marxian conflict ideology Bourdieu (1985, p. 21) defined social capital as 'the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition'. Coleman (1988, p. S98) defined social capital by its function as 'a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain action of actors– whether persons or corporate actors – within the structure'. In his influential book *Bowling Alone*, Putnam (1995, p. 2) defined social capital as 'the features of social organisation such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit'. Social capital is important for older people as it is seen as one of the benefits of

community engagement and social relationships, and can facilitate autonomy, independence, a sense of belonging, support and fulfilling certain needs where formal services may fall short.

1.9.3 Wellbeing

Wellbeing is widely regarded as a subjective and ambiguous term (de Chavez et al. 2005; George 2010; Jagger & Brittain 2014). This research includes measures of loneliness and social isolation to assess social wellbeing but also considers that there are many wide-ranging factors that contribute to individual and collective wellbeing. The concept dates back as early as Aristotle's eudaimonia; translated as wellbeing, happiness or human flourishing (Dodge et al. 2012). Dodge et al. (2012) proposed that Shin and Johnson (1978, p. 476) got closest to a definition for wellbeing by suggesting that wellbeing was a 'global assessment of a person's quality of life according to his own chosen criteria'. There are many forms of wellbeing (explored more fully in Chapter Two), including psychological, social and subjective wellbeing.

1.9.4 Place

Space is the relationship between objects, social interrelations, physical/environmental interrelations and general locality interrelations (Gilbert 2000). Place on the other hand, is a more 'humanised' version of space; it is the meaning that we give to physical spaces. Massey (1993) suggested that places be described as processes of social relations rather than enclosures – it is about 'routes' as well as 'roots'. This thesis explores concepts of place; the meaning attached to spaces, such as homes, neighbourhoods and other built and natural environments, and public spaces. It explores how place can impact on the wellbeing of older people, on the way they socialise and access the things they want and need as they grow older.

1.10 Thesis structure

This chapter has outlined the key aims and objectives and described the theoretical framework and research methods adopted in this study. It has also provided cursory definitions of key concepts that underpin the research question, such as: community, social capital, wellbeing and place.

The literature review chapter - Chapter Two - explores population ageing at a global and national level, it also deliberates the concepts of community and social capital, and how these play out in both rural and urban environments to shape wellbeing outcomes for older people.

It explores the wide-ranging factors that impact on community, social capital and wellbeing for older people, in particular, the built environment and place attachment.

Chapter Three outlines the methodology and theoretical framework of this research. The case study methodology, interview themes and questions, thematic analysis tools used and the study limitations are all described. Chapter Four describes the case study selection process and each of five case study localities in detail to provide a holistic picture of context for the participants and depict the complexities of individual and broader demographic factors that shape the many varied circumstances in which people grow older. Chapters Five and Six present the metropolitan and rural results under a set of themes. Chapter Seven explores results and themes common to case study regions as well as those that are unique to certain areas. Chapter Eight presents some final discussion to conclude the thesis, linking key findings back to the research questions and literature and identifies opportunities for further research and presents some recommendations to inform future policy.

This research explores the impact of place, community and social capital on wellbeing for older Australians. By investigating local communities with varied geographic and socioeconomic qualities, it aims to highlight both universal and contextualised resources that may foster wellbeing for older people.

CHAPTER TWO: SOCIAL FACTORS THAT INFLUENCE WELLBEING FOR OLDER PEOPLE: COMMUNITY, SOCIAL CAPITAL AND DIVERSITY

2.1 Introduction

This chapter begins with some scene setting, summarising global, national and South Australian population ageing trends. From there, the chapter explores the concepts of community and social capital and how they influence wellbeing, describing the relationship between these concepts and their significance for older people. Demographic characteristics that may shape experiences of community, social capital and wellbeing are also explored, as well as the concept of ageing in place, and the Age Friendly Cities discourse.

2.2 An ageing population

2.2.1 Global trends

The ageing of society is considered to be among the most significant demographic shifts in the history of our planet. In 1950, eight per cent of the global population was aged 60 years and over; in 2013 this had risen to 12 per cent and is expected to reach 21 per cent by 2050 (United Nations 2013). For the first time in human history, globally there will be more people in the 60 year and over age bracket than in the 15 years and under (United Nations 2013). As long as we continue to live longer and fertility rates remain low, the global proportion of older people will continue to grow.

Lower population growth at the country level contributes to ageing. Japan, for example, has had low population growth for over a century, influenced by very low net migration, but mainly by a prolonged low birth rate (Commonwealth of Australia 2010). Apart from Japan, the world's top twenty oldest nations are in Europe. While approximately 60 per cent of the world's older people live in developing nations (Kinsella & Phillips 2005), these nations currently remain young comparatively; examples include Niger, Mali, Zambia and Somalia where higher fertility rates have resulted in the median age being predicted to remain below 25 years into the middle of the 21st century. However, just as population growth has occurred more significantly in less developed countries, so we find that the ageing of the population is an emerging issue for developing countries, many of whom are ageing more rapidly than their developed counterparts. In 2015 the population aged over 60 years worldwide had risen to 900 million, representing about 12 per cent of the population, and by 2050 this will more than double to over two billion people, or about 21 per cent of the world's population; with two thirds of those people living in less developed countries.

The following sections consider the causes and implications of population ageing in Australia and South Australia.

2.2.2 Australia's ageing population

Australia's ageing population is well documented. The proportion of people aged 65 years and over in Australia has increased from 12 per cent in 1996 to 16 per cent in 2016 (ABS 2017a). This trend can be attributed to the Baby Boomers reaching this life stage. The Australian Bureau of Statistics (2008) suggest that as a result of sustained low fertility rates and increased life expectancy this will continue to increase to between 23 per cent and 25 per cent in 2056. This significant change in Australia's population is shown here in Figure 2:1.

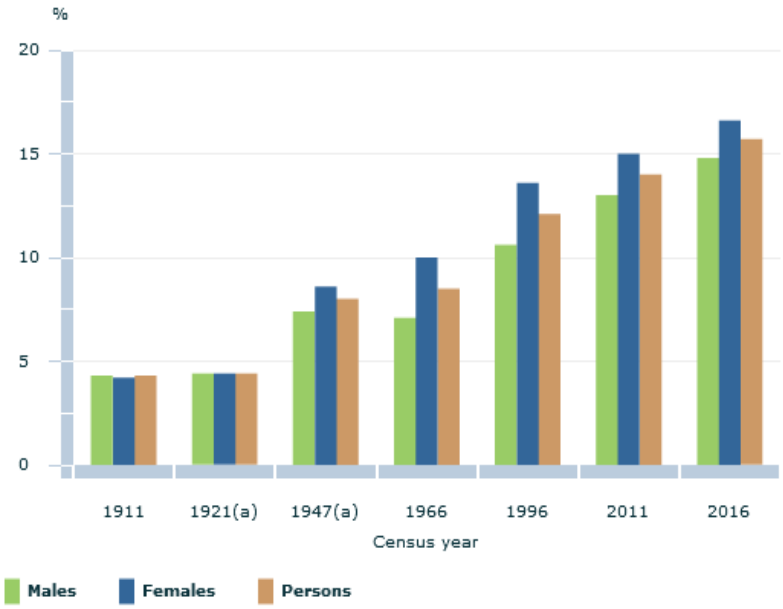


Figure 2:1 Proportion of Australia's population aged 65 years and over (age and sex) 1911 to 2016

Source: Australian Bureau of Statistics, 2017b

Baby Boomers have had an enormous impact on the ageing of Australia's population. Born between 1946 and 1964, the first wave of Baby Boomers (in Australia) reached retirement age in 2011(Anderson & Hussey 2000; Carmichael 2016; Kinsella & Velkoff 2001; Rowland 2003). In 1947 the fertility rate reached 3.1 per woman and in 1961 it peaked at 3.5 per woman before declining again (ABS 2004). Since then fertility rates have steadily decreased in Australia, as they have globally, and in 2016 remained at 1.81 babies per woman (ABS 2016).

The Baby Boom was exaggerated in Australia as it coincided with a policy shift to introduce an extensive infrastructure and immigration program in the 1950s and 1960s. This included large scale projects like the Snowy Mountain Scheme where 100,000 migrants came from 30 different countries to work (Snowy Hydro 2015). This increase in migration post-war

expanded Australia's population at that time and exacerbated the Baby Boom as many of the migrants tended to be young and at 'family formation' age (Hugo 2003).

Australia maintains a strong migration program, which assists in 'off setting' our low natural growth rates. The permanent migration of international students, and skilled workers and their families, is expected to maintain a steady annual increase to the population. Thus, the Australian population is predicted to continue to grow at a rate of 1.3 per cent per year. If this happens the population will reach an estimated 39.7 million by 2054-55, up from 24.7 million today (Commonwealth of Australia 2015a; ABS 2016).

Population growth is also impacted by life expectancy, which is predicted to continue to increase for Australians. At present the projected life expectancy of a male at birth is 91.5 years, and for a female it is 93.6. By 2054-55 this is expected to increase to 95.1 and 96.6 respectively (Commonwealth of Australia 2015a). Australians are living up to 10 years longer on average than they were in the middle of the 20th century, a result of improvements in education, health and public safety; they have among the longest life expectancy rates in the world (Commonwealth of Australia 2015a). In the 1990s almost 70 per cent of the population aged 85 years and over were women, however, by 2052 this is expected to drop to 60 per cent (Commonwealth of Australia 2010).

Population projections suggest that ageing will continue to dominate the changes in our population structure. The median age of the Australian population (38 years in 2016) is expected to reach 40.5 years in 2031 and between 41.0 and 44.5 years in 2061 (ABS 2013a, p. 4). Estimates suggest that the over 65 age groups will increase from 3.2 million in 2012 to 'between 5.7 million and 5.8 million in 2031, and to between 9.0 million and 11.1 million in 2061' (ABS 2013a, p. 42). Furthermore by '2101 this age group is projected to reach between 11.5 million and 18.1 million' (ABS 2013a, p. 42). These projections give an indication of the significance of population ageing.

2.2.3 South Australia's Ageing Population

Understanding the various spatial distributions and demographic factors impacting older South Australians is critical in recognising the diverse needs of an ageing population and important for this study which is focused in South Australia. South Australia's contemporary older population is impacted by an exaggerated Baby Boom and higher immigration in the 1950s and 1960s. South Australia now has an older population than the nation as a whole; a result of lower immigration, lower fertility and higher interstate out-migration since this post-war period (Hugo 2000). In 2011, 569,015 South Australians were over fifty years of age, with the largest group among them being the Baby Boomers (Government of South Australia

2014). This has increased to 633,784, or 37.8% of South Australia's population (ABS 2017c) as the remainder of the Baby Boomers moved into this age group.

High levels of post-war migration to South Australia mean that significant numbers of the state's older people were born overseas. In 2011 38.6 per cent of South Australians over 65 years of age were born overseas, and many of these citizens have limited English language skills (Government of South Australia 2014). Culturally and Linguistically Diverse (CALD) groups also tend to settle in metropolitan areas, so the proportion of CALD older people is much higher in Adelaide than in country areas (Hugo 2000). This creates exaggerated diversity within older groups in the city, and more homogenised ethnicity among older people in rural communities.

Compared to many other states and territories in Australia, South Australia has a unique geographic distribution of the population with most of the state's population living in the capital city and immediate surrounds – the Greater Adelaide region. However, older people are increasingly found in outer suburbs and regional towns, where they tend to remain as they age (Government of South Australia 2014).

2.3 Community

The concept of community contributes immensely to collective and individual social wellbeing. Successful communities are reported to have high solidarity and connectedness and incorporate elements of membership, influence, integration, need fulfilment and shared emotional connection (McMillan & Chavis 1986). Community is commonly understood in physical terms, with geographical boundaries, particularly among urban sociologists. However, there are also communities of interest, such as cultural, religious, and political or special interest groups (McMillan & Chavis 1986). Understanding the difference between the two is important in this research to examine the wellbeing benefits of both geographical and non-geographical communities.

In order to fully understand the use of the term community it is important to look back to scholars of the past. Tonnies (1955) postulated that industrialism had dismantled community (Hillyard 2007) in the seminal work of 1887 entitled *Gemeinschaft und Gesellschaft* (Hillyard 2007; Tönnies 1955). In this study Gemeinschaft represents community, the sense of community that existed when people lived in smaller rural townships, while Gesellschaft signifies society, a coexistence of people who are living independently of each other in urbanised spaces. Gemeinschaft describes the close-knit emotional and economic ties that were geographically bound, and enhanced through mutual need and friendship. Gesellschaft

describes the evolution of short-lived contractual relationships that arguably involve more structure and rationality, but fail to foster long-term solidarity (Hillyard 2007). While this depiction may hold less weight in 21st century society, it captures traditional depictions of rural and urban communities and articulates the alleged demise of community.

In the 1970s, Wellman (1979; Wellman & Leighton 1979) investigated the 'community question'. Wellman cited Hillery (1955), who suggested that definitions of community commonly encompassed three elements: 'networks of interpersonal ties (outside of the household) which provide sociability and support to members, residents in a common locality and solidarity sentiments and activities' (Wellman & Leighton 1979, p. 365). Wellman and Leighton (1979) challenged this depiction of community that rendered the concept interchangeable with neighbourhood however.

Wellman (1979) presented three competing slants on modern community: community 'lost', community 'saved' and community 'liberated' or 'transformed'. The 'lost' and 'saved' views propose that poor solidarity and lack of place attachment are common characteristics of suburban communities. Similar to Tonnies (1955) outlook, the 'lost' view asserts that western industrialisation has destabilised primary ties and the traditional community, with urban dwellers characterised by isolation and the prospect of having to 'brave' modern society alone (Wellman & Leighton 1979, p. 69).

The 'saved' perspective proposes that despite this disruption of traditional community values, neighbourhood communities have remained strong and in fact evolved into flexible support structures. According to Wellman and Leighton (1979), this is evident in countless empirical (post World War II) community studies demonstrating urban dwellers engaging in neighbourly activities and maintaining strong network ties.

Finally, the 'liberated' or 'transformed' view of community aligns with both the 'lost' and 'saved' perspectives. It suggests that modern industrialised societies have weakened neighbourhood community ties, but that ties have remained viable through the acknowledgement of this weakening. The distinction of the 'liberated' view is that these strong communities are no longer about local neighbourhoods. Globalisation and technological innovation have liberated communities from proximity. Wellman's thesis is that these three community perspectives have historically been presented as conflicting representations of the true nature of society. Wellman and Leighton (1979) argued that all three have validity in different forms of network patterns and societal circumstances, and propose that the important thing about community is its distinction from neighbourhood.

McMillan and Chavis (1986) defined ‘sense of community’ as what contributes to individuals feeling part of a community. There are four main contributors to a sense of community: membership (feeling that you belong to a certain group); influence (the two way relationships between the community/group and its members); integration and fulfilment of needs (continued positive reinforcement from group membership), and shared emotional connections (positive and quality interactions between group members). This definition of sense of community captures both the collective social and individual benefits of community.

All types of communities are faced with similar and unique issues that threaten their sustainability (Roseland 2012). Community is complex, but however it manifests, it undoubtedly contributes to social wellbeing. Routines of varying sociological or cultural significance are played out in public spaces and facilitate community interactions and a sense of belonging; fostering social capital (Cattell et al. 2008). However, this can manifest in unique ways in urban, suburban and rural environments.

2.3.1 Urban (and suburban) communities

Debate around the impact of industrialisation, suburbanisation and the modern city environment on community is widespread. Lupi and Musterd (2006) proposed that suburbanisation is liable for diminishing social capital and instigating a social crisis. The post-World War II homes evolved from a place to just sleep, to an environment where individuals sought more living space, to retreat and carry out autonomous lives (Lupi & Musterd 2006; Morley 2000).

Lupi and Musterd (2006) argue that Wellman’s ‘lost’ and ‘saved’ views are out-dated and fail to accurately capture renewed solidarity and place attachment in modern suburbs. At one level, suburbanisation decelerated inner city centre development; people moved outward for a quieter suburban life and retail centres, in turn, were decentralised. More recently, post-modernisation of inner city living is somewhat reversing this trend through gentrification. Communities of place are becoming fragmented, their meaning and significance shifting (Hopper 2003; Langegger 2016). Some scholars suggest that suburban and urban or city environments are not conducive to community and social cohesion (Hopper 2003; Knox & Pinch 2010). Independence and privacy are characteristic of new suburban neighbourhoods (Hopper 2003; Knox & Pinch 2010; Lupi & Musterd 2006).

However, while evidence suggests that the types of social interactions occurring in modern suburban and urban spaces are now less personal, they are also inciting a new and revised sense of belonging to community (Delanty 2009; Lupi & Musterd 2006). Amin (2006) suggested that modern cities are lacking in their ability to facilitate social capital, face-to-face

interaction and social cohesion. However, the social diversity that characterises the cities' permanent and transient populations poses challenges for unifying communities.

Jacobs (1961) suggested that neighbourhoods and cities were humanistic spaces, the catalyst for friendly interactions. Similarly, Gans (1962) identified strong community characteristics in urban villages where community connection evolved through the collection of citizens of certain class or ethnicity. Each example of an urban village rich with social solidarity has its own distinct characteristics however, and such communities often evolve in areas that have a strong local history (Knox & Pinch 2010).

Stein's (1960) study *The Eclipse of Community* suggested that the loose ties and nuclear family centred lifestyles in suburban settings are not necessarily detrimental to building community when adequately embraced. Fischer (1974) concurred, claiming that the backyard, along with homogeneity and family values in suburbia in fact fostered social cohesion. The sprawled layout of suburban areas can encourage families and individuals to remain close to home and engage in local sports clubs and other community or volunteering initiatives, fostering equally as strong social ties as inner urban higher density areas.

The idea of community 'transformed' is manifested in the capacity to foster strong communities in suburbia and inner urban areas; emphasising networks in urban areas that exist both across and within local geographical boundaries, where both strong and weak ties contribute to strong communities (Phillipson, Allan & Morgan 2004). Ultimately, community is defined by context and individual and collective attitudes. At a glance, rural communities appear very different to suburban or urban communities; they are however equally as diverse.

2.3.2 Rural communities

Tonnies (1955) conceptualisation of community (*Gemeinschaft*), viewed synonymously with small rural townships, encapsulated a conflict between town and country, whereby town and urbanisation represented individualistic ideals, and country represented community and socialist ideals (Delanty 2009). Tonnies' ideas were framed by what he considered traditional rural communities. In many ways, albeit with a modern lens, these views of rural community still persist. Rural settings are described as fostering a strong sense of community, characterised by longstanding citizenship and limited transience (Fischer 1982; Keating 2008; Ziersch et al. 2009). Typically smaller population numbers imply that people in rural communities are more familiar with one another and form social networks characterised by stability and closer bonds (Keating 2008). Low population density is a defining feature that continues to distinguish rural settlements from urban Australia. Rural communities can represent a tranquil and quiet getaway to some, who might go to rural places to escape the

faster paced and less personal interactions of city life. To others, the term 'rural' also expounds a sense of rugged and isolated wilderness (Keating 2008, pp. 22-23).

Those who live in rural towns are faced with population change resulting from rural out-migration, the major driver being economic and agricultural decline (Eacott & Sonn 2006). Many Australian rural towns have less working age residents than they have had historically, causing local businesses and services to suffer, and limiting the number of residents advocating for local progress and change, i.e. demanding improvement to infrastructure like transport and footpaths (Davis & Bartlett 2008; Humphreys, Wakerman & Wells 2006). Rural out-migration also has unique implications for the form and type of social capital that evolves in rural communities. It is often older people, with a strong sense of place and close ties to community who remain in rural locations and age in place.

2.3.3 Older people in urban and rural communities

This study investigates experiences of ageing in both rural and metropolitan communities, and it is therefore important to consider some of the demographic challenges for both urban and rural older Australians. In terms of population numbers, most older Australians live in urban and suburban places. However, older adults are over represented in rural areas across the globe (Keating 2008). In most states and territories in Australia, non-metropolitan populations are ageing more rapidly than their metropolitan counterparts (Davis & Bartlett 2008; EPSA 2011), causing economic and service implications.

Both transport and communication technologies have somewhat dismantled the geographic boundaries of traditional communities (Hopper 2003). For older people particularly, there remains a tendency to socialise and seek support through geographic localised community groups, clubs and associations (Findlay 2003; Grenade & Boldy 2008). However, as people are living healthier for longer and also adopting new technologies at rapid rates, new versions of community and social engagement emerge with every generation of older people. Regardless of location, social networks and communities tend to contract as people grow older, mainly because they choose to invest energy in more meaningful but fewer numbers of relationships (Charles & Carstensen 2010).

Phillipson et al. (2001) found that older people in urban areas in the UK were less attached to place, had less family living close by and knew less people in their street in inner urban settings, as compared to the post-war era of the 1950s (Phillipson et al. 2001). Keating's (2008) studies in Canada revealed that greater distance from an urban centre and lower population density, were correlated with greater dependence on informal support networks and higher rates of volunteering. Kitchen, Williams and Chowhan (2012) found a stronger

experience of sense of belonging among older rural people progressively increased as remoteness increased.

This was reiterated by Milbourne (2012) who found, drawing on evidence from the National Seniors Australia *Getting Involved in the Country* report (2010), that older people in rural Australia reportedly felt safer and experienced greater social connection and interaction than their urban counterparts. It seems that, particularly for older people, rural communities are stronger. There are contextual complexities that suggest, however, that in some cases the contrary is true.

Rural communities are often characterised as resilient and self-sufficient, with independent older adults who have strong informal support networks and a 'make do' community attitude (Davis & Bartlett 2008). Informal support networks are commonplace in rural settings because service alternatives can be limited, however, the reality of how these networks operate, if they do, is unmeasured. For these reasons rural communities can be (somewhat falsely) seen as appropriate settings for growing old (Keating 2008).

Some older people from the city are also choosing to retire in amenity rich rural destination towns, compounding pressure on local services (Davis & Bartlett 2008). Many of these retiree amenity-migrants are currently categorised as 'young old', approaching years of healthy retirement with good incomes from superannuation (Gurran & Blakely 2007). At present they may not demand many services, however, service demand in these towns will grow as the 'young old' continue to age in place. The context, location, size and services available vary markedly in these amenity rich rural towns, as does the way in which they will continue to cater to their ageing populations.

While technology has improved communication and access to crucial services for rural older people (EPSA 2011) many rural areas are still faced with growing service demands and a diminishing work force. The younger working age cohort in rural communities are also important for advocating for improved or physical community infrastructure development e.g. public transport and footpaths (Davis & Bartlett 2008; Humphreys, Wakerman & Wells 2006). When looking at indicators of health and social disadvantage, rural communities in Australia undoubtedly experience more pronounced disadvantage (Ziersch et al. 2009).

2.3.4 Virtual communities and Information and Communication Technologies

As suggested by Wellman (1979) virtual and online communities also challenge traditional concepts of community. Information and Communication Technologies (ICT) have instigated a revolutionary shift in the way that humans socialise, which is no longer bound by geography

and propinquity. As suggested by Castells (2001, p. 116), in the infancy of ICT there was polarisation between those who saw ICTs as enabling new waves of improved social interaction that were no longer geographically bound, and those who saw them as an instigator of potential social crisis, causing social isolation, breakdown in communication and a platform for social deceit. ICTs have improved community engagement on one level, through the ease of information access, but can also alienate people and enhance disadvantage by reinforcing inequality for those without access. This process has been coined the 'digital divide' (Baum, Van Gellecum & Yigitcanlar 2004; Hindman 2000)

Many older people have embraced ICTs and experienced improved wellbeing and social opportunities as a result (Katz & Rice 2002; Nahm & Resnick 2000). However, the relationship between older people and ICTs is complex and dependent on what generation they belong to, their access to training in ICTs, the value they can see in learning how to use ICTs at a later stage in life, and cost and user friendliness of designs. Furthermore some older people experience age-related changes in fluid memory which can make it harder for them to learn to do new things in older age (Singer, Lindenberger & Baltes 2003). Many Baby Boomers have been using ICTs since middle age or early adulthood and therefore are bringing this experience and familiarity with them to later life.

There are potential wide-ranging social advantages associated with ICTs and more particularly social media online. For many older people they enable more regular contact with relatives and friends, provide leisure through playing digital games and improve access to services and information. They can also foster intergenerational engagement between family members through social media, and through grandparents seeking information and support from children and grandchildren (Tatnall 2014). ICTs can foster social inclusion, particularly for people who are geographically isolated, however, rural older people remain the lowest users of technology in Australia (Warburton et al. 2013). Some older people can also be marginalised by the rapid uptake of ICTs; particularly older people with sight or manual dexterity issues and those on fixed or low incomes.

Ultimately, engagement with technology has, and will continue to have an (even greater) impact on the way that older people's lives operate, and how they socialise, use services and connect with their local community and with more aspatial communities of interest.

2.4 Social capital

Community is the bedrock of social capital, which has been described as the glue that holds societies together (Hopper 2003). Bryson and Mowbray (1981) describe community as the

conceptual cousin of social capital. Modern threats to community are linked with those for social capital. Globalisation has enabled greater choice and individual freedom enabling people to disregard permanent and lasting relationships in geographic proximity, which can in turn impair capacity for fostering trust, particularly when engaging in communities of interest rather than propinquity (Hopper 2003).

The concept of social capital is widely debated and therefore challenging to define and measure. In the broad sense the term can describe all of the varying interactions between individuals in a community (Pooley, Cohen & Pike 2005), and the benefits gained through having social relationships.

Marx originally defined social capital as the aggregation of social class and power through wealth and social relations (Wilson & Chiveralls 2004), with many scholars having added to the definition over the past century. Influenced by Marxian conflict ideology Bourdieu (1985, p. 21) defined social capital as 'the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition'. Bourdieu considered social capital to have evolved from many forms of capital that develop social structures, instigating privilege, class and status (Portes 2000; Wilson & Chiveralls 2004), and was concerned with the ways in which social capital could generate economic resources (Pooley, Cohen & Pike 2005). Bourdieu focused on class structures, identifying three dimensions of capital that relate to class: economic, cultural and social capital. He emphasised conflict and power, and how social relations enable individuals to get ahead (Siisiainen 2003).

Coleman (1988, p. S98) defined social capital by its function: 'a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain action of actors - whether persons or corporate actors - within the structure'. Coleman was concerned with the way that social relationships were structured and how this related to human capital (concerned with individual skills and capabilities) (Pooley, Cohen & Pike 2005). Alternatively, La Due Lake and Huckfeldt (1998, p. 567) proposed that 'social capital is created through the patterns of interdependence and social interaction that occur within a population'. Fukuyama (1995) described social capital as 'trust in social relations' (La Due Lake & Huckfeldt 1998, p. 568). All of these definitions focus on the individual and societal benefits of having strong social relationships.

Putnam's (1995) influential book *Bowling Alone,* made noteworthy contributions to the debate, suggesting that social decline was rampant (exemplified by American society). Putnam (1995, p. 2) defined social capital as 'the features of social organisation such as

networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit'. Putnam (1995) was concerned with the democratic capabilities of social capital through membership and engagement with civic pursuits (Pooley, Cohen & Pike 2005). Putnam's central thesis argued that a robust regional economic system and a high level of political integration would result in strong social capital (Siisiainen 2003), creating both public and private benefits.

Lane (2000) suggested that social decline and distrust were on the rise in all western cultures, and similarly Bellah et al. (2008) warned of the threat of individualism on social bonds. However, Stolle and Hooghe (2005) questioned whether the consequences of this decline are as serious as Putnam suggests. These differing perspectives highlight the widespread debate that surrounds the measurement, significance and/or decline of social capital.

In an attempt to articulate the common thread between Bourdieu (1896), Coleman (1988) and Putnam (1995), Winter (2000) noted that all three perspectives view social capital as 'networks of quality relations which operate as a resource to collective action' (Pooley, Cohen & Pike 2005, p. 72); the key difference is the scale at which these are applied (e.g., at the level of individual, communities and nation states). All of these definitions demonstrate, that there are benefits from social relationships and these have positive impact on social wellbeing at many levels.

Social capital made its mark on policy in Australia in the 1990s where three key contributors to the social capital discourse emerged. Cox (1996, p. 2), drawing on the work of Putnam, Coleman and Bourdieu, defined social capital positively, as 'the factor that allows collective action in the public sphere and for the common good'.

Through a public health lens, Baum (1999) challenged the notion that social capital was fostered in 'healthy, close knit communities'. Highlighting the dark side of social capital, Baum (1999, p. 2) suggested that healthy communities can be exclusive and 'distrustful of outsiders'. Healthy communities can appear healthier than they really are for those immersed in them. Finally, Norton (1998) described social capital as 'relations between people with an ongoing productive capacity' and made no clear argument as to whether it was a good thing. Every definition of social capital highlights the intangibility of the concept; it manifests in abundant and exclusive social relationships and catalyses advantage and progress.

Community and social capital impact one another bilaterally - civic and community engagement facilitate social capital, and as suggested by Pooley, Cohen and Pike (2005), sense of community plays a role in the formulation of social capital. Liu and Besser (2003)

examine the conflicting conclusions drawn by many scholars in regards to social capital, and consider the application of Putnam's work on social capital to community. They describe a base level of cross cutting networks that are acquaintances, but with time become familiar and, foster a growing sense of trust where a reciprocal relationship of being able to rely on each other in an emergency. In communities where social capital is high residents all contribute and see a long term balancing of effort; if in the short term they invest more, it may pay off when they are in greater need in the longer term. Therefore in more transient communities where there is less 'sense of belonging,' this stronger social capital cannot be fostered. Understanding the relationship between community and social capital, informs understandings of both concepts.

2.4.1 Forms of social capital

To better understand how social capital evolves in different settings and how it impacts on community for older people, it is important to also understand the various forms of social capital. Putnam (2000) considered two forms; bridging and bonding social capital where '…bridging social capital can generate broader identities and reciprocity, whereas bonding social capital bolsters our narrower selves' (Putnam 2000, p. 23). Bridging social capital encompasses the trust between community groups and government groups and also new and unfamiliar groups and individuals, while bonding social capital encompasses trust affiliations between members, within groups (Davis & Bartlett 2008; Onyx & Bullen 2000; Ziersch et al. 2009).

Bonding social capital is characteristic of familial or cultural groups and represents the notion of 'getting by' with the help from those close to you. Bridging social capital is characterised by weaker ties between affiliates, people from different groups or backgrounds. It represents 'getting ahead' with the help of networks. Linking social capital on the other hand, is what occurs between those of different levels of power, e.g. having a social relationship with someone who supports you in searching for a job (Harper 2002). Harper suggested that in childhood and older age, bonding social capital is more important, whereas throughout working life, greater impetus can be placed on bridging social capital. It is the strong measures of bonding social capital that can foster social exclusion and the dark side of social capital i.e. the tension between different social groups where bridging social capital (between groups) is lacking (Harper 2002).

Some literature suggests that Australian rural communities typically score very high on counts of bonding social capital, but low on counts of bridging social capital (Davis & Bartlett 2008; Onyx & Bullen 2000; Ziersch et al. 2009). Bonding social capital in rural areas could be

attributed to greater homogeneity and limited formal services, but is also dependent of kinship relationships. Hofferth and Iceland (1998) found this to be more apparent in rural communities as a result of limited residential mobility, which links to the considerations of Liu and Besser (2003) in the previous section. However, when studying measures of trust and reciprocity, Ziersch et al. (2009) found limited differences in social capital between rural and urban localities (Ziersch et al. 2009), which still supports the notion that stronger social capital emerges in settings where residencital mobility is lower.

Alston (2002) suggested the gradual devolution of the welfare state in Australia towards the end of the 20th century catalysed growing distrust between citizens and the government, resulting in bridging social capital being dismantled. Talbot and Walker (2007) also found that more recent neo-liberal policy approaches have negatively impacted linking social capital in rural communities. Rationalised and more regionalised provision of services have meant that government and other agencies have amalgamated, individual workloads have increased, in turn undermining capacity to foster social capital and community engagement. Social and economic decline in rural areas, has, on one level, dismantled social capital (Tonts 2005), but simultaneously fuelled its demand (Alston 2002).

2.4.2 Social capital and older people

Social capital has become a growing area of focus for public health research, where the health benefits of broader community and social engagement are evident (Coll-Planas et al. 2017). Linking engagement in local community groups to the production of social capital challenges any potential notion that older people are more recipients of the benefits of social capital than they are contributors to its production. The Active Ageing paradigm promoted by the World Health Organization highlights the importance of contextual factors such as opportunities for social engagement in the lives of older people (Kalache & Gatti 2002). Lack of social resources has been linked to loneliness for people in general (Kawachi, Subramanian & Kim 2008), but also specifically for older people (Nyqvist et al. 2013a)

A number of studies into social capital for older people have revealed some deeper insights. Liu and Besser (2003) identified four dimensions of social capital (informal social ties, formal social ties, trust and norms of collective action) and analysed the impact of these on community participation among older people in rural American communities. Trust and informal ties were not strongly related to community participation but a strong affiliation was identified between formal ties and a ‘sense of community’. This reinforces the notion that social capital among older people can be determined by the opportunities they have to engage

in local community networks. Nyqvist et al. (2013a) also concluded that social capital, and loneliness were influenced by the living environment (context) and health status.

Coll-Planas et al. (2017) applied principles of both bonding capital (older person to older person through a local support group) and bridging capital (strengthening the network between health care providers and more informal community groups) to show positive results for mitigating loneliness, increased participation and social support, improved self-reported health, use of health resources, improved quality of life and reduced symptoms of depression.

In rural Australia Hodgkin (2012) found that older retired people were more involved in community and civic activities and were strong contributors to social capital through volunteering, service clubs, church groups and so forth.

Older people have also been shown to benefit more than younger people from institutional social capital (Muckenhuber, Stronegger & Freidl 2013). Individual social capital along with neighbourhood services, social capital and social cohesion, are all predictive factors for the wellbeing of older adults (Cramm, van Dijk & Nieboer 2012). Strengthening social capital among older people, post retirement, has also been shown to be a protective mental health factor (Nyqvist, Forsman & Cattan 2013). According to Nyqvist et al. (2013a) social capital generated in the interaction between the individual and collective life, at the micro level of family and friends, is central to the generation of wellbeing in older people.

2.5 Place

As defined in Chapter One, space is an objective concept (Gilbert 2000) and place encompasses the meaning attached to space. According to Massey (1993), cited in (Gilbert 2000, p. 66), places are described as 'processes of social relation rather than as bounded enclosures and as having multiple identities and meanings'. Places are dynamic, and encompass the physical, the social, the personal and the psychological.

According to Montgomery (1998), there are two distinct standpoints on what constitutes 'quality' places: there are those who focus on the physical (rational, objective), such as design styles, physical features, walkways or landmarks and so forth and there are those who look at the psychological (romantic, subjective), such as recording how places make people feel, whether they are vibrant, comfortable or safe. Attempts to explore quality principles, which encompass both the physical and psychological concepts of place, is what informs the concept of place making. Montgomery refers to Jacobs (1961) as pioneering the definition of quality urban places with the perspective that activity both creates quality (vibrancy) and demonstrates quality (usability).

Montgomery (1998) described place making through three interrelated principles: A*ctivity, Image* and *Form*. *Activity* is considered a combination of vitality and diversity, for example: lots of people with many interests who are able to do many different things. *Image* challenges the notion that the identity of a place is purely objective. *Image* is what the place is perceived to be like, and is shaped by the feelings and impressions of individuals' experiences of that place. Every individual has a different process of filtering information and their experience, based on their own values, beliefs, thoughts, ideas and the wider cultural values that apply to them. Memories of personal activities or events and previous experiences in places also generate symbolic meanings associated with that place. The third dimension is *Form*. Good *Form* enables citizens to access all of the activities, resources, services and information they need or want to, as well as possess a sense of power and agency to shape the spaces in which they live and work. According to Montgomery (1998) good city form creates activity and positive image and together the three principles articulate a strong sense of place.

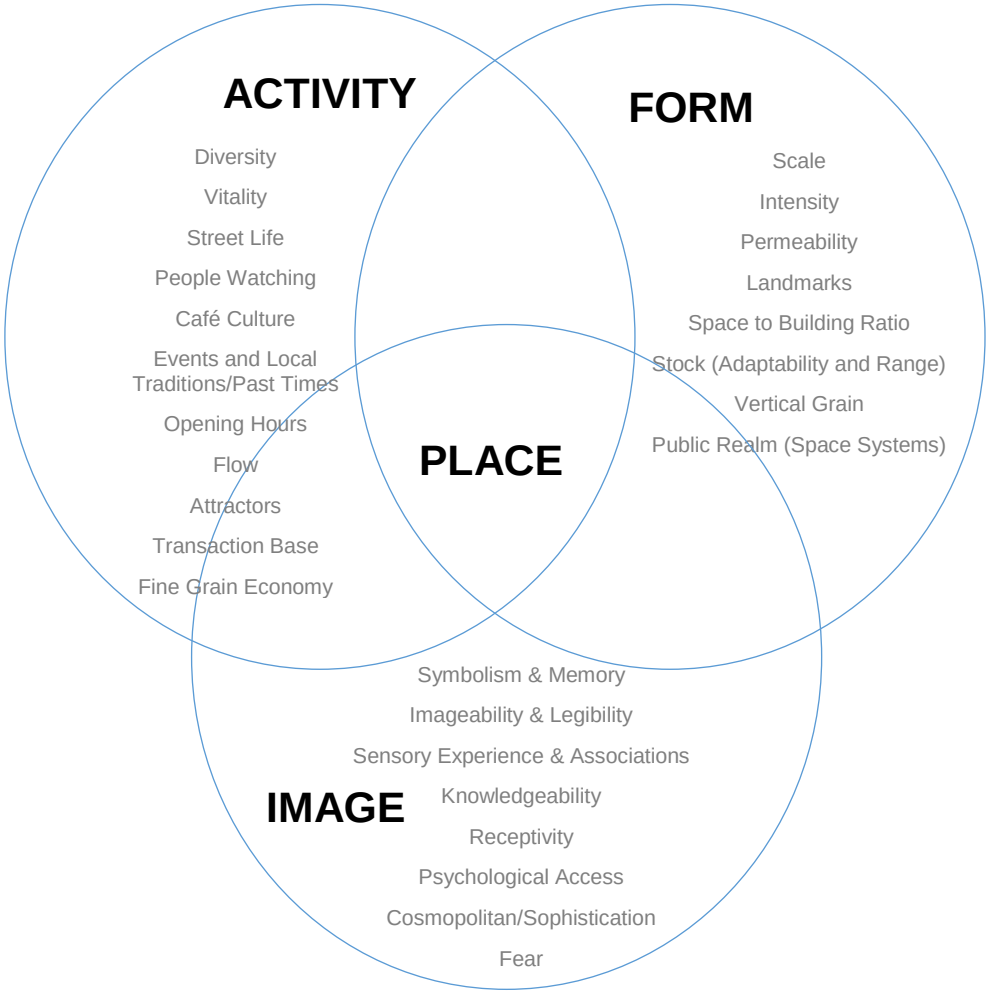


Figure 2:2 Montgomery's elements of place making
Source: adapted from (Montgomery 1998)

Figure 2.2 shows the complex aspects that contribute to Montgomery's (1998) three principles of place. When designing new parts of cities, *Form, Activity* and *Image* should be viewed in tandem, progressively, so as to reinforce one another. The concepts of *Form, Activity* and *Image* could be applied beyond city spaces, to all forms of the built environment, urban, suburban and rural/regional.

2.5.1 The social and wellbeing dimensions of place attachment

Place attachment is a ubiquitous concept; all people have some kind of attachment to a place. Place attachment is the sense of familiarity, belonging and fondness that is experienced when you spend time in a particular place; it has been defined as 'the bonding that occurs between individuals and their meaningful environments' (Giuliani 2003; Low & Altman 1992; Scannell & Gifford 2010, p. 1). Place attachment produces many benefits, for example psychological belonging, a sense of safety, environmental (Scannell & Gifford 2010). Urban sociology suggests that place attachment has both home, local neighbourhood and city wide significance (Kasarda & Janowitz 1974).

There are many place attachment theories. Tuan (1974) saw topohilia (which in Greek translates to 'love of place') as the feeling link between humans and place. Tuan's work focused on the emotional, sensual and aesthetic dimensions of places (Hubbard & Kitchin 2011), with links to Montgomery's (1998) romantic depictions. Scannell and Gifford (2010) proposed a three-dimensional framework, depicted in Figure 2:3, of place attachment, to systematise the individual, social and place based dimensions. Scannell and Gifford (2010) suggested that attachment is based on both individual and social/group meanings, influenced by individual cognition and behaviours, but also inherently tied to the place itself and the physical and social aspects of that place. This version captures both the romantic and more tangible objective functions of place.

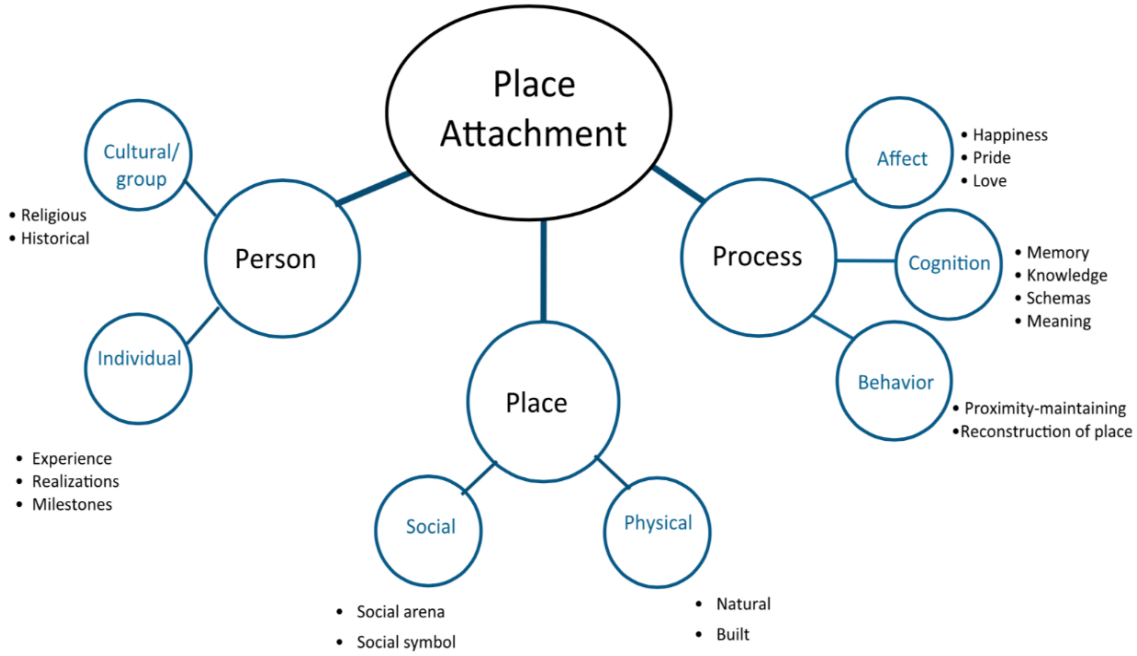


Figure 2:3 Scannell and Gifford's tripartite model of place attachment
Source: (Scannell & Gifford 2010, p. 2)

The place aspect of place attachment is the most poignant according to Scannell and Gifford (2010), who found that most of the place attachment literature focuses on the social dimensions. People become attached to places that facilitate their social engagement and identification with groups. Riger and Lavrakas (1981) for example, describe social attachment as a combination of social ties, belongingness to the neighbourhood and familiarity with neighbours and children in the neighbourhood.

Place attachment is inherently social in the urban sociological discourse (Gans 1962; Kasarda & Janowitz 1974) and the concept has been frequently interchanged with sense of community (McMillan & Chavis 1986). Place attachment fosters an improved sense of safety in the community, motivation to care for the environment (Scannell & Gifford 2010) and enhanced social wellbeing.

Place attachment manifests in unique ways in different settings. However, in rural communities it can be very strongly linked to land. In rural South Australia, Raymond, Brown and Weber (2010) reviewed place attachment for landholders, and like Scannell and Gifford (2010) identified personal, community and natural dimensions. They developed a five dimensional model that again emphasises the inherent social dimensions of place attachment: place identity, dependence, nature bonding, family bonding and friend bonding (Raymond, Brown & Weber 2010). The relationship that people have with place is connected to the memories and experiences they have had in that place and the people they have spent time

with (Raymond, Brown & Weber 2010). Those who live and work in rural places often spend most of their lives in that environment, and spend much of that time intimately working with the land; over time their personal identity becomes inherently linked to place and environment.

Family and social dimensions also dominate rural place attachment. For example, strong place attachment was found among rural Tasmanian parents who had encouraged their children to leave for study and work opportunities, hoping they would return later to raise families of their own. According to Abbott-Chapman, Johnston and Jetson (2014, p. 306), this is demonstrative of 'the strength of place attachment and rural social capital in rural areas and their contribution to family and community wellbeing'.

Threat can also strengthen attachment to place by bringing communities together in an effort to protect their 'place'. Anton and Lawrence (2014) found that rural residents of bushfire prone areas were more aware of their place attachment because of environmental threat. Residents were twice as likely to belong to local clubs, to contribute to environmental protection and to be socially and politically engaged.

In the urban setting, Hidalgo and Hernandez (2001) demonstrated a U-shaped, curvilinear attachment to place based on the tiers of apartment, neighbourhood and city in a high density Spanish city. Stronger place attachment occurred at the insular apartment/dwelling level and broader city level than at the neighbourhood level. This suggests that in the urban places attachment is about immediate neighbours, and the broader connection to the city.

However, Australian city form is quite different to European cities. Despite the fact that population density has increased and continues to increase in many Australian cities, Australians tend to view higher density as an undesirable long-term living option (Buys & Miller 2012). One study in an inner urban high density environment in Brisbane found that dwelling position, design of facilities and social contacts with family and friends in the neighbourhood were important for residential satisfaction and that relationships with direct neighbours was less important (Buys & Miller 2012). This contradicts traditional studies of residential satisfaction in low-density suburban neighbourhoods (Buys & Miller 2012; McCrea, Stimson & Western 2005).

Ultimately the impact that a high density environment has on residential satisfaction, or place attachment, is about factors that can impact the relationship between the physical environment and mental and social wellbeing. In areas of higher population density this may include neighbour noise, sense of overcrowding of the home, access to green space and community

facilities and fear of crime (Guite, Clark & Ackrill 2006). It also encompasses the social make-up of people in the neighbourhood e.g. negative community factors such as crime and safety, neighbour support, neighbourhood affordability, necessary human and social services, and green area and natural environment (O'Campo, Salmon & Burke 2009).

One urban study found that sense of community was enhanced in neighbourhoods that were designed to facilitate leisurely walking (Wood, Frank & Giles-Corti 2010), where street front parking was avoided and more convivial walkability of retail areas was promoted. Having too many visitors to an area was also found to be detrimental because of the insecurity associated with strangers. Similarly, Leyden (2003) concurred, concluding that those living in mixed use and more walkable neighbourhoods were more likely to know local people, engage in public participation and experience greater trust and social interactions. Thus these neighbourhoods demonstrated stronger social capital than those characterised by suburban sprawl.

Green space is also important in terms of attachment to the local built environment. High amenity green public spaces have been shown to increase public participation, foster security and enhance physical and mental health (Francis et al. 2012; Kaźmierczak 2012; Maas et al. 2006). Victor et al. (2000) found that green space reduced feelings of loneliness, produced positive health outcomes and reduced perceived shortage of social support. Peters, Elands and Buijs (2010) also found a positive relationship between green spaces and social cohesion and that density was important in creating vibrancy in urban parks. Urban parks were more inclusive than non-urban parks, because they enabled mingling among a diverse range of ethnic groups. Parks and green spaces in particular attract visitors and provide a space for activities, encouraging new social connections and strengthening existing ones.

What is evident in this discussion of place and wellbeing is that neighbourhood design and the quality of the public places, shape the physical and mental wellbeing of groups and individuals (Cattell et al. 2008; Francis et al. 2012; Kaźmierczak 2012; Leyden 2003). Public places can be restorative, places where people can escape and spend time alone, but also socialise and develop relationships; both of which can foster wellbeing, lift morale and alleviate stress (Cattell et al. 2008; Kaźmierczak 2012). Public greens spaces and public places, like shopping precincts, are strongly associated with a sense of community (Francis et al. 2012). Wood and Giles-Corti (2008) found that perceptions of social isolation, inclusion, personal safety and friendliness are shaped by the relationships between social capital and these kinds of physical environments. Manzo (2003) identified a need for more holistic assessments of the complexities of the people-place relationship as did Wood and Giles-Corti

(2008), who highlighted a need for further exploration around this connection, to strengthen health and wellbeing initiatives at the local level.

2.5.2 Nature, place and wellbeing for older people

The natural environment, including green space and public parks are important for older people, for their relationship with place and their local environment. They offer places to be social, physically active and engage in community activities, both formally and informally (Kweon, Sullivan & Wiley 1998; Sugiyama, Thompson & Alves 2009). Sugiyama et al (2009) found that distance of neighbourhood open spaces from the home were important for life satisfaction among older people. Evidence shows that parks and nature provide many mental and physical health benefits to all people, however, these benefits are more pronounced for older people than they are for either adolescents or adult population groups (Hawkins et al. 2013).

The positive impact of social integration on wellbeing and lower mortality for older people is well established, and links between this and exposure to common green spaces in inner city neighbourhoods were made by Kweon, Sullivan and Wiley (1998). Research around allotment gardens in Europe also highlights the social benefits of public green outdoor space, to keep people active and engaging in community green open space (Hawkins et al. 2013; van Den Berg et al. 2010). Nature can also be therapeutic and landscapes are important for older people. For example, studies have found reduced depression among older people after walking in gardens (McCaffrey, Hanson & McCaffrey 2010).

Finlay et al. (2015) identified a research gap around the relationship between health and landscape for older people, to better establish the capacity for everyday contact with nature to enhance quality of life.

2.5.3 Amenity migration: Sea and Tree Changers, Grey Nomads and place

The relationship between older people and natural green and ‘blue’ (water) landscapes underpin the amenity migration phenomena for many older people. High amenity migrants are those who move to a new location due to lifestyle motives as opposed to employment or to be closer to family (Gurran 2008; McCarthy 2007). While these lifestyle moves are not limited to older people the trend is commonly associated with retirees. While place attachment can be strong for older people who remain in places they have lived for a long time, for many, retirement is a catalyst to explore changes in lifestyle and this may include consideration of a lifestyle move. Other related terms include ‘sun belt migration’, ‘retiree migration’, ‘rural renaissance’ and the Australian colloquialism ‘sea change’ or ‘tree change’. Robson (2007) found that the two most common reasons for moving to a coastal environment

are stress relief or retirement. There are growing numbers of older people in ‘sea change’ destinations Australia wide, and this trend has a significant impact on experiences of place, community and service demand. Sea change, or amenity migrant retirees experience different challenges to long-term resident in their new communities.

Sea and tree changers are typically seeking an Arcadian, rural lifestyle with ‘peace and quiet’, and/or a greater sense of community, wellbeing and belonging. However, large numbers of newcomers to a high amenity location can also destroy the lifestyle qualities they set out to gain (Stehlik 2007). Many small rural towns are now faced with complex planning and infrastructure challenges as they rapidly grow. In some places the sea change or tree change trend has had direct impacts on services (such as higher demands for limited GP services) or housing affordability. Due to rapid expansion many Australian high amenity communities are now faced with complex changing environmental, social and economic stability (Kelly & Hosking 2008).

Place attachment has been linked to positive behaviours such as environmental conservation, volunteering and the reverse of neighbourhood decline. Kelly and Hosking (2008) suggest one solution is applying mechanisms to foster place attachment in rapidly developing coastal areas to strengthen local community solidarity. The longer a person has spent in a region the greater their attachment to place, which in turn motivates them to support local business more, and engage with community causes and groups. Many of Australia’s sea and tree change destinations not only have new residents but also large proportions of non-permanent or transient residents, which can potentially weaken community solidarity and attachment to place. However, often these non-permanent residents are property owners and may have been visiting the place as a holiday destination for a very long time, even decades. This can instil a strong sense of almost romanticised place attachment, associated with holiday memories.

Another complex phenomena among older retired Australians are the grey nomads. Grey nomads travel independently (not as part of a tour group) in their own country, either permanently or regularly for several months of the year (often typically in a caravan or campervan) (Onyx & Leonard 2005). According to Higgs and Quirk (2007, p. 256) ‘grey nomads are a phenomenon of the changing nature of later life and the way in which social change and generational culture has rewritten the script of old age’.

Grey nomads are complex to track or measure, and also have complex social relationships and attachment to place, depending on how often, for how long and to where they travel. While some grey nomads will travel without regular patterns, others return to certain spots for seasons of the year, places where they may have formed temporary communities and

attachment to place. They are demonstrative of the active lifestyles that many older people are seeking (Higgs & Quirk 2007). According to Onyx and Leonard (2005) the true grey nomads are disinclined to stay in organised resorts, but prefer the freedom of roaming and enjoying the beauty of the natural environment as they roam. They add a complex layer to the diverse range of lifestyle and amenity seeking older Australians, but they make up only a very small percentage of retired Australians.

2.5.4 Accessibility and mobility for older people in the built environment

To enjoy the benefits of a place that place needs to first be accessible. This can be a major challenge, particularly for older people with reduced mobility, declining health and/or physical disabilities.

An American study investigated the impact of the built environment on neighbourhood based activity among people with mobility disabilities that used assistive devices (Rosenberg et al. 2012). Availability and condition of curved ramps, sidewalks, hills, aesthetics, lighting, weather, presence of adequate road crossings, availability of resting places, sheltered resting places, smooth walking paths, safety and road traffic were the issues that frequently came up as barriers to access.

Satariano et al. (2014) found that older adults with poor lower body function, with less proximity to goods and services reported greater mobility disability than other older adults. The implication of this finding is the association between perceptions of the neighbourhood and mobility impairment. The study suggests that quality neighbourhood design is a public health imperative due to the capacity for environmental interventions to moderate perceptions of disability. This has potential health care implications for an ageing population. The study recommended adapting building codes and introducing mechanisms to inform those with mobility disabilities about the safest and accessible routes in their neighbourhoods.

Rosenberg et al. (2012) however, found that participants were highly adaptive. Many who identified barriers in their local environment also had ways around them. For example, wearing bright clothing, travelling on the road where the paths were inaccessible, or seeking travel assistance from friends or formal transport services to travel to a location where there were more accessible amenities, services and facilities. This demonstrates adaptive behaviours, but more importantly the importance of an accessible built environment in terms of it enabling access to all of the benefits of place and the public realm that have already been explored throughout this chapter.

2.6 Ageing in place

So far this chapter has considered the relationship that people have with place as they grow older, both in private homes and in their wider community. Place attachment contributes to the preference of older people to 'age in place'. Older people commonly aspire to remain in their homes and within their local communities for as long as possible, due to an inherent connection to familiarity, patterns and longstanding comforts (Lawler 2001; Lehning, Scharlach & Dal Santo 2010; Rosel 2003; Wahl 2001). Ageing in place can be described as attempts to enable older people to stay in a living environment of their choice, for as long as possible regardless of changes in mobility, health or dependency (Emlet & Moceri 2011; Jeong & Stein 2003). On average, over 92 per cent of Australian older people are ageing in their own home environments, with less than eight per cent of older Australians in residential aged care at any one time (AIHW 2016).

In the past two decades ageing in place has redefined Australia's ageing policy. Australia introduced a residential aged care reform package in 1997, with a focus on ageing in place, supported by in-home formal care. This model is viewed as cost effective because it offsets the much higher costs of institutionalisation (Means 2007; WHO 2007). A South Australian study into Baby Boomers preferences showed that among both metropolitan and rural participants there was an expectation to still be in the same home at age 70 (Edwards 2012), supported by the fact that most older people do not enter into residential aged care until after the age of 80 years.

Ageing in place also refers to remaining in the same local community. For some, this is the most important aspect of ageing in place (Jeong & Stein 2003; Wiles et al. 2012). Growing older in a familiar home and community environment has positive effects on wellbeing as suggested by Oswald et al. (2011, p. 238) 'environmental characteristics at home and in the neighbourhood need to be considered to better understand differential processes of aging in place with respect to wellbeing'. A sense of belonging to that community is important in terms of how it makes an older person feel (Phillipson 2007). Some people live in places that reflect or incorporate their life histories but if the place has changed significantly throughout their lifetime, they can feel simultaneously rejected from or alien to that place. While some feel able to actively shape and contribute to their communities as they grow older, others experience disempowerment and marginalisation and may feel trapped (Phillipson 2007). This illustrates some of the negative consequences of ageing in place. Attachment to a place or community may cause someone to continue to live there despite the fact that it may not serve to meet their needs, and their actual connection to that community may be lost. Ageing

in place can mean a decreased quality of life and delayed access to essential treatment (Jeong & Stein 2003). It can cause demand for higher care when the individual is finally institutionalised, as certain health or mobility issues might have been prevented with earlier intervention (Horner & Boldy 2008). Ageing in place can deepen isolation (Jeong & Stein 2003), and it can mean spending less time socialising and recreating and more time spent alone (Jeong & Stein 2003; Pruchno & Rose 2002).

The intention to remain at home commonly reflects a desire to maintain control over daily life choices and activities, particularly as moving to an aged care facility can be traumatic and may represent a loss of independence and autonomy (Horner & Boldy 2008). However, there are negative consequences of remaining at home. Some of the triggers for relocation to a residential age care setting include: losing confidence and independence in daily functioning, alleviating care burden on close family, functional and cognitive decline, or death of a spouse. Relocation can be the only option for some people to ensure their basic daily needs are being realistically met.

Hillcoat-Nalletamby and Ogg (2014) suggest that the focus on ageing in place has too often assumed that older people are happy where they are and reluctant to move. Their study measured experiences of the living environment and gave older participants the option to identify 'dislikes'. The most common dislikes related to home design, suggesting that the desire to age in place could in fact be more about the wider community than the actual home itself. Wiles et al. (2011) also suggested that ageing in place literature is too home oriented and that the focus should be on a better balance between the home and local community.

Ultimately, strategies to age in place are successful when people can operate their daily lives with minimal barriers. The concept of life-space mobility underpins the success of ageing in place. Life-space mobility is the relationship between an individual, the size of space in which they interact in their everyday life, the amount that they go out and how much help they need to be mobile (Polku et al. 2015). Under this model, mobility is not just about walking capacity, but all forms of transport and access. Greater life-space mobility means greater engagement with society as a whole. Poor life-space mobility can be an indicator of depression and poor wellbeing (Polku et al. 2015).

The life-space mobility perspective illustrates how ageing in place can be both beneficial and problematic and dependent on how much support the older person needs or is seeking. Modifying homes with additional mobility aids (Wiles et al. 2012) or a carer to assist with mobility both within and outside of the home can improve life-space mobility if it is done in a way that recognises the needs and habits at an individual level.

This sense of individual empowerment in service choice and use has underpinned the recent decision to move to a consumer directed care model by the Australian government, allowing older people more power to shape how their care needs are met.

2.6.1 Home and community care

Home and community care services enable older people with high dependency needs to receive the care and support they need while still living in their own homes. Home and Community Care (HACC) was implemented in Australia in the 1980s; then in the 1990s the services were expanded and increased. The services provided under HACC included nursing, allied health, domestic assistance, personal care, social support, home maintenance and modifications, help with meals (preparation and delivery), transport assistance, counselling and advocacy, day care and respite (Australian Government Department of Health 2016).The Aged Care - Living Longer Living Better Act of 2013 involved a consultation process for major reform of the aged care system in Australia that identified a need for greater choice and flexibility in home care delivery, coined as consumer directed care.

Consumer Directed Care (CDC) was introduced to all new home care packages from August 2013, and to all existing home care packages as of July 2015. The number of home care packages is proposed to increase from around 72,000 places to 100,000 places nationally by 2017-18 (AIHW 2016). The philosophy underpinning consumer directed care is that it allows for more client control, flexibility and choice in terms of what services a client may want, when and whom they want to engage to provide those services. The consumer is able to choose their provider and direct their funding to that provider; they are also able to easily change provider should they choose. As part of the reform process an online user portal 'My Aged Care' was introduced among the reforms. In its inception, the site operated as an information portal, seen as a 'one stop shop' for introduction, navigation and engagement with aged care services, including an initial assessment process. There are a number of changes and plans that continue to be introduced and rolled out as part of the aged care reform process. The federal government views the system as a more fair and flexible way of managing aged care packages.

According to the Productivity Commission (2015), the recent reforms in aged care have created better financial viability, greater transparency and consumer authority. The aged care reform section of the Australian Government Department of Health website (Australian Government - Department of Health 2016) outlines a number of key achievements so far, which are listed in Appendix A.

The Local Government Association of South Australia (2016) held a workshop that deliberated on the role of local government in the context of these reforms. Some of the key concerns from the LGA's perspective include:

- The sustainability of the private sector and the role of council to support gaps without the capacity to adequately compete with private sector.
- Challenging local government's ability to treat older people as local community members rather than consumers or clients – previously councils have holistically addressed the needs of older community members, including their social needs and across other domains of active ageing.
- Transport expenses increasing.
- Packages failing to cover social and community needs.

Similarly research published by the University of South Australia (UniSA) Business School suggests that many of the unique features of the aged care sector in South Australia make the transition to CDC more difficult, including the issue of 'thin markets' where many of the smaller to medium and regional service providers may struggle to adjust (Andrew et al. 2016).

2.6.2 Housing options for older Australians

Both appropriate and flexible home and community care services and appropriate housing choices play a significant role in older people's opportunities to age well in their home and in the wider physical and social environment. The *Housing decisions of older Australians* report (Productivity Commission 2015) acknowledged that housing is very important to wellbeing and that home ownership offers a sense of security and independence for many older people.

Tinker (2002) proposed that housing policy across the globe should promote smaller and easier to manage homes and that there should be more supported accommodation for those who want to live with other older people, innovations for older people with limited family support, and more provision for older people who want to live near family but not necessarily under the same roof. Whilst Tinker's (2002) work now dates back 15 years, it still aligns with much of the evidence emerging in the literature about the diversifying housing preferences of older people.

More recently, the Australian Housing and Urban Research Institute (AHURI) contributed research around the housing needs of older Australians. Jones et al. (2010) (writing for AHURI) described service-integrated housing in Australia as

> …all forms of housing for people in later life where the housing provider deliberately makes available or arranges for one or more types of support and care, in conjunction with the housing provision (Jones et al. 2010, p. 1).

Retirement villages and aged care independent living units remain the main types of service-integrated care housing models in Australia, with both typically spearheaded by not-for-profit or private sector organisations. The report identified a need for better leadership and input from government, to cater to low asset and low income older people in all locations and to better facilitate adequate guidelines for the operations of service integrated housing (Jones et al. 2010).

Another AHURI report (Bridge et al. 2011), called for the reframing of legislation and policy to improve the supply of housing for low to moderate income older people. The core focus areas suggested were inter-sectoral partnerships, management of information and better urban planning and design practices. The report identified the need for a higher volume of housing for older people and a role for government to better engage the private sector through offering incentives to make developing housing for older people more lucrative for investors. The report also identified the need to better consider how to provide affordable housing that sustainably and successfully links to services and places outside of the home, and how to address resistance to high density, which remains a major barrier to providing affordable housing for older Australians (Bridge et al. 2011).

Ultimately, older people will require more diverse housing options, including smaller, more manageable properties. Downsizing can reduce stress associated with home and garden maintenance and improve mobility through a change in location (Judd et al. 2014). The main barriers to downsizing however, are financial disincentives, affordability, and availability of appropriate dwellings in a range of locations. More information about housing choice and the benefits of downsizing as well as improved innovation in design of smaller houses for older people, were all identified as areas for further innovation (Judd et al. 2014).

Shelter SA (2016) reviewed housing issues for older South Australians on two levels: housing stress and homelessness. The *Housing Boomers* (2016) report considered issues as both personal and structural, highlighting cultural and gender differentiations. The key findings were that South Australia has one of the nation's most unaffordable rental markets; the demand for affordable housing will increase from 14 per cent in 2011 to 20 per cent in 2036. More older people than ever before are entering retirement with a mortgage and policy and welfare schemes do not address the complex housing issues for specific demographic groups such as women and multicultural groups.

These reports highlight the complexity in housing preferences for older people. While some people are looking forward to downsizing in older age, given access to appropriate housing

choices; others are unwilling or reluctant to face the prospect of having to move and would prefer to age in place.

2.6.3 Other housing models for older people

In Australia, there are various forms of community living options that older people seeking to downsize or be in supported accommodation have been traditionally drawn to. Retirement villages and independent living units have been long-standing preferences. Housing that is operated under the Retirement Village Act typically consists of entry contribution independent living units and serviced apartments (Catalyst Foundation 2016). Resident funded independent living units are sold at market price, however, rather than owning the unit the resident enters into a lease that incorporates access to broader village amenities and services. Residents pay a maintenance fee and household bills. When they leave the unit is sold on, however, the village administration are usually entitled to retain a percentage of the sale price (Catalyst Foundation 2016).

Radically rethinking these traditional housing models for older people offers solutions that might appeal to some. Co-housing is one example of this. Co-housing which originated in European countries such as Denmark and the Netherlands has now gained more traction in countries such as the UK and Australia. Co-housing can be a viable option for ageing in place with many social and financial benefits (Bamford 2005). A form of intentional community, it traditionally originated with groups of families coming together to build a neighbourhood with a variety of common and private spaces. Common kitchen dining and laundry facilities are a universal component of co-housing design. Private areas usually also have a small kitchen and dining area so residents can choose how frequently they have communal meals. There are often both private and communal garden areas (Bamford 2005). Co-housing for older people can be designed to incorporate some forms of home and community care or social support.

Residential parks have also grown in popularity. In South Australia these operate under the Residential Parks Act 2007 and there are many that cater exclusively to people aged 50 years or over. Residents purchase and own a portable home but lease a site in the park. The company that owns the park will maintain and manage the community facilities and pay rates, water and sewerage; these costs are then charged as fees to residents (Catalyst Foundation 2016).

Barriers to ageing in place are not just about individual care needs or the person's immediate home environment, but also operate at a community and societal level as well. The age-friendly cities discourse emerged from debate on how to enable ageing in place at the

community and societal levels, by analysing the impact of urban environments and social and physical infrastructure.

2.7 The 'Age-Friendly' discourse

There is widespread acknowledgement that the urban sprawl that has defined western cities of the past century is oriented towards younger families and working adults but is not conducive to an ageing population. As such, the age-friendly cities discourse has challenged cities and communities across the globe to transform into more age-friendly environments.

There is no global consensus about what age-friendly means, but it is widely recognised as a movement for improving accessibility for everyone (O'Hehir 2014). Age-friendliness encapsulates notions of social equity and the rights of every citizen to be able to access and engage with the social and physical world in which they live (O'Hehir 2014). An age-friendly community is one in which older adults feel valued, involved, and engaged in civic life and receive relevant support (Clark & Glicksman 2012; Horner & Boldy 2008; Lehning, Scharlach & Dal Santo 2010; Scharlach & Lehning 2013). Improving the age-friendliness of environments is seen as fundamental to addressing the challenges facing a global ageing population (Lui et al. 2009).

In 2007 the WHO released *Global age-friendly cities: A guide*; this document acknowledged that a global reference for ageing and planning was required (World Health Organization 2007, p. 1). A second guide was released in 2015, *Measuring the age–friendliness of cities: A guide to using core indictors* (World Health Organization 2015) that included a set of indicators to measure progress for age-friendliness within the local context but also allow national and international comparability. These core indicators were divided into those that measure the accessibility of the physical environment, and those that measure inclusiveness of the social environment (World Health Organization 2015). A full listing of the indicators is provided in Appendix B.

The WHO Global Network of Age-Friendly Cities and Communities now includes more than 500 cities and communities in 37 countries. One of the successes of the WHO age-friendly framework is that it is adaptive and, broadly, globally applicable (O'Hehir 2014). The WHO guidelines employ a bottom up approach, driven and managed at the local level. Some of the identified barriers for age-friendliness include: the engagement and management of stakeholders, limitations of adopted research methods, funding and sustainability, leadership and political support, the demonstration of tangible impact and a narrow policy perspective (O'Hehir 2014).

2.7.1 Age-Friendly Cities – Australian perspectives

While the Australian Federal Government have released a number of key strategic documents focused on the ageing population, state government and local government bodies have largely driven age-friendly initiatives.

Lui et al. (2011) suggest that the circulating Australian discourses and age-friendly projects sit somewhere on a spectrum of two intersecting continuums: the physical environment and social environment continuum, and the top down to bottom up continuum. Many initiatives fall somewhere in the middle, and are encompassing the relationship between the physical and social environment as well as advocating, where possible, for bottom up approaches. In Australia, the focus here has remained on the built environment with limited acknowledgement of the social and cultural aspects of ageing well. Lui et al. (2011, p. 120) suggests that 'stakeholders from various levels of government, the private sector and the community need to work together to respond to genuine needs of older people for supportive physical and social environments'.

South Australia has implemented a state-level approach to age-friendly cities. In conjunction with the SA Thinkers in Residence program[1], the *South Australian Communities for All: Our age-friendly future* was produced following consultation with Dr Kalache. This document was released in three parts: a guide for local government, a guide for state and a guide for residential development (Government of South Australia 2012). These guides reflect the WHOs 'Age-Friendly' principles and operate to inform the introduction of age-friendly practices in South Australia across multiple sectors and government tiers.

In 2014 the South Australian Government launched an ageing strategy and action plan, *Prosperity Through Longevity: South Australia's Ageing Plan - Our Vision 2014 – 2019* (Government of South Australia 2014). In late 2016 a South Australian wide consultation took place to inform the five key priorities of the most recent state-wide ageing strategy, *Age Friendly SA: A great place to spend a lifetime* (Government of South Australia 2017), which was released May 2017 and complements the priorities set out in *Prosperity Through Longevity: South Australia's Ageing Plan - Our Vision 2014 – 2019*. The priority areas of the strategy include:

- Home, community and environment;
- Making a contribution;

[1] Dr Alexandre Kalache was engaged as Thinker in Residence by the State Government in 2013 to impart his expertise on the states age-friendly agenda.

- Making it easier to get around;
- Intergenerational connections; and
- Age friendly services.

As suggested by Beard (2010) rigorous evaluation of needs, in terms of the relationship between health and wellbeing and the social and physical environment for older people, should inform programs for intervention and measure their effectiveness. The effectiveness of age-friendly programs at a certain point in time can quickly become out-dated; age-friendliness should encompass all ages and all locations but requires a framework that can be adaptable and sustainable for generations to come. Applying an age-friendly strategy that is nuanced to suit the setting and is regularly revisited seems a critical step in shaping communities that cater to their ageing populations. Moreover, such a strategy really should recognise a more holistic summation of ageing well and all of the contributors to wellbeing for older people.

2.8 Wellbeing

So far this chapter has explored the concepts of community and social capital with some reference to their relationship to wellbeing. While the benefits of wellbeing seem implicit, like social capital, it has proven challenging to define and been widely debated. Much of the literature on wellbeing is ambiguous and even speculative.

Definitions of wellbeing date back to Aristotle's eudaimonia; translated as wellbeing, happiness or human flourishing (Dodge et al. 2012). Aristotle suggested that eudaimonia was the goal of most humans in their daily lives. However, wellbeing manifests individualistically and collectively.

Wellbeing is an increasingly prolific term in the disciplines of health and medical sociology, yet each discipline defines it differently (de Chavez et al. 2005). Psychologically, wellbeing is about self-acceptance and sense of purpose and fulfilment in life, along with continued growth and happiness; it also encompasses coping capacity and resilience (Bradburn 1969; Dodge et al. 2012). Bradburn (1969) investigated wellbeing by assessing individuals' ordinary reactions and coping capacity; by distinguishing between positive and negative affect Bradburn found improved wellbeing where positive affect predominated over negative. Whilst positive and negative affect have remained important in deliberations of wellbeing since, in more recent times concepts such as life satisfaction and achievement of goals have dominated the wellbeing discourse (Dodge et al. 2012).

Dodge et al. (2012) argued that most scholars focus on dimensions and descriptions and the struggle to actually define the concept. According to Dodge et al. (2012) the definition of wellbeing offered by Shin and Johnson (1978, p. 476) provides clarity by stating that wellbeing is a 'global assessment of a person's quality of life according to his own chosen criteria'. This leads to the question of how to define 'quality of life'. The World Health Organization defined quality of life as:

> …an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (World Health Organization 1997).

The objectives of this research strongly link with this definition of quality of life and the suggestion it is affected by health, psychological state, personal beliefs, social relationships and salient environmental factors.

Wellbeing can be measured subjectively and objectively, that is by how individuals feel and by their circumstances or position in society (i.e. income, job status, ethnicity). Subjective wellbeing is frequently interchanged with the terms, happiness, psychological wellbeing, positive affect and morale. The literature (ABS 2001; Dodge et al. 2012) generally describes wellbeing at different levels e.g. the personal level, the family and community level and the societal level. Different factors impact wellbeing at each level, and each level can also influence another.

In their extensive review of wellbeing literature, Dodge et al. (2012) propose that wellbeing could be more succinctly defined as a balance between challenges and resources, recognising that some people are better off than others, but their circumstances are not stagnant. This definition suggests that both challenges and access to resources can be shaped by individual, structural and societal factors. Social capital is important for mobilising such resources and for support with challenges

2.8.1 Wellbeing and place for older people

The people-place relationship has a unique role in shaping wellbeing for older people. Older people's experiences of their social world are influenced by their memories, earlier life experiences and group membership (Harper 2006; Willson 2007), which are inherently linked with space and place (Rowles 1978). A life course approach to sociological ageing recognises that an individual's experience at a certain age is not just about their chronological age in years, but about the generation to which they belong and the collective experiences they have had through their racial, gender and/or class affiliations. The life course approach considers the timing of experiences and events (Harper 2006), often connected with places.

According to Peace et al. (2007, p. 209) 'the types of environment in which older people live their lives form the context for continuing or maintaining activity, social interaction and developing personal identity'. The relationship between ageing and the environment is complex and encompasses the physical/material environment (i.e. natural landscape, domestic and non-domestic built environment), the social/cultural environment (cultural and social events that play out in places, whether in the home neighbourhood or city) and psychological environment (how places make people feel about themselves and memories they might trigger). This is influenced by 'a unique social capital based on cognitive and physical health, personality, individual relationships, social networks, education and financial resources will shape the persons wellbeing and morale' (Peace et al. 2007, p. 209).

Place attachment evokes self-identity, sense of security and enables successful adjustments to growing older (Wiles et al. 2009). The meaning attached to place can be heightened for older people (Phillipson et al. 2001; Wiles et al. 2009). When older people reflect back on their lives, often their recollection is geographically organised, e.g. where they lived when they were a child or started a family:

> …there is a powerful sense in which people invest personal meanings into a neighbourhood in old age, constructed around what they see as the mixture of successes and disappointments in their life (Phillipson et al. 2001, p.37).

Rowles (1978) argued that three changes occur in the relationship with space as an individual grows older. First is the limitations of access to diverse and distant spaces and places that occur as physical movement and social engagement become more difficult, individuals become more dependent on their immediate home and local community. Second, is the intensification of attachment to certain spaces as a results of spending more time in them, and third, a growing sense of enrichment that emerges when a geographical space is considered in comparison and connection to the myriad of spaces experienced across the life course. Milbourne (2012) suggests that these changes are significant for modern day assessments of the experiences of ageing and rural places, where place satisfaction, quality of life and social capital are reportedly strong in rural communities across the globe.

Wiles et al. (2009, p. 664) presented a concept of 'social space' positioned within place attachment for older people, in an attempt to capture the 'elastic physical, imaginative, emotional and symbolic experiences of, and connections to, people and place across time'. The study showed a strong attachment to home and neighbourhood for older people and a sense of awareness of a shrinking social world. Participants acknowledged the need to adapt to this change, and negotiate a balance of positive and negative views on the complexities of their 'social space'. Some participants, reported a sense of relief at having a less demanding

social life as they grew older. The authors conclude that ‘attachment involves a delicate and constantly shifting balance between the social–emotional and the practical aspects of living in a particular place’, acknowledging the complexity of older people’s lives, wellbeing and relationship with where they live (Wiles et al. 2009, p. 670).

The flexible nature of the relationship between older people and place, or social space as described by Wiles et al. (2009) was echoed in the conclusions drawn by Cloutier-Fisher and Harvey (2009, p. 246) who described a zone between home and community for older people (particularly new retirees) with blurred and flexible (elastic) boundaries as a ‘geographic space comprised of overlapping and interwoven personal, social and physical domains’. There are also different aspects of the built and natural environment that can strengthen the benefits older people gain from their local environment.

Place has an important role in shaping the experience of loneliness, social isolation and in turn their impact on general wellbeing. Where you are and your environment, impacts the way in which you engage with others around you and your social opportunities. For example, there is a common conception that loneliness among older people is less prevalent in rural localities due to stronger community ties. Research into the geography of loneliness is limited however (Havens et al. 2004), and as highlighted throughout this section so far, the impact of place on wellbeing for older people is complex.

A Canadian study (Havens et al. 2004) found that rates of loneliness in older people varied significantly in different areas, dependent on access to transport or social opportunities. In Canada, health and social factors were found to have the most impact on loneliness and geographic location was strongly linked to the level of loneliness.

An Australian suburban study showed the strongest loneliness indicators were marital status, living alone and self-rated health, implying that location had little impact (Steed et al. 2007). A Dutch study found a greater propensity for loneliness among older residents in urban areas (De Jong Gierveld & van Tiburg 1999). In rural Australia, despite health risks and socio-economic disadvantage being more prevalent older residents report a better sense of community support and less psychological stress than younger residents (Inder, Lewin & Kelly 2012).

In Australian rural settings isolation and loneliness can be a problem for older people, for many reasons. Traumatic experiences of farmers who have suffered with drought can be carried into retirement and enhance the risk of social isolation and loneliness (Davis & Bartlett 2008). Marginalised groups also experience greater disadvantage in rural Australian

settings. For example, older migrants from Culturally and Linguistically Diverse (CALD) backgrounds can be more susceptible to social isolation in rural settings and distance, income and access to services also cause isolation in rural settings (Davis & Bartlett 2008). Davis and Bartlett (2008) argue that urban to rural comparisons too often fail to acknowledge this diversity. Inder, Lewin and Kelly (2012) suggest that research of wellbeing in older age would benefit from direct urban to rural comparisons, to expand understandings of the relationship between geographic location and wellbeing. Kobayashi, Cloutier-Fisher and Roth (2009) also argue that the location/wellbeing/age research agenda requires in depth case study analysis to understand these complex, contextualised issues that impact wellbeing for older people.

Social isolation and loneliness are interwoven but separate concepts (Grenade & Boldy 2008). Social isolation refers objectively to the state of having minimal contact with others and loneliness refers to negative feelings associated with isolation (Grenade & Boldy 2008; Havens et al. 2004). Importantly, loneliness can also occur without social isolation. Social engagement is widely considered to be a key factor in quality of life and thus wellbeing for older people with research consistently showing that social interactions make people happier, particularly within kin and wider networks (Victor, Grenade & Boldy 2005; Victor et al. 2000).

A longitudinal study by Dahlberg et al. (2015) showed that older people (70 years and over for this study) moved into and out of periods of loneliness over time, but generally their loneliness increased with age with increased levels of depression and/or widowhood the most predominant causes. The association between loneliness and older age is clear (Routasalo & Pitkala 2003; Shiovitz-Ezra & Leitsch 2010; Victor et al. 2000). Overcoming social isolation and loneliness is an objective of many clubs and groups for older people (Horner & Boldy 2008). The onset of loneliness is often more apparent for the very old who are less mobile and less capable of accessing groups and clubs, many in this group may have also lost social contacts (Shahtahmasebi & Scott 1996).

Weiss (1973) described two types of loneliness - social loneliness as lack of social contacts and a feeling of belonging in society, and emotional loneliness as a lack of intimate emotional relationships. According to Weiss (1973), individuals need multiple relationships to adequately satisfy their social needs and they assign varied importance to these relationships at different times in their lives. For example, a new widow may experience an instant peak in emotional loneliness but less social loneliness in the short term, as friends offer immediate but short lived bereavement support (Van Baarsen et al. 2001). Flood (2005) similarly found

personal support and friendships to be indicative of social and emotional loneliness and that charity/voluntary work and membership in sporting clubs/organisations were the two most consistent factors that mitigate loneliness.

Victor et al. (2005) distinguish between three intertwined concepts that relate to loneliness: 'being alone' measured as actual time spent alone, 'living alone' describing household structure and 'social isolation' describing levels of engagement with other people and community groups. However, living alone is not always correlated with loneliness or deterioration of mental, social and physical wellbeing (Michael et al. 2001). Social isolation is a preference for some people; in some circumstances it does not have negative implications. Furthermore, an individual could be socially connected but have feelings of loneliness due to their negative perception of those connections (Routasalo & Pitkala 2003; Tomaka, Thompson & Palacios 2006). Having no (living) children, experiences of health complications and living alone were also considered loneliness risk factors by Shahtahmasebi and Scott (1996). Being married and having close relationships with adult children and friends also improves subjective wellbeing (George 2010). Living with a spouse decreases levels of isolation and loneliness but maintaining connections with others is also important for overall loneliness (Patulny 2009). Low levels of social capital have been found to be a risk factor for loneliness (Nygvist et al. 2016).

Many older people reported that they experience loneliness more at night time (known as temporal loneliness), when there is less opportunity to socialise with others (Stanley et al. 2010). The Internet offers a flexible platform for social engagement, not dependent on programs or community groups, which typically operate on weekdays. In this sense, social networking sites can reduce loneliness for older people particularly because of access flexibility (Ballantyne et al. 2010).

Ultimately, a wide variety of demographic and social factors shape the ways individuals operate in society, and levels of loneliness or isolation are not only a strong indicator of wellbeing but have linkages to place and environment. The person - environment fit theory is important in these consideration. Person-environment fit is the fundamental assumption that there is a reciprocal relationship between the person and their environment; people both seek out and create and shape environments that allow them to behaviourally manifest their traits (Su, Murdock and Rounds 2015). For example, a highly social and dominant older person is more likely to take on a leadership role in their community, and in turn shape activities that occur in certain community places, those places also shape the activities that occur. A more

introverted person on the other hand, may seek out and thrive in an environment where they have more opportunities for isolated activities in their home.

Kahana et al. (2003) examined the person environment fit concept, which traditionally focused on institutions, in community settings - neighbourhoods in particular - and argued that elements of the person, the environment, and the person-environment fit are all important for retaining residential satisfaction for older people in a neighbourhood. The study exploreded the relationship between the dwelling, the neighbourhood, individual traits, and the congruence of these factors for older people's residential satisfaction. The study suggests that in residential settings people's activities are shaped by the interaction between what the environment has to offer and what individuals want or need to do. This is a dichotomous tension as there can be both barriers and facilitators that influence a person's ability to fulfil their wants and needs, creating complex outcomes for quality of life and/or wellbeing. For older people this tension and relationship is particularly pertinent in relation to their diverse experiences of health status, functional status, lifestyles preferences and many other values. Therefore their perceptions of neighbourhoods and open spaces are particularly important (Kahana et al (2003). This links back to the work of Rowles (1978) cited earlier in this section that suggests that as individuals grow older their opportunities for greater mobility naturally lessen and they become more dependent on their immediate home and local community, which can in turn amplify attachment to place.

Environmental gerontology (in conjunction with person-environment fit) discourse contributes further to these linkages between place and wellbeing for older people. Environmental gerontology as a general theory (albeit one that has transitioned over many decades) set out to address the description, explanation, and modification or optimisation of the relationship between an older person and their environment (Wahl and Weisman 2003). Environmental gerontology has made significant contributions to understandings of how spaces and places shape the lives of older people; from the micro scale of housing design, to the macro scale of the age-friendly cities movement. Environmental gerontology posits that environment is one (of many) crucial factor that shapes what it means to have a 'good life' in older age, and the earlier contributions to the field of environmental gerontology, which are argued to be the most critical (Wahl and Weisman 2003) emphasised socio-physical surroundings and the way these impact on the ageing process and it's outcomes, which again highlights the social implications embedded in the relationship between the individual and their environment.

As stated earlier in this section, the people-place relationship has a unique role in shaping wellbeing for older people. Scholars of place attachment, person-environment fit and environmental gerontology recognised the intertwined relationship between the individual, the social and the environmental. Where scholars such as Harper (2006) examine the life course perspective to highlight the complexity of individual experience which becomes more pronounced with age, the linkages to person-environment fit can be directly drawn, and again as highlighted by Peace et al. (2007), environment shapes the context in which older people continue or maintain activity, social interaction and continue to shape their own identity.

2.9 Summary

This chapter began with an overview of global and Australian population trends, then explored the integral role that community and social capital play in enhancing wellbeing for older people. Strong communities foster social capital and social and community participation are vital ingredients for social capital. Much evidence suggests that health and wellbeing are enhanced through social and community engagement and that loneliness and social isolation are not only prevalent in older age but also directly impact wellbeing.

Life course experiences create complex circumstances that dictate why, where and how people live out their older age. The person environment fit theory also helps in understanding the reciprocal relationship between people and the places in which they live out their daily lives. The chapter went on to explore the themes of ageing in place, place attachment and the design of the built environment, all of which add to the social factors that create a dynamic set of indicators of wellbeing for older people in a variety of settings. Place can be very important for older people; where you live and the way in which the built environment shapes access and makes you feel, can have a profound impact on wellbeing. Person- environment fit and the environmental gerontology discourse are drawn in to the discussion to highlight the dynamic and circular relationship between individuals, environments, communities, social capital and place.

While many communities, including several in South Australia, have had made great progress towards improving age-friendliness, this literature review has highlighted how many Australian approaches remain focused on the built environment aspects of age-friendly cities. This thesis aims to highlight the complicated tenets of age-friendliness, and better connect the dots between the physical and social environment, to provide a more holistic picture of the social and environmental factors that shape wellbeing for older Australians.

CHAPTER THREE: RESEARCH DESIGN

3.1 Introduction

This is a social research study; social research reviews the predominant social roles and interest groups in society, what they do, what experiences they have and how these connect individuals, groups and society as a whole (Kellehear 1990). It unites the general and the particular and adopts a mixed methods approach to enable the triangulation of qualitative and quantitative data with existing evidence. The research design addresses the research aims and objectives outlined in Chapter One that seek to contribute knowledge in relation to the ways in which *community, social capital, place* and *built environment* interplay to shape experiences of wellbeing for older Australians.

A qualitative social research methodology has been applied to this study, combining case study analysis with semi-structured interviews and adopting a social constructionist epistemological viewpoint. A small amount of quantitative data has also been collected to enable some triangulation of issues discussed in the semi-structured interviews. While technically a mixed methods approach this study emphasises the value of qualitative data collection in social research.

This chapter begins by describing the epistemology that frames this research, and what social constructionism means for this research. This is followed by an explanation of the theoretical framework that informs this study, followed by the methodology, methods for data collection and analysis. The chapter concludes by exploring the limitations of the study and the relevant ethical considerations. Figure 4.1 outlines the research framework using a ‘process model’ based on the work of Crotty (1998).



Figure 3:1 The four elements of social research
Source: based on the work of Crotty (1998)

3.2 Epistemology (Social Constructionism)

Where ontology is the analysis of the nature of being and what is real, epistemology is shaped by the understanding of knowledge; the nature of what is known about what is real. This study considers the relationship between the social and physical environment and investigates this from a social constructionist epistemological viewpoint.

Studies of the relationship between the environment and getting older have been traditionally shaped by either a separatist ontology, which views the physical environment as objective and 'separate' from people, or a holistic ontology, which views them both as entwined. This study considers the work of Lawton (1998) who challenged the notion that these were conflicting approaches and recognised that both ontological positions can shape an epistemological viewpoint.

A social constructionist epistemology is applied in this study, which borrows from of Lawton's (1998) notion of the intersection between both a separatist and a holistic ontology. This viewpoint is drawn from the 1966 work of Berger and Luckman, entitled *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. According to Berger and Luckman, social constructionism views human perceptions of reality and ideas of how to behave in a certain context to be produced and sustained via a combination of individual agency and environmental social forces over time (Berger and Luckman, 1966). Social

constructionism connects processes and meanings to practices within their respective contexts. This allows an understanding of context from the perspective of those inhibiting them in order to influence them to operate more effectively into the future.

In the case of this study a social constructionist standpoint asserts that wellbeing means different things in different social contexts due to the interactions and processes that have gone on there over time. As a result of the needs of people and the nature of their living environments, phenomena exists because it is viewed as salient to those in context in which it evolves. Social constructionism focuses on what different things mean in different contexts and typically emphasises the subjective nature of 'reality.'

To investigate the social phenomena of wellbeing for older people through a lens of social constructionism a variety of methods and settings have been selected to allow study participants to provide detailed accounts of the many interacting place related factors that impact their wellbeing in an attempt to allow for new and detailed insights that importantly acknowledge .

3.3 Theoretical framework

The concept of social capital is revisited in this chapter, to describe its application as a theoretical framework that has informed this research design. Bourdieu's (1986) conceptualisation of social capital is well reputed, and his critics present a plethora of discursive literature that spans many decades. Bourdieu's Marxian conflict theory perspective of social capital and how it shapes affluence has informed the theoretical foundation of this study; this is the understanding that due to various levels of access to resources and social networks, some people experience greater wellbeing. Bourdieu's perspective is contrasted here with Putnam's (1995) and Coleman's (1988) views of social capital.

Bourdieu's (1986) three dimensions of capital: *economic* (monetary), *cultural* (skills and production within a group) and *social capital* are interrelated within class dimensions (Siisiainen 2003). This is arguably the most comprehensive iteration of the concept as it connects social capital to the broader sociological environment. Bourdieu (1986) proposed three main functions of social capital: that it allows individuals to gain access to resources, and to manage the quality and amount of those resources (Wilson & Chiveralls 2004). Bourdieu's (1986) early work emphasises conflict and power within society, i.e. the ability for individuals to advance their position (power) by utilising social networks to gain resources.

Bourdieu's (1986) approach to social capital and society as a whole considers how individuals struggle in pursuit of their own interests (Siisiainen 2003). While individuals are actors in

society constrained by social norms, they also possess some power over their choices and history. Bourdieu's (1986) economic capital suggests power is gained through money and that possessions/property increase social capacity. Cultural capital, however, evolves through the 'habitus' state, where the conditions individuals are born into shape their ideas and social attitudes; it can also form in the culture of certain institutions, i.e. someone who has worked in a certain place or attended a particular education institution will develop specific cultural norms (Bourdieu 1986). Bourdieu considered social capital as a resource that evolves through the connection or membership of a group or network, developed by the relationships of the actors involved in that network (Ihlen 2005; Siisiainen 2003).

Coleman (1988) adopted a functionalist perspective of social capital grounded in rational choice theory. Functionalism accepts that inequality is a natural occurrence, and that individuals have their place in society that should not be challenged. Coleman (1988) proposed a three-tiered framework incorporating physical, human and social capital. Physical capital aligns with Bourdieu's economic; however, the physical refers to materials for production as opposed to simply money. Coleman's (1988) human capital referred to an individual's skills and capabilities that are gained through learning. This is similar to Bourdieu's (1986) cultural capital but lacks the more complex stratums of cultural development. Bourdieu however, applied it as a theory to explain the formulation and stratification of social organisation (Wilson & Chiveralls 2004).

Putnam (1995) addressed the collective value and social integration that is seen as a by-product of social capital. Putnam's ideas about social capital and trust suggest that solidarity creates stabilisation in society (Siisiainen 2003). The increased prevalence of social mobility; socio-demographic changes such as more women in the workforce, rising divorce rates and decreasing family size; along with the tendency for people to find leisure in the private of their own homes (caused predominantly through technological innovations), all contribute to the decline of social capital from Putnam's viewpoint (Siisiainen 2003).

In essence, social capital imparts trust and encourages resource exchanges, thus contributing to the development of strong communities and social wellbeing. Social capital evolves in many social structures and institutions; however, its downfall lies in its capacity to foster social exclusion. It is difficult to deny however that individuals and groups alike benefit from feelings of trust, a sense of belonging and/or stronger connections with others. These formal and informal social relationships offer a platform for networking and reciprocity and foster social capital. Through a social constructionist lens the nature of social capital that develops in various settings is shaped by individual agency and environmental social forces over time.

Studies demonstrate that individuals who are socially engaged feel a greater sense of belonging (O'Connor 2013) and are therefore likely to engage further (Shah et al. 2002). Liu and Besser (2003) consideration of Putnam's work on social capital and its application to community demonstrates this evolution of engaging, and then feeling the benefits so further engaging. Cross cutting networks that are acquaintances, with time become familiar and, foster a growing sense of trust and reciprocity. In communities where social capital is high residents all contribute and see a long term balancing of effort; the more people invest in their community, the more likely it is to pay off in the long term. Low levels of social capital are a risk factor for loneliness (Nyqvist et al. 2016) and health and wellbeing are strongly linked with loneliness and social engagement (de Jong Gierveld, Van Tilburg & Dykstra 2006). This thesis addresses the influence of the built environment on the opportunities for social engagement and the development of social capital in both rural and metropolitan areas; relationship between interactions with the social and physical world and social capital and wellbeing.

3.4 Methodology

This research adopts an explanatory and partly comparative case study methodology (Mills, Durepos & Wiebe 2010), whereby the rich detail in the context of two or more instances of specific phenomena is examined and compared. Five geographically bounded case study sites were analysed and the similarities, differences and patterns of participant engagement within these communities was analysed and explored, the comparisons are mainly drawn out in relation to rural and the metropolitan context. The geographical boundaries represent South Australian local government areas. These boundaries are the easiest way to identify a range of participants from areas distinguished as a 'type' of Australian setting i.e. remote, coastal, low density metropolitan fringe, or as having specific demographic characteristics, i.e. variations in socio-economic status. The detail provided by participants in each case study site enabled in-depth insights, enhanced by applying purposive sampling in each case study area, aimed at recruiting participants with similar demographic qualities and stakeholders with relevant and similar job roles to enable relatively comparable results between these different settings.

3.4.1 Case study research methodology

The case studies utilised in this research study investigate a variety of experiences among older individuals and groups in different living and community contexts. Their experiences are shaped by personal identity, the spaces and places in which they live and interact, and the linkages between these, their sense of attachment to place and their social and emotional wellbeing. Stake (1995) describes case study research as inquiry into the uniqueness and

commonality of an individual person or program. Yin (2011) suggests that case study research is appropriate when examination of modern phenomena in its real life milieu is required for empirical investigation. This is particularly powerful when there is blurred definition between the phenomena and its context. The case study methodology is particularly relevant to this study - according to Yin (2003, p. 1) case studies are a valuable approach when 'how or why questions are being posed, when the investigator has little control over events, and when the focus is on contemporary phenomenon within some real-life context.' They are particularly useful in contributing to individual, group and social phenomena and when studying sociology and community planning. In the case of this study, which looks at contemporary social phenomena, how and why questions are a feature – how does place impact wellbeing; how does place shape social engagement; how does living in a rural town, differ from a metropolitan area for an older person?

Critics suggest that an 'exploratory' form of research (such as case study analysis) seldom produces rigorous conclusions, or that generalisations about society cannot be made from a single case (Flyvbjerg 2006; Swanborn 2010). Yin (2009) argued that complexities arise when analysing a phenomenon in context, which can often reveal many variables. Case study research is appropriate for certain organisational, community, social and humanised research (Flyvbjerg 2006). Case studies help to answer the how and why questions in social research rather than simply assessing frequency or volume.

Social capital manifests itself uniquely dependent on circumstances and can only be tangibly defined case by case. For example, the type of social capital among older women in a rural craft group is different to that in a metropolitan retirement village. Although similarities in the benefits of these social networks might be drawn, the nuances can only be drawn out through case analysis. This study incorporates multiple cases. Single case-study analysis can be used to illustrate an exception to a pre-proven trend or theory and multiple case-study analysis is useful in highlighting where specific or complex phenomena may exist in various circumstances (Yin 2009).

3.4.2 Case study selection

This is a South Australian research study; it offers a variety of typical Australian settings to appropriately depict the challenges and opportunities older people are presented with in both rural and metropolitan localities. South Australia is the second oldest Australian state (behind Tasmania), with a median age of 40 years (ABS 2015a). The total population for the state of South Australia in 2017 was 1,721,000 persons (ABS 2017a). Geographically the state has a total land area of 984,377 square kilometres and encompasses the capital city of Adelaide,

which is home to over three quarters of the state's population; South Australia is one of the most urban-centric states in Australia. There is also a wide range of both inland and coastal rural or regional towns and cities in South Australia (typical of Australian rural living).

A brief summary of the selection process is offered in this section to inform the research design. However, Chapter Four offers more detailed information on each of the case study locations selected. A total of 5 case study locations were selected to capture a broad range of typical Australian settings, and socio-economic circumstances of older Australians, whilst also limiting the scope enough so that a reasonable amount of in depth analysis of each area was possible. Three metropolitan areas were selected with low, medium and high socioeconomic ranking to capture a broad range of participants: the City of Playford, the City of Holdfast Bay and the City of Burnside. Jamestown in the Mid-North of South Australia was selected as a rural case study area because of its smaller population and remoteness from metropolitan Adelaide. Victor Harbor, the second rural case study, is a larger coastal rural city and a popular retirement destination approximately 80 kilometres from Adelaide. Appendix C shows a listing of all of the suburbs included in each case study area, excluding Jamestown.

In the initial research planning stages, a third rural case study had been earmarked. Murray Bridge is a regional (non-coastal) city quite a similar distance from metropolitan Adelaide as Victor Harbor. Murray Bridge is a focal location for retirees from surrounding farming districts and is a service hub for the surrounding Murray Mallee region. Murray Bridge was eliminated as a case study because the insights it offered were neither more nor less representative of rural living for older people than those of Victor Harbor and Jamestown. It was determined that the time spent on recruitment and data collection in Murray Bridge would be better invested in the other two rural case study locations.

3.5 Methods of data collection and analysis

This study has adopted a mixed method approach; utilising both qualitative and quantitative data (Matthews & Ross 2010); with a primary focus on qualitative data from semi-structured interviews.

Qualitative data depicts personal and reality oriented summations of the meaning and experiences of people in the real world (Denzin & Lincoln 2007; Matthews & Ross 2010). This locates the observer in the world, and transforms the world into a series of representations. Qualitative researchers attempt to make sense of different social processes or phenomena, and the meaning people attach to them, in an interpretive manner (Denzin & Lincoln 2007). Qualitative research produces rich research findings, with less generalised

insights than quantitative data (Denzin & Lincoln 2007; Matthews & Ross 2010), and can be adjusted to suit unique research settings often shaped by the local political and social contexts (Creswell 2007; Denzin & Lincoln 2007). They can also offer an outlet for the silent voices of marginalised citizens (Creswell 2007). All of these qualities are valuable for research focused on older people's experiences of wellbeing in different settings and circumstances.

The semi-structured interviews were guided by a series of interview questions, which were categorised under broad themes. The interview process was designed to enable participants to feel as comfortable as possible and a relatively flexible approach was applied in terms of language and structure.

The data collection also included two small quantitative survey tools and secondary data analysis, including document analysis and demographic data analysis. Mixed method approaches enable triangulation of research findings offering a more holistic depiction of individual experiences. The quantitative and secondary data sets were incorporated to substantiate the qualitative data presented. A mixed methods approach allows for consistency checking (Matthews & Ross 2010). The following sections outline the methods of data collection and analysis.

3.5.1 Participant Selection

With the aim to interview a cross-section of participants in each community in order to capture rich in-depth information a 'smaller numbers, but richer data' approach was adopted (Yin 2009). The final participant numbers are as follows:

- 24 to 30 older individuals from metropolitan case study areas. Eight to ten participants were recruited from; the City of Playford, the City of Holdfast Bay and the City of Burnside.
- 16 to 20 older individuals from rural case study areas. Eight to ten participants were recruited from Victor Harbor and surrounding areas and from Jamestown and surrounding areas.
- At least one aged care service provider was recruited from each case study area.
- At least one local government community development or social planning officer was recruited from each case study area.

3.5.2 Sampling and Recruitment

Purposive sampling was adopted for recruitment in this study. The aim of purposive sampling is not to create 'a sample statistically representative of a population', but to select people or cases 'to enable the researcher to explore the research questions or develop a theory'

(Matthews & Ross 2010, p. 167). Participants in each locality were (where possible) selected based on age, gender, marital status and ethnicity, and role (for service providers), to ensure that a broad cross-section of older people, and informants with the right expertise, were recruited.

Older participants were recruited through:

- Aged care service providers
- Community groups and organisations
- Personal contacts
- Snowball sampling

Matthews and Ross (2010, p. 162) describe snowball sampling as 'a sampling technique where members of an initial sample are asked to identify others with the same characteristics as them, who the researcher then contacted'. In this study the key representatives for local community groups/organisations in each case study area were contacted. The research project was explained to them over the phone by the researcher and in most cases they were recruited for an interview at this time. The researcher then asked permission to post out multiple a recruitment display poster (see Appendix D) and several participant information sheets (see Appendix E). After a week or two the researcher followed up with a second phone call and asked the person if they could recommend anyone else to participate based on the information they were provided to distribute. In most cases other potential participants were recommended and a convenient time and place for the interview was agreed at the time.

Service providers were approached via email (or by a phone call with a follow up email) with an explanatory introduction to the research project and attached information sheet. These services providers offered different insight and added rigour to the credibility of certain emergent themes in each area, as 'key informants,' on the context and the local issues on a broader scale. This is important for case study research, as 'such persons not only provide with insights into a matter but also can suggest sources of corroboratory or contrary evidence' (Yin 2009, p.90)

This recruitment process was not always successful at first and required a number of follow up attempts (see more detail in section 3.6). Aged care service providers in many cases offered to promote the research, or invited the researcher to visit group meetings for participant recruitment. The recruitment methods outlined here are considered suitable for a case study methodology (Yin 2009) and have enabled access to a broad cross-section of research participants. The limitation section of this chapter provides some further discussion of the challenges these selected recruitment strategies presented.

3.5.3 Semi-structured interviews

Semi-structured face-to-face interviews were the main method of data collection used in this study. Semi-structured interviews allow for exploration of individual opinions and insight into the importance they place on certain discussion points (Bryman 2008; Matthews & Ross 2010). This can reveal new understandings for the researcher and inform new ways of approaching the research. They uncover detailed information about the subject, as well as insight through observation of how that information is shared; i.e. particular words and phrases, mannerisms or body language participants' use during the interview process. The semi-structured interview design places some boundaries on content and direction to maintain the focus of the interview (Bryman 2008), but also enables flexibility for thorough explorations of discussion points relevant to the research aims, uncovering the meanings behind certain opinions and experiences (Matthews & Ross 2010). Ultimately this format produces richer, more meaningful data.

3.5.4 The interview process

Several strategies were applied in this study to ensure both flexibility and consistency in the way that each interview was undertaken. Participants were invited to nominate an interview location that was convenient. Somewhere they would feel comfortable, whether in their own home, or at a local public or community venue. Participants were informed of the interview themes prior to the interview and at then in more detail at beginning of the interview. In most cases participants had a pre-interview discussion with the researcher over the phone, to ensure that they were comfortable with the interview process, the research themes and the types of questions that would be asked.

Both a set of questions and general categories of questions were used to guide each interview, however there was no rigid structure to the interviews. The questions facilitated a conversation and the researcher used these in many instances to direct the conversation back towards the key themes where appropriate and necessary, but also aimed to allow each participant speak openly about certain reflections or thoughts prompted by each question. Participants shared detailed stories and many of the discussions strayed 'off-topic' at times, however the researcher felt this was necessary to build a repour and ensure each participant had a positive interview experience, felt supported and felt that they could share with honesty.

On reflection, a slightly more rigid structure may have meant that each participant answered each question more directly, however this would have created an 'overly-structured' interview and may have made participants feel they were being forced to reflect on things that weren't particularly relevant to them. The researcher refrained from dwelling on any questions that

seemed irrelevant or didn't seem to resonate with a participant. The variation in responses to different questions highlights the variation in value that different individuals place on different aspects of their life, and the inherent varied opinions and perspectives that every individual human has.

The interviewer attempted to be as mindful as possible of the ways in which different personality types communicate. In reflexively considering the interview process, it is impossible for one individual researcher to ask questions in the 'perfect' way that suites each participant, but importantly, the researcher had several strategies for asking questions in a number of ways to suite the varied communication styles of different participants.

In some instances the nature in how the questions were asked was adjusted at the interviewer's discretion, to seek answers that fit within the broad themes, but most importantly encouraged an honest discussion about the social and place based factors that genuinely impacted the participant's wellbeing on an individual and contextualised level. After experience with a number of interviews, if there were instances where responses were counter to the key themes that were merging, and significantly deviated from the majority of responses, the interviewer would try and explore the discussion a little further to draw out some causality and reasoning. A couple of these outlying and countering themes, i.e. where two participants have described the same thing in an area quite differently, are explored in the discussion chapters, where differences in the individual circumstances have caused participants to have had such divergent views or experiences.

Where questions were slightly emotive, the researcher applied particularly sensitive discretion, for example when asking participants if they had experiences of loneliness. Some participants volunteered a great deal of information about these feelings, and expressed a need to talk about it openly, whilst others very quickly dismissed the matter, and in those instances the researcher quickly moved on to the next question.

3.5.5 Survey questionnaire

Two short paper based survey instruments were used to inform the interview data; completed prior to the interviews. These included a short demographic survey and a Likert scale survey instrument, modelled on the UCLA Loneliness scale (Russell 1996). The latter intended to capture experiences of loneliness and isolation, and an open-ended text box at the end allowing participants to share anything further about their experiences or situation. The survey data enabled some structured quantitative comparisons between participants, but also scope for data triangulation between what was captured by the surveys and what was

discussed in the interviews. A copy of demographic survey instrument is included in Appendix F and a copy of the loneliness scale survey instrument is included in Appendix G.

3.5.6 Community profiling and document analysis

The document analysis component of the data collection involved reviewing demographic information of the case study areas, as well as a review of local community services and strategic documents with a focus on wellbeing for older people (Matthews & Ross 2010). Both hard copy and online reports and publications have been reviewed to illustrate the range of services and organisation in each case study community that contribute to wellbeing for older people. National, state and local policy documents relevant to the social wellbeing of older people have been reviewed. Participant views about their local community and the success of local services and structures have been measured against the community profiling and document review, adding further rigour to the results.

3.5.7 Data collection tools

A digital voice recorder was used to record all face-to-face semi-structured interviews to ensure that details from the interview could be carefully transcribed, analysed and accurate direct quotes could be presented in the research results and findings (Matthew & Ross 2010). Printed interview questions were taken to each interview, along with a journal to record field notes and key points in the discussion and other relevant observations. Other printouts in the researcher's data collection toolkit included copies of information sheets (see Appendix E), consent forms (see Appendix H) and the two survey tools (see Appendices F and G). These were completed by hand at the time of the interview and then entered into SurveyMonkey™ (survey management software). In a few instances with stakeholders, email and phone correspondence was used to complete interviews or follow up with specific questions. One interview with stakeholders in Holdfast Bay was done in a group, with five stakeholders involved.

3.5.8 Data analysis methods

Transcription

All interviews were transcribed into word documents; in most cases the researcher did this. A professional transcription service was enlisted in a few instances, where the interviews were lengthy and time resources constrained.

Thematic Analysis

The method of analysis for all data transcripts was a qualitative approach using thematic analysis which involves working and re-working with raw data to identify key themes (Matthews & Ross 2010). In applying thematic analysis the researcher has drawn on the

theories of Braun and Clarke (2006), who describe thematic analysis as a method used for 'identifying, analysing, and reporting patterns (themes) within the data' (2006, p.79). According to Braun and Clarke (2006, p. 9) thematic analysis can be a 'contextualist method, sitting between the two poles of essentialism and constructionism.' It acknowledges 'the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings.' It does this while 'retaining focus on the material and other limits of reality'. In this sense, thematic analysis can both reflect reality and make sense of the meanings or causal factors that sit beneath the surface of that reality.

The theming process enabled the researcher to develop boundaries to manage the unstructured and complex nature of qualitative data (Matthews & Ross 2010). A 'theme' in the context of social research, is a recurrent notion, idea or recount from more than one participant that comes up more than once and characterises a common perception or experience relevant to the research question (King & Horrocks 2010). A theme captures a key idea about the data in relation to the research question and represents some level of patterned, connective response or meaning within the data set (Braun and Clarke, 2006, p.10). Data theming involves a systematic approach, grounded in truth and presented in a way that is accessible. The process requires flexibility as interpreting the data starts at the very beginning of the collection phase and can change shape as new discoveries are made (Matthews &Ross 2010). Importantly as the researcher became more experienced in the interview process they were also able to find several key prompt phrases in order to get the best discussion and information flow from participants (Folkestad, 2008, p.4).

Importantly, consistency was applied throughout the process of determining themes in this study. According to Bazeley (2009, p.6), themes only attain full significance when they are linked to form a coordinated picture or an explanatory model. Bazeley presents 'describe, compare, relate' as a simple three-step formula for theming and presenting data. As Braun and Clarke (2006) explain themes or patterns within data can be identified either in an inductive 'bottom up' way, or in a theoretical, deductive 'top down' way. According to Thomas (2003, p.2), an inductive approach allows research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints of structured methodologies. Thomas (2003) proposes three main purposes of an inductive approach: (1) to condense extensive and varied raw text data into a brief, summary format; (2) to establish clear links between the research objectives and the summary findings derived from the raw data; and (3) to develop a model or theory about the underlying structure of experiences or processes which are evident in the raw data. Top-down and bottom-up processes are both necessary and interact in the presentation of themes in this study to maintain the linkages between the raw data and the overarching theoretical framework.

Thematic analysis in this study began with brainstorming during the interviews themselves and whilst transcribing the interviews; the researcher was able to gradually identify emerging themes in the raw data, within and across case studies. These were documented using Excel worksheets and keywords identified to chart discussion on various themes. Braun and Clarke (2006) suggest that patterns are identified through a rigorous process of data familiarisation, data coding, and theme development and revision. Themes emerging from the interviews were reviewed and discussed with the supervision panel. The themes could be coded and categorised to some extent through the order of the interview questions and discussion, as many of the same kinds of discussions emerged out of the key question categories. However, most themes cut across several of these categories and through the transcription and analysis process the researcher was able to gradually make sense of and further define these.

As a result of having developed the interview questions, undertaken all of the interviews, transcribed the interviews and undertaken the thematic analysis, the researcher was also able to apply a systematic approach to coding the data. Coding (Gibbs 2007) is how the data is grouped and defined and involves pulling out passages from the transcripts and grouping them as relating to the same idea.

In this study the coding process involved the researcher identifying a hierarchy of codes (Gibbs 2007) as themes and sub themes and exploring groups of words that relate to certain aspects of these themes and sub themes. The categories and order of the questions helped to shape this coding process and grouping data quite quickly in some instances as often (but not always) the majority of data from one questions related to specific theme. Individuals have different ways of describing different things, and the researcher was able to connect the dots easily between things people were describing. One example of how coding was approached in this study was comments in relation to certain themes were tracked as either positive or negative, i.e. this many people spoke highly of health services in the town, however this many people had certain complaints. This tracking has been presented in tables at the end of each results chapter.

This study utilises approaches to coding to enable both the grouping of data that related to the same theme, and also identifying linkages between certain themes, which is a particularly powerful tool for case study comparisons where relationships between things are influenced by other contextual factors. These themes have been linked back to the theoretical framework that informed the research design. A process of triangulation was applied using information from secondary data analysed for each case study areas, and raw data from the ‘key informant’ service provider interviewees who tended to have a more collective, outsider perspective, rather than an individualised perspective of certain themes and issues.

Themes of investigation

For each type of study participant (older person, community development officer or aged care worker) separate sets of questions were established based on their role and relevance to the study aims and objectives. For the older participants the interview themes included the following sections: current situation (i.e. why they live where they do), local built environment factors (i.e. strengths/weaknesses of the local built environment and service infrastructure for older people), experiences with aged and health services, social and community engagement and assistance (i.e. groups they engage with and formal and informal support networks they rely on) and experiences of loneliness and isolation (whether these affect or worry them and solutions). Community development and aged care workers were asked to describe their role and then reflect on their observations of the experiences of the older people they interacted with, in relation to the abovementioned themes. Refer to Appendices I, J, K for a full listing of the interview guides.

Presentation of data and themes

The data in this study is presented across two results chapters; Chapter 5, focusing on metropolitan case studies, and Chapter 6, on the rural/regional case studies. The research findings for this study are presented in an interpretive format; with a focus on the values that individual subjects attached to their experiences. Due to the extensive amount of data collected, across 5 case study areas, presenting the results of each case study area individually was determined as the most practical way, to maintain some connection to context. This presentational of results includes some subtle references to the overarching theoretical framework to explore where certain results relate to other research and theory (applying both inductive and deductive analytical methods). The common and unique themes across case study areas, some of which directly correspond to the themes of investigation, are drawn out further in the discussion chapter. The discussion and findings sections present intrinsic meanings to highlight both common and unique issues across, between and within the five case study sites rather than argue a specific point or develop a major theory. This approach to cross-thematic analysis between, within and across case studies is critical for understanding complex, interrelated social issues (King & Horrocks 2010).

3.6 Study challenges, limitations and perceived opportunities

3.6.1 Challenges and limitations

The following challenges and limitations were identified throughout the course of this study:

- Due to the large volumes of data collected throughout this study, there was a likelihood of over summarising certain points or alternatively become overly focused

on non-pertinent issues. While the point of the case study was to capture unique information, the data analysis required constant re-checking against the key study aims (Matthews & Ross 2010; Yin 2009).

- Qualitative research involving subjective views can be challenging to analyse pragmatically. Thorough scrutiny has been applied at all stages of the data collection and analysis. However, participants can report things that are untrue or misguided in interviews. Justification of data validity has constantly underscored the data analysis process (Denzin & Lincoln 2007). The richer data smaller numbers "mantra" that underpins qualitative research can mean that there is less statistical power in the trends and themes identified. The researcher has made every attempt to be conscious of that limitation in the data analysis and reflection of key themes in this study.
- While thematic analysis is flexible, there is a risk that this flexibility can lead to inconsistency and a lack of coherence when developing themes (Holloway & Todres, 2003). In this study attempts have been made to maintain consistency and cohesion by applying both an inductive and deductive consideration of the key themes, where reference to theoretical framework is constantly considered in relation to the meanings drawn out of the raw data.
- One criticism of thematic analysis is that there is a tendency to fragment data. Through the process of coding data into themes, the researcher can lose coherence in terms of the context and connection between that piece of data and other elements of the interview narrative. In this study many of the themes have been presented with a lot of raw data as evidence of the specific descriptions made, but also certain data has been presented more generally, in relation to other data that contextualises the comments where necessary. For example, participant X, who lived in this type of situation also made a similar comment. Therefore the reader can understand that whilst that piece of data shows a common theme, there are other factors that also make that piece of data interesting in the context of another theme that that participant has touched on.
- This project spanned over four years and as such the topic has shifted as literature and policy has been updated. Maintaining topic relevance and keeping literature analysis relevant and current, particularly in light of significant aged care reform in Australia, has been an ongoing challenge.
- The time frame created challenges for the depth of the research objectives alongside the broad scope of this project (multiple case studies and in-depth interviews) were further constrained by the limitations of being a lone researcher. Thus, this thesis

focuses on the core, key issues and many additional findings have informed ideas for further research.

- The questions in this study were designed to encourage participants to provide honest, detailed responses. As is common for many social research projects, the most relevant participants to offer insight on certain issues could not always be recruited. For example, the very nature of isolation creates challenges in recruiting isolated individuals. Another example is that stakeholders in roles relevant to this research did not always respond to recruitment attempts. Ultimately participation in research is voluntary and this can limit access to the most relevant data.
- The recruitment strategy meant that the participants who were recruited were typically more socially connected. Whilst some strategies, through the snowball sampling approach, were applied to capture less dominant voices (i.e. asking participants if they could recommend someone they knew who was less socially engaged) these individuals are always difficult to find and typically more resistant to an interview. This is a common limitation of social research studies, and is challenging to avoid.
- It is challenging to recruit older people into research, particularly frail older people. Therefore, additional recruitment time and patience with the process was required (Harris & Dyson 2001).
- The rural case study locations also added to the recruitment challenges and time frame for data collection, and absorbed additional resources (time and costs of travel).
- On reflection, some recruitment strategies could have been managed differently, i.e. multiple approaches rather than heavy reliance on snowballing from a particular community group leader. However, given the time restraints, and the sheer number of participants that were required across all five case study areas, it was challenging to dedicate more time to different, and more intensive forms of recruitment, and when weighing this against the importance of having a diverse range of voices in many settings captured, the researcher accepted the final recruitment strategies as a 'good balance.'
- Service providers were difficult to recruit, however in most instances persistence paid off. The researcher mad effort to recruit the same 'types' of service providers in each community i.e. at least one community development officer working in local government, at least one aged care service provider, and in a number of cases at least one volunteer service provider. Email was usually the first strategy to recruit services providers, as unlike the older participants they were typically working more hours and more time poor. The information sheet was always attached to the email and a

clear/brief explanation of the study provided. In most cases this was followed up with a phone call a week or two after the email had been sent. The researcher made effort to be as flexible as possible in arranging a time to meet with all participants.

- Appropriate presentation of the data was another challenge of this study that the researcher discussed several times with the supervision team. Concisely and presenting themes from across five different case study areas, that are divided into two sub categories (metropolitan and rural) is challenging. The option to present all study results from each of the five case study areas, under theme only, was explored, however as a result of the complexities of the five settings, the researcher determined that presenting the raw data results, with some subtle analysis, under each of the case study areas was important, to encourage reference back to the context and avoid fragmentation. In the discussion chapter the researcher then drew out the most significant overarching themes and then pulled these together with less case specific consideration. This enables the reader to understand and be mindful of the context, but also of the key trends in the data without being too wedded to the context where it was not relevant to be. There is a lot of data presented in this study, however given the number of interviews, the variety of case study settings, and the broad scope of themes of investigation, this was deemed necessary to offer a complete picture. Where possible, certain data were summarised using tables in an attempt to provide more clarity in the narrative at certain points.

3.6.2 Aspects that were both a limitation and strength

Three aspects of this study were considered to be simultaneously limitations and strengths; both are related to the role of the researcher:

- The researcher is not an older person, nor a resident in any of the case study localities. This created limitations in gaining access to participants and general knowledge of the case study areas. However, this could be viewed as a benefit to the study in that it limited the scope for bias and enabled objective interpretation of the results.
- The researcher has made effort to consistently apply reflexivity in this study. Reflexivity recognises that the research results will always reflect some of the background and predilections of the researcher themselves (Gibbs 2007). The social researcher will always be positioned in the world or context they are describing and the influence this may have on the data collected cannot be avoided. As much as possible and necessary the researcher has considered the ways the data collection and analysis process, the theoretical frameworks that have shaped the researchers

understandings and analysis of data, and their positioning in the context of the social group or living environment being investigated (see first dot point of this section above) have all influenced the findings. Charmaz (2006) suggests that the social constructionist approach to research means acknowledging that subjectivity applies also to the researchers and reemphasises the notion that consideration must be given to both the researchers' and participants' backgrounds when data is being collected, selected, and analysed. Charmaz (2006) posits that a reflexive, interpretive approach to the data is important in recognising that the data continuously socially produced between the researcher and the participant.

- Most primary data was collected in person, and thus the researcher's identity was obvious to all research participants. 'Absent interviewing' (by phone or online) can evoke a different set of responses than face-to-face interviewing (Matthews & Ross 2010). Results can be influenced by the way in which the researcher asks and guides the questions and the way in which the participant responds to the researcher's personality. The participants' answers can be influenced by what they think the researcher wants to hear and might be less honest than they would have been if the researcher was absent (Denscombe 2014). The benefit of the researcher's presence during semi-structured interviews however, is that they have the opportunity to focus on the most relevant discussion points, 'tease out' the meaning and nuances of responses, clarify questions, and create rapport with the participant. Being a 'present' researcher can connect dots between the interview taking place and previous interviews they have already undertaken, allowing flexibility in the research model.

3.6.3 Perceived opportunities and strengths

The following aspects of this research were perceived to be advantageous:

- The multiple case studies and purposive sampling has enabled representation of balanced comparisons within and across case study areas, strengthening the credibility and establishing the weight of issues that were common across many settings.
- Secondary data, such as demographic statistics and policy information, were readily available and not dependent on participant recruitment.
- The availability of both secondary and primary data enabled broader analysis and the ability for cross checking issues and triangulating data.
- Generally participants were quite willing to participate, as they saw the immediate potential for contribution. The majority of participants were retired, which meant they had better time flexibility and were therefore, possibly more willing to take part in a research interview.

3.7 Ethical considerations

Due to the impact that human research can have on the wellbeing of participants this research project received approval from the University of South Australia Human Research Ethics Committee (HREC Application ID: 0000031410, approved on June 25 2013). The following subsections outline the basic ethical issues that were addressed and procedures that were adhered to – most of which are drawn from Matthews and Ross (2010).

3.7.1. Informed consent

Participants were presented with an information sheet and consent form to sign prior to the interview commencing. Participants were asked to read both and invited to ask any questions about the research procedures. The researcher verbally summarised the main points and then asked the participant to sign the consent form before commencing the interview. The consent form informed interviewees that they could withdraw from the study at any time and the information sheet described the research aims and clearly stated the researcher's identity. Copies of the consent form and information sheet can be found in Appendices G and E.

3.7.2 Sensitivity and avoidance of deception or harm

The subjects of interest for this research were not considered sensitive or likely to cause great harm or discomfort to participants i.e. concerning personal, legal or intimate health matters. Being a socially oriented study of the habits of humans in society, all efforts have been made to represent the findings in an unbiased, analytical and observational manner, without preconceived assumptions. The interview questions were clearly structured and did not incorporate any misleading themes or ideas that could persuade participants to reveal inappropriate information, or information that could be misrepresented.

Discussing loneliness, isolation and networks of friends and family with older participants had the potential to trigger emotional reactions in participants. These questions were presented in a way that meant there was minimal focus on negative experiences. This was achieved by asking sensitive questions in the middle of the interview, followed quickly by a more positive discussion. Discretion was applied to gauge the feelings of each participant and avoid focusing on points that seemed sensitive.

Seeking a secure and comfortable interview environment was also important. Interviewees were asked to nominate a preferred meeting place. Many interviews were completed in the interviewee's home, and others at local cafes or community centres. The researcher's contact details were provided on the information sheet and pointed out to the participant at the end of the interview so that the participant felt they could make contact at any time with questions about the research study. Consent to record the interview was sought prior to every interview.

There were a few moments in certain interviews, where participants requested that the recording device be paused so they could explain something quite personal; the interviewer conceded in these instances.

3.7.3 Participant privacy

The study results are represented in a way that aims to protect the privacy of all participants involved. Pseudonyms have been used to protect participant anonymity. Given the amount of detail obtained in a semi-structured interview, participants were reminded that absolute anonymity was not guaranteed.

3.7.4 Data security

Recordings and transcripts for this study will be stored for five years. Data has been stored and protected on the researcher's university computer with back-up copies stored on a home computer. Both computers have password access. Written data, such as consent forms, surveys and observation journals have been kept in a locked cupboard at the university.

3.7.5 Vulnerability of research participants

A unique set of ethical considerations applies to interviews with older research participants (Harris & Dyson 2001; Russell 2000) as they can be considered vulnerable research participants. Some of the evidence-based causes of this vulnerability are mentioned below, along with strategies for addressing these:

- Older people can be disinclined to admit to, or engage in a discussion about any vulnerabilities, such as loneliness of isolation (Russell 2000).The researcher addressed this by positively framing questions and avoiding over use of the words 'loneliness' or 'isolation'.
- Lonely participants may pursue subsequent contact with the researcher as a meaningful social connection, creating an unethical attachment between the participant and the researcher (Russell 2000). Caution was applied to gauge participants' emotional response and avoid any encouragement for continued contact.
- Interviewees can be inclined to pursue their own agenda and the interviewer is responsible for respectfully directing the discussion back to the topic in question. (Russell 2000). Care was taken by the researcher to ensure that participants were not interrupted but that the conversation was directed back to the interview discussion points as necessary. Discretion was applied so that no irrelevant or inappropriate information was quoted.
- Health and sensory impairments are more common among older people (McMurdo et al. 2011). Information associated with the study e.g. information sheets and consent

forms, were made legible to those with vision impairment (i.e. large print and read out loud if required). Extra time or assistance to complete forms was also provided at the researcher's discretion.

- Physical access to interview locations is a common barrier for older research participants due to increased occurrence of mobility, balance and health constraints (McMurdo et al. 2011). The researcher ensured that appropriately accessible facilities were used for interviews and that transport needs were taken into account.
- Scheduling can become a challenge for older people, particularly anyone receiving in home care or meal assistance at specific times of the day (McMurdo et al. 2011). The researcher always asked the participant what time was best for them and worked around that. Interview times were confirmed over the phone, but followed up in writing and with a reminder call the day before the interview.
- The researcher also reminded participants that a carer or family member could be present at the time of the interview if they felt uncomfortable being interviewed alone (Harris & Dyson 2001).

3.8 Summary

This chapter has outlined the research design of this study. It has described the epistemological and theoretical viewpoints that frame this research. This is a social research study that utilises a case study design methodology, embedded in a social constructionist epistemology. A number of tools and methods were used for data collection; however, the main form of data collection was through semi-structured interviews, which were transcribed and thematically analysed. Social research is about 'smaller numbers, richer data', and while the study has a relatively small sample size, the multiple case study design has ensured the capture of causes and context to inform detailed analysis of the many community and environmental, barriers and strengths that shape the wellbeing of older people.

CHAPTER FOUR: THE CASE STUDY AREAS

4.1 Introduction

Three metropolitan and two rural case study locations were selected for this study, in order to offer a diverse depiction of the everyday experiences of older Australians. Similarities, differences and patterns within and across these areas have been analysed and explored and the comparisons are mainly drawn out in relation to rural and the metropolitan context. Case studies were the selected methodology as they are particularly relevant to contemporary studies focused on social and community phenomena.

This chapter describes the case study locations and offers some justification for their selection. Chapter sections present socio-demographic and geographic details of each case study site, a review of the community services available in the area relevant to older people and a review of local policy relevant to the research questions. The aim of this chapter is to provide some insight into the unique conditions and potential challenges and opportunities for older people in each local setting.

A purposive sampling approach was used for the selection of each case study location in this study. The intention was to capture a broad cross section of experiences of wellbeing for older Australians. Metropolitan areas with low, medium and high socioeconomic rankings were selected.

The City of Playford has a low socio-economic ranking. Playford has much higher than average unemployment and social housing, low incomes, high rental rates and higher rates of households still paying off their mortgage. Playford also has a much lower median age than the other two metropolitan case study areas.

The City of Holdfast Bay has a medium socio-economic ranking, which closely parallels the average for Greater Adelaide, South Australia and Australia. The area has average levels of higher education, managerial positions, homeownership, unemployment and social housing.

The City of Burnside is a high socio-economic area with higher than average house prices and incomes, a greater percentage of residents with higher education and managerial employment positions and a higher level of homeownership. Burnside has very low unemployment rates and a low percentage of social housing.

The Socio-Economic Index for Areas (SEIFA) is an Australia wide tool developed by the Australian Bureau of Statistics (2013d) that measures the relative level of socioeconomic disadvantage based on a range of census characteristics. A higher ranking indicates lower

disadvantage. Figure 4.1 shows the ranking for the three metropolitan case study areas and how they compare to the ranking for Greater Adelaide, South Australia and Australia.



Figure 4.1 Metropolitan case study areas SEIFA Index ranking and comparisons
Source: ABS 2013d

4.2 The City of Playford: a lower socioeconomic status metropolitan/urban fringe area

The City of Playford (Playford) is situated on the northern fringe of metropolitan Adelaide and is one of the fastest growing council areas in South Australia (City of Playford 2011). Playford is the largest of the metropolitan case studies in this study, with a population of just over 90,000 residents. The area has experienced significant growth over the past decade – from 78,000 in the six years since 2010; mainly a result of rapid residential land development (Profile.Id 2017a). Playford has a land area of 345 square kilometres with a population density of 2.29 residents per hectare (Profile.Id 2017a). See Appendix C for a full listing of the suburbs that make up the City of Playford.

Land use incorporates commercial and industrial sites along with suburban housing but the greatest land use remains agricultural, most of which occurs around the district's fringe. Playford has been selected as a case study area because it is an urban fringe locality marked by lower socio-economic advantage. Figure 4.2 shows the boundaries of the Playford Local Government Area and its proximity to the Adelaide CBD.

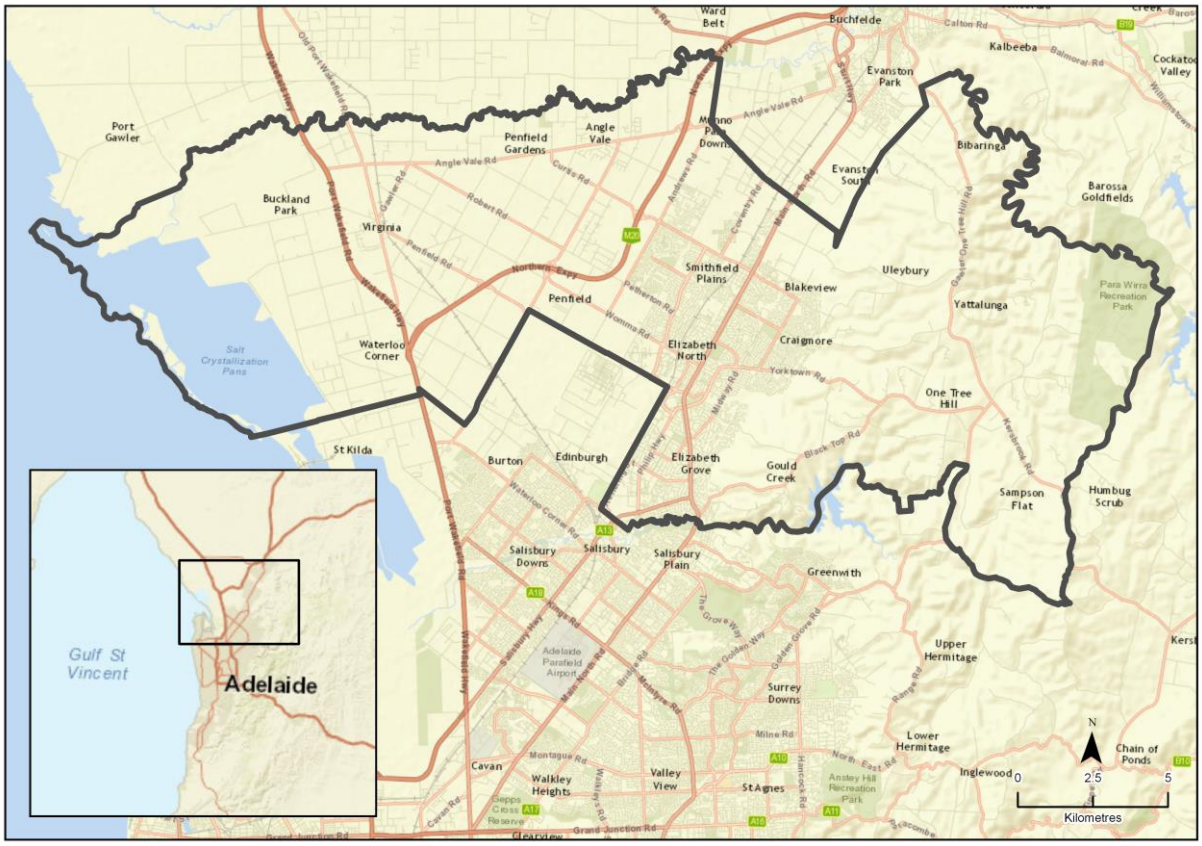


Figure 4:2 Map of the City of Playford

Map Source: Esri, LGA Boundaries are from the ABS, 2016

4.2.1 City of Playford: population characteristics

The population aged 65+ years makes up 11.8 per cent of the Playford total population. This, and the slightly lower median age of the region, is indicative of the appeal of the area to young families and first homeowners. The median age in Playford is 32 years old, which is much lower than the median age of 39 year for Greater Adelaide, and South Australia (40 years), as well as Australia wide (38 years).

The median weekly household income in Playford is $1,012, which is low compared to the median income Greater Adelaide, South Australia and Australia (See Table 4:1). There are more households on average with a mortgage in Playford than in both the Greater Adelaide region and South Australia as a whole and a higher number percentage of renters. The median weekly rent in Playford is approximately 20 per cent lower than Greater Adelaide (Profile.Id 2017a). The SEIFA (2011) index of disadvantage places Playford at 871, well below the other two metropolitan case study areas the Greater Adelaide average ranking is 993.

Indigenous Australians are represented more in Playford than any other metropolitan Adelaide area – they make up 3.5 per cent of the population, where the national average is 2.8 per cent. Playford has a total overseas born population of 17,181 people, which makes up 21.7

per cent of the total population (Profile.Id 2017a). The most common country of birth is the United Kingdom (11.7 per cent) followed by New Zealand (0.8 per cent). The most common language spoken at home other than English is Italian, spoken by only one per cent of the population. Some 9.4 per cent of the total population indicated speaking a language other than English at home whereas the Greater Adelaide region average is 17.3 per cent.

There are less medium and high density housing areas in Playford and a greater proportion of separate dwellings compared with the Greater Adelaide region as a whole. This is common for a settlement on the metropolitan fringe, where cheaper land is generally available and most new housing developments occur. Social housing comprises 10.1 per cent of Playford households; compared to 6.2 per cent of Greater Adelaide households. Table 4.1 summarises some of the statistics discussed above presenting them alongside the comparative figures for Greater Adelaide, South Australia and Australia.

Table 4:1 Population statistics for the City of Playford

2016 Census data	City of Playford	Greater Adelaide	South Australia	Australia
Median age	32	39	40	38
Median weekly household income	$1,012	$1,261	$1,203	$1,431
Couples with children	27%	29%	27%	30%
Older couples without children [2]	7%	10%	11%	10%
Medium and high density housing	20%	26%	22%	27%
Households with a mortgage	36%	35%	34%	32%
Median weekly rent	$246	$288	$268	$339
Households renting	36%	28%	28%	29%
Non-English speaking backgrounds	12%	20%	16%	21%
Bachelor or Higher degree (2011)	5%	18%	16%	19%
Unemployment	13	7%	6%	6%
SEIFA index of disadvantage (2011)	871	993	983	1002

Source: Profile.Id 2017a and ABS Census data, 2016

[2] Older couples without children include 65+ couples without children (or with children who have left home) and lone person households.

4.2.2 City of Playford: community services for older people

There are a range of community groups, services, facilities and events targeted towards older people in the City of Playford. For example, the 'Mansfield' Centre offers activities, support, meals and information targeted at local residents over 50 years of age in the community (City of Playford 2014). The Mansfield Centre aims to ensure that older people can seek support in any aspect of their life as they become older, including learning new skills, health and their social lives (City of Playford 2014).

Playford also offers rural and multicultural services targeted at older people who are isolated due to more remote living and or language/cultural barriers (City of Playford 2016a).

In terms of council provided services, the City of Playford's Home Care program is designed to help people in their home with domestic duties, care, transport, shopping, appointments and more. There are a range of disability and mental health services, including support groups and skills development programs to assist people of all ages, but also older people living with a disability or mental illness. Other local programs targeted at older people include Friends and Buddies (a program where people are partnered up with a friend and they can meet for a coffee and a chat on a regular basis), Dementia Services (support groups for people suffering from memory loss and their carers) and the Northern Lights Social program (offering activities games, workshops, outings and learning courses) (City of Playford 2016a).

4.2.3 City of Playford social/ageing policy

This section summarises Playford's social and ageing policy to identify considerations of the social, community and built environment aspects of local community infrastructure that shape wellbeing for older people. The documents reviewed include *Healthy Ageing in Playford 2012 – 2017, Playford Community Vision, Looking Forward 30 years* and the *2015 Residential Satisfaction Survey.*

At the time of this review, the City of Playford was the only case study area to have a current ageing strategy; the *Healthy Ageing in Playford, 2012 -2017* (City of Playford 2013) which supersedes the *Healthy Ageing Strategy 2008-2011*. These strategies aim to build on the strengths identified in the community. An accompanying discussion paper is also available on the council's website (City of Playford 2012).

The strategy seeks to support an age-friendly environment that is flexible and enables choice and opportunity for diverse preferences and lifestyle choices. The consultation that informed the strategy identified five major guiding themes; *Access, Health, Safety, Independence*, and *Connection*. The strategy states that 'it was emphasised through all the consultation methods,

how social connection and inclusion is at the core of being able to age positively in the community' (City of Playford 2013, p. 5). Throughout the document community members recount stories of achievements and groups that have formed locally in recent decades.

The strategy concludes with a '*Where to from here'* section, emphasising the importance of age-friendliness and advocacy for improved wellbeing for local older people. The recommendations suggest using internal stakeholders (specifically the HACC consumer references group) to monitor progress. It also states that an 'Action Plan that will facilitate a co-ordinated approach across City of Playford organisational teams will be implemented. As of November 2017, however, there appears to be no published action plan.

Playford Community Vision, Looking Forward 30 years (City of Playford 2013) presents nine core challenges: *ageing population, greater community tolerance, building affordable homes, rebuilding community infrastructure,* and *persistent social disadvantage* (City of Playford 2013, p. 11). This strategy emerged from a community survey of 1,000 residents and depicts community visions for Playford into the future. The core aspiration themes that emerged from the survey across all age groups were *prosperity, liveability and happiness* and the strategy explores ways to achieve these aspirations. The liveable aspiration involves a section called *Connected Communities; physically and socially connected*. This proposes a vision for accessible and efficient transport networks, community hubs, walkable communities and self-contained/self-sufficient villages:

> Social connections will be encouraged through community hubs that provide access to a range of facilities and services such as community centres, schools, housing, shopping, health and aged care. Ideally, this social infrastructure will be located on main streets that are within walkable distance from our village communities, or near to local train stations or other key transports modes for ease of access (City of Playford 2013, p. 23).

The targeted outcomes for the *Connected Communities* include decreased travel times and increased community participation; however, little direction is offered in terms of how these will be achieved or monitored. The document is presented as a strategy to be reviewed every five years and the authors acknowledge that a 30-year outlook requires flexibility.

The City of Playford undertakes an annual residential satisfaction survey to evaluate aspects of community infrastructure and strive for continuous improvement. Key outcomes and findings of the survey identify local challenges for older people. The key findings of the *2015 Resident Satisfaction Survey* for the City of Playford identified the single strongest driver of community satisfaction was the condition of local streets – indicating the importance of walkability, aesthetic and community design aspects (City of Playford 2015, p. 23). The *Community Wellbeing* report (City of Playford 2015, pp. 73-74) showed that 89 per cent of all residents were either 'satisfied' or 'very satisfied' with their standard of living. Only 55 per

cent of all residents were ‘satisfied’ or ‘very satisfied’ with ‘feeling part of their local community’; however residents over 65 years of age were most likely to be ‘satisfied’. When reporting on overall ‘quality of life’, 96 per cent of residents reported being ‘somewhat satisfied’, ‘satisfied’ or ‘very satisfied’. Once again, the greatest satisfaction was reported in people over 65 years of age. These results highlight the strength of ageing community infrastructure in the City of Playford.

The combination of the work of the Mansfield Centre, the community services for older people and a focus on the community’s older population in the strategic planning agenda highlight how older people in Playford maintain a strong voice in the community. While the area is largely marked by disadvantage the efforts to address the needs of the ageing population in Playford are reflected in the positive community survey feedback from local older residents.

4.3 The City of Holdfast Bay: a medium socio-economic beachside metropolitan area

The City of Holdfast Bay (Holdfast Bay) is situated in the south-western suburbs of metropolitan Adelaide, South Australia. Data from the 2016 census showed that Holdfast Bay had approximately 36,025 residents. Holdfast Bay has a land area of approximately 14 square kilometres and a population density of 25.16 residents per hectare. The area is situated 11 kilometres from the Adelaide CBD. See Appendix C for a full list of the suburbs of Holdfast Bay. Holdfast Bay was selected as a case because it has a medium to just above average socioeconomic ranking. It has many beachside suburbs and is considered an urban lifestyle, high amenity region; making it a popular retirement destination. Figure 4.3 displays a map of Holdfast Bay and shows the proximity of the area to the Adelaide CBD.

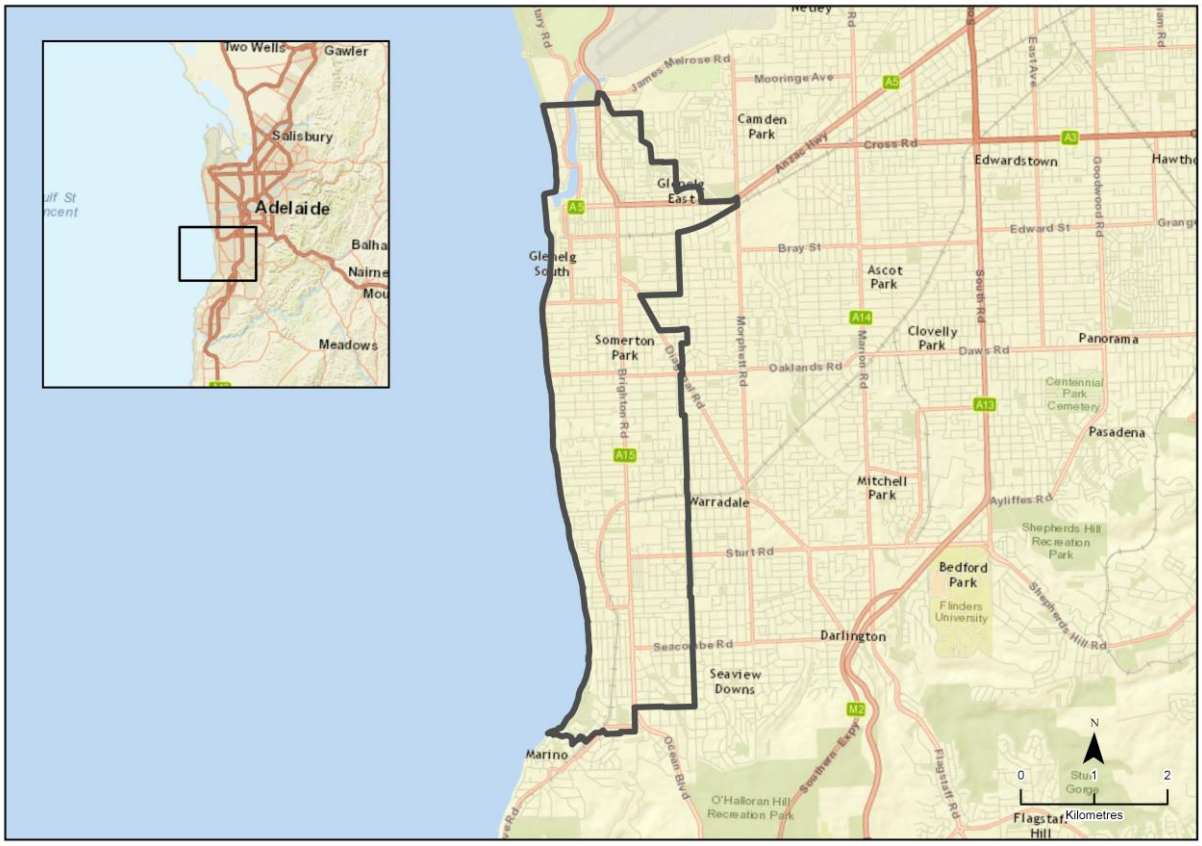


Figure 4:3 Map of the City of Holdfast Bay
Map Source: Esri, LGA Boundaries are from the ABS, 2016

4.3.1 City of Holdfast Bay: population characteristics

Holdfast Bay has experienced a steady population growth rate over the past decade, particularly as a retiree destination. As such it has a notably older population than other metropolitan council areas. While the median age in South Australia is 40 years, in Holdfast Bay it is 46 years; with 24 per cent of the population aged 65 years and over, compared to 17.2 per cent for the Greater Adelaide region and 18.3 per cent for South Australia as a whole (City of Holdfast Bay & Flinders University 2013; ABS Census data 2016).

The median weekly income in the Holdfast Bay is $1,359, which is higher than the Greater Adelaide and South Australian averages, but slightly lower than the national average. Households still paying off a mortgage make up 27 per cent of the total number of households, much less than the 35 per cent in Greater Adelaide. The median weekly rent is slightly higher than that of Greater Adelaide as is the percentage of renters (29 per cent). There is more medium to high-density housing, and less separate dwellings, in the City of Holdfast Bay than in Greater Adelaide generally with a high number of high-rise apartments along the shore front. Just under 50 per cent of the population live in detached dwellings in this area, whereas over 70 per cent of Greater Adelaide residents live in detached dwellings.

In terms of cultural diversity, the area has a low Indigenous population of 0.7 per cent; the national average is 1.9 per cent (Profile.Id 2017b). Approximately 74 per cent of the Holdfast Bay population were born in Australia with the United Kingdom (10.1 per cent) the common country of birth for those not born in Australia (Profile.Id 2017b). A smaller than average number of the population speak a language other than English most predominantly at home and the most common language besides English is Greek. Table 4:2 summarises some of the socio-demographic statistics discussed above and comparative data for Greater Adelaide, South Australia and Australia.

Table 4:2 Population statistics for the City of Holdfast Bay

2016 Census Data	City of Holdfast Bay	Greater Adelaide	South Australia	Australia
Median age	46	39	40	38
Median weekly household income	$1,359	$1,261	$1,203	$1,431
Couples with children	22%	29%	27%	30%
Older couples without children	12%	10%	11%	10%
Medium and high density housing	50%	26%	22%	27%
Households with a mortgage	27%	35%	34%	32%
Median weekly rent	$313	$288	$268	$339
Households renting	29%	28%	28%	29%
Non-English speaking backgrounds	8%	20%	16%	21%
Bachelor or Higher degree (2011)	24%	18%	16%	19%
Unemployment	6%	7%	6%	6%
SEIFA index of disadvantage (2011)	1039	993	983	1002

Source: ABS Census Data 2016 and Profile.Id (2017b)

4.3.2 City of Holdfast Bay: community services for older people

There are a range of community groups, services, facilities and events for older people in Holdfast Bay. The City of Holdfast Bay website lists the programs on offer under the Home Support Commonwealth Government tier of services, including: home maintenance, domestic assistance, community transport, social participation programs and respite support for carers (City of Holdfast Bay 2016).

Community Connections is a quarterly newsletter published by the City of Holdfast Bay, which keeps community members up to date on information and services relevant to older

people. Holdfast Bay also has four community centres and a Veterans Men's Shed with activities and groups targeted at older people. These centres offer fitness, dancing, music performances and lessons, art groups and classes, meditation, games/cards groups, social groups and access to community gardens (City of Holdfast Bay 2016). More detail on the strengths and barriers associated with some of these services will be discussed in the results chapter, from the perspective of local residents and service providers.

4.3.3 City of Holdfast Bay: social/ageing policy

This subsection outlines a summary of the City of Holdfast Bay's publications and social policy to identify considerations of the social, community and design elements of local community infrastructure that can shape wellbeing for older people. The reports reviewed include: *Our Place Holdfast Bay – Community Plan 2012 – 2015, Growing Older in the City of Holdfast Bay: Baby Boomers and Beyond* and the *City of Holdfast Bay Community Engagement Residents Quality of Life Survey Final Report 2015.*

The first section of *Our Place Holdfast Bay – Community Plan 2012 – 2015 (City of Holdfast Bay 2012)* is entitled *Building A Strong Community* – this section has four sub-sections. Only one of these (*A place for every generation),* considers older people. The challenge statement for *A place for every generation* (City of Holdfast Bay 2012, p. 6), acknowledges that while the City of Holdfast Bay has an ageing population, it is also attractive to families and younger people. The challenge is adequately meeting the needs of all generations. The future directions outlined for this challenge that interact with the objectives of this study are:

- Foster and support community programs, which minimise isolation and disadvantage within the community.
- Provide assets, services and programs, which accommodate the needs of an ageing community (City of Holdfast Bay 2012, p. 6).

The measures relevant to these future directions consider community satisfaction with services, and recreational and community facilities. The annual community satisfaction and quality of life survey is proposed as a tool for monitoring progress on these measures (City of Holdfast Bay 2012, p. 6).

The *City of Holdfast Bay Community Engagement Residents Quality of Life Survey Final Report 2015* (Intuito Market Research 2015) showed a decline in satisfaction from 2014 to 2015; particularly for measures of safety, social wellbeing and overall quality of life (Intuito Market Research 2015). Areas that showed improvement included providing programs and services for those on a low income or those from ethnic and multicultural backgrounds. The maintenance of roads, kerbing and footpaths also showed positive improvements; however,

footpath maintenance remained a consistent suggestion for improvement. The responses to a set of social questions in the '*quality of life*' section of the survey, showed a slight down turn in satisfaction with regard to adequate space for maintaining active lifestyles and adequate programs to foster wellbeing and social interaction. Finally the '*building a stronger community'* questions asked residents to rate their satisfaction with services for older people and people with a disability. From 2014 to 2015 the satisfaction rating fell from 8.3 to 7.6 (Intuito Market Research 2015). While overall the survey results were positive, this drop in satisfaction indicates a lack in active improvement.

Growing Older in the City of Holdfast Bay: Baby Boomers and Beyond (2013) was a joint research study by the City of Holdfast bay and Flinders University. The project emerged from an identified need to investigate the aspirations and expectations of Baby Boomers in Holdfast Bay and how they differ from their predecessors (City of Holdfast Bay & Flinders University 2013). The project was not intended to review current services but to identify changing needs to inform a future ageing strategy. As of November 2017, an ageing strategy for the City of Holdfast Bay has not been released, however, as mentioned in Chapter Two a strategy entitled *Partnering to build an age friendly environment and community* (URPS 2016) was developed for the Holdfast Bay Marion and Mitcham local government areas, collectively.

Table 4:3 summarises the outcomes of the Baby Boomer research (City of Holdfast Bay & Flinders University 2013, pp. 63-64). Coupled with an ageing strategy and action plan these focus areas could shape the future of the City of Holdfast Bay and enhance wellbeing for Baby Boomers, as they grow older.

Table 4:3 Summary of the Implications and Opportunities from Growing Older in the City of Holdfast Bay: Baby Boomers and Beyond

Implications and Opportunities	Summary of Findings
'Living in the City of Holdfast Bay'	• Residents value the proximity to the beach, and access to shops services and public transport that the area offers. Baby Boomers seek to maintain that quality of life, as they grow older.
'Housing and Neighbourhood'	• Baby Boomers want to remain in the area, but are open to downsizing if adequate smaller housing that guaranteed maintained independence were available. Financial incentives for downsizing were suggested. • Concerns were raised about adequate in home services for those 'ageing in place'. • Safety - adequate off street parking is one example of a safety concern for Baby Boomers.
'Work and Retirement'	• Enhancing volunteering opportunities and promoting transitional retirement practices to ensure longer workforce participation. • Education services about retirement and services available in the community for older people. • Security and support services for those who want to travel and leave their homes vacant for long periods of time during retirement.
'Health and Wellbeing'	• Offering good health programs that promote exercise, healthy eating and socialisation. • Ensuring future home services meet demand health and social needs. • Age-friendly planning and design to ensure that older people can access local buildings and public spaces and accidents and falls are minimised.
'Engagement and Lifestyle'	• Volunteering, both in retirement and in pre-retirement years to encourage continuity; these should be more flexible accessible and affordable. • Age-friendly design for seating, footpaths, beach access, more public toilets etc. • Centralisation of community facilities.
'Services and Facilities'	• Sporting facilities suitable to all generations • More flexible, user-determined use of community facilities • Flexible library services and education and training • Infrastructure that supports technology dependence into the future • Extending community based transport into out of hours and cross council boundaries, • More accessible and affordable public transport that incorporate education on use and timetabling etc. • Promotion of age-friendly and centralised shopping and services

4.4 The City of Burnside: a high socioeconomic inner metropolitan area

The City of Burnside (Burnside) is situated in the eastern suburbs of Adelaide and shares boundaries with both the Adelaide City Council and the Adelaide foothills. The population is currently just over 45,460 (Profile.Id 2017c). The area is located between two and six kilometres from the Adelaide CBD, has a total land area of approximately 28 square

kilometres and a population density of 16.5 persons per hectare. See Appendix C for a full listing of the suburbs that make up Burnside. Figure 4.4 shows the boundaries of the Burnside Local Government Area and its proximity to the Adelaide CBD.

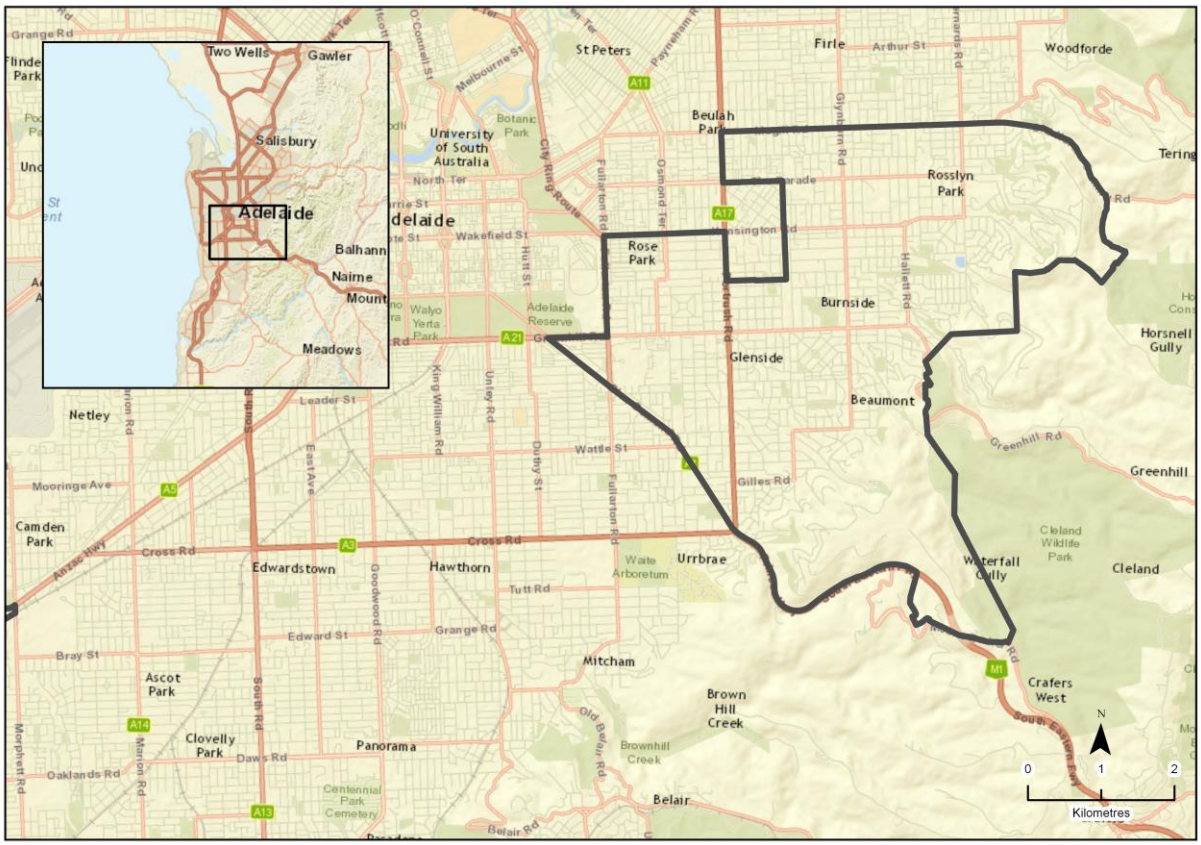


Figure 4:4 Map of the City of Burnside
Map Source: Esri, LGA Boundaries are from the ABS, 2016

4.4.1 City of Burnside: population characteristics

Burnside has an older demographic with a median age of 44 years, compared to the median age of 39 for Greater Adelaide, 40 for South Australia, and age 38 Australia wide. Burnside is home to more residents over the age of 65 years than Greater Adelaide on average (Profile.Id 2017c).

The median weekly household income in Burnside is approximately $1,712, which is significantly higher than Greater Adelaide, South Australian, and Australian averages (Profile.Id 2017c). The number of households with mortgages is lower in Burnside - 30 per cent, compared to 35 per cent for Greater Adelaide and 34 per cent for South Australia. The percentage of the Burnside population that live in social housing is 1.3 per cent; this is very low compared to the Greater Adelaide average (6.2 per cent). Burnside has typical inner urban high-density settlement patterns, with more medium and high (34.2 per cent) density houses compared to Greater Adelaide (26 per cent).

The total overseas born population of Burnside is close to 30 per cent. Of these the most common country of birth is the United Kingdom (5.7 per cent), followed second by China (4.9 per cent) (Profile.Id 2017c). Approximately 24 per cent of the Burnside population indicated that they did not speak English at home in the 2016 census and the largest non-English language spoken at home was Mandarin. Indigenous Australians represent 0.3 per cent of the Burnside population, which is very low compared to the Greater Adelaide average of 1.4 per cent. Table 4:4 summarises some of the socio-demographic statistics discussed above with comparative statistics for Greater Adelaide, South Australia and Australia.

Table 4:4 Population statistics for the City of Burnside

2016 Census data	City of Burnside	Greater Adelaide	South Australia	Australia
Median age	44	39	40	38
Median weekly household income	$1,712	$1,261	$1,203	$1,431
Couples with children (2011)	30%	29%	27%	30%
Older couples without children	14%	10%	11%	10%
Medium and high density Housing	34%	26%	22%	27%
Households with a mortgage	30%	35%	34%	32%
Median weekly rent	$330	$288	$268	$339
Households renting	22%	28%	28%	29%
Non-English speaking backgrounds	24%	20%	16%	21%
Bachelor or Higher degree (2011)	37%	18%	16%	19%
Unemployment	5.9%	7%	6%	6%
SEIFA index of disadvantage (2011)	1081	993	983	1002

Source: Profile.Id 2017c

4.4.2 City of Burnside: community services for older people

There are a range of community groups, services, facilities and events for older people in the City of Burnside. The City of Burnside website lists the main programs under the Home Support commonwealth funding programs tier. These include the '3Rs program', which offers support and linkages to socially isolated older people, people with memory loss and younger people with a disability and the Eastern Regions Men's Shed Program offering woodwork and social opportunities for men (City of Burnside 2016a). The Home Support program also funds the Home Assist Community Care, Social Activities and Home Maintenance Programs; this

includes services such as shopping, washing, respite, and personal care, cooking courses, information sessions and outings, gardening, window cleaning and changing a light bulb.

Burnside has a strong community transport program including a community shopping bus and a volunteer based car service for those unable to drive who need to get to appointments within 10 kilometres of the City of Burnside. Burnside links with the Eastern Metro Community Passenger service, connecting people who need transport with those who can offer it. Being an inner city location, Burnside also boasts a range of specialist and standard health services, such as the Burnside War Memorial Hospital.

There is a strong arts focus in the Burnside community with many art galleries, groups and courses available. The community centres in the area host flower clubs, historical societies, art groups, knitting and quilting groups, chess, table tennis, fitness groups and yoga (targeted at older people), Probus gatherings, men's breakfasts, legacy widows meetings and various disability support group meetings (City of Burnside 2016a). More detail on the strengths and barriers associated with some of these services/groups will be discussed in the results chapter, from the perspective of local participants.

4.4.3 City of Burnside: social /ageing policy

This section outlines a summary of the City of Burnside's social and ageing policies to identify considerations of local social, community and built environment aspects that shape wellbeing for older people in Burnside. The publications reviewed include *Be the Future of Burnside – Our Community Plan 2012 – 2025,* the *Annual Community Survey 2015* and the *City of Burnside Ageing Strategy 2009 – 2012.*

Be the Future of Burnside – Our Community Plan 2012-2025 outlines four main strategic directions, two of which are relevant to the objectives of this research (City of Burnside 2012):

- *Strategic Direction One – Our integrated urban form and living spaces* (City of Burnside 2012, pp. 2-5) aims to enhance living spaces to meet diverse future needs. The desired outcomes include:
    - Ensuring that accessible public space networks continue to respond to the needs of the community – the suggested indicator of this is street plantings and regular maintaining and upgrading of public spaces and parks.
    - Encouraging that housing options meet changing community needs – the suggested indicator of this is a development plan review and amendments to address housing options.

- *Strategic Direction Three – Our diverse supportive, happy and healthy people* (City of Burnside 2012, pp. 8-10) aims to achieve a community characterised by diversity and mutual support, deepening community belonging, where individuals enjoy participation, involvement, learning, happiness and health. The desired outcomes include:
    - A vibrant and diverse community that has a strong sense of belonging. Council suggests this could be achieved through enhancing the use of community and cultural hubs and leisure centres to meet local needs and enliven activity. Local events and programs should support all age groups, diversity, and encourage artistic and creative pursuits, as well as opportunities for people to connect and interact locally. The suggested indicator of these outcomes is implementing cultural and arts programs and a social strategy.
    - A safe and supportive community that values its people. Council suggests that this could be achieved through encouraging volunteering and designing and maintaining safe streets and quality public spaces. The suggested indicator of the outcomes is measuring residents' satisfaction in terms of health and community connection.

The results from the *Annual Community Survey 2015* (New Focus 2015), indicate an increase in overall residential satisfaction with council performance between 2013 and 2015. The survey outlines areas of strength that correspond with the strategic directions listed in '*Be the Future of Burnside – Our Community Plan 2012 – 2025'.* The results for strategic direction one (integrated urban form and living spaces), show positive responses and continual improvement for the provision and maintenance of parks and reserves. Footpaths are an ongoing area of weakness, as is the management of traffic and parking (New Focus 2015). The areas of strength in regard to strategic direction three (diverse, supportive, happy and healthy people) included the library service, the cleanliness of the city, services for older people, and animal and pest management services. The weaker areas include services for families, support for local businesses and services for youth (New Focus 2015, p. 17). The suggestions for future council services identified no pressing demand for new services, but a preference for ongoing improvement of existing services (New Focus 2015, p. 19).

The third strategic document reviewed was the *City of Burnside Ageing Strategy 2009 – 2012* (City of Burnside 2009), which as of November 2017 has not been updated. It states that it supports the *Vision 2020 Strategic Plan,* which has also been superseded. Despite the fact that the strategy is out-dated, it does offer a relevant outline of local strengths, weaknesses and

focus areas, for the ageing population. The focus of the ageing strategy was positive ageing and 'ageing in place'. The strategic goals for the strategy include:

- Embrace its local and regional leadership role, encouraging others to recognise and support the value of older people in a community;
- Maximise opportunities for older people in the community to live in safe accommodation appropriate for their life stage;
- Deliver or facilitate appropriate support and services so that older people have the choice to age-in-place;
- Maximise opportunities for older people to access external services and facilities to ensure their health and wellbeing; and
- Maximise opportunities for social connectedness and for older people to fully participate in their community (City of Burnside 2009, p. 2).

Each of the strategic goals has a series of suggested tactical approaches. The plan also offers a list of age related *Constraints* for Burnside, which are summarised below (City of Burnside 2009, pp. 21-22):

- Financial constraints – more people on fixed incomes, only so much money council can commit;
- Working within existing systems – state and federal legislation; and
- Compatibility with other council strategic documents.

Following on from the constraints is a list of *strengths to build on*:

- A high regard for existing council approaches and aged care programs and no desperate need for changes to current services;
- Existing collaborative approach of councils and service providers i.e. Eastern Regional Alliance formalising cross council border partnerships; and
- Strong local community connectivity (City of Burnside 2009, pp. 22-23).

This is followed by a list of *Challenges to overcome*:

- An ageing population is more pronounced in the Burnside region.
- Encouraging people to plan better for older age and supporting them to do so.
- Expectation for local government to fully support 'ageing in place' and adhere to unrealistic personal expectations, when council overall is making good progress.
- Identifying risks for older people, for example passenger safety in volunteer transport schemes.

- Growing capacity and demand for volunteering roles as more people retire. This is considered both a challenge and opportunity for council.
- Appropriate workforce for the future as many people retire (City of Burnside 2009, pp. 24-26).

The *City of Burnside Ageing Strategy 2009 – 2012* concludes with comments about how the current expectations and anticipations of change for people as they grow older are dynamic and fluid, the strategy suggests that as the Baby Boomers grow older, they may behave differently to what even they themselves predict they will. The strategy identifies a need for rigorous monitoring of changing community needs and expectations. An updated ageing strategy for Burnside would benefit future outlooks of wellbeing for local older people.

4.5The rural/regional case study areas

Two rural/regional case study areas were selected for this study based on selected characteristics and their representativeness for typical Australian rural lifestyles. Victor Harbor is a picturesque seaside location that has been a holiday destination for many generations of South Australians. Victor Harbor has experienced major population growth in recent years and offers a range of retirement and residential aged care living options. As a result of this ageing population, Victor Harbor is relatively service rich for a rural location but is also in close proximity to services in metropolitan Adelaide.

The second rural case study site is Jamestown; a smaller, more remote country town in the Northern Areas Council in South Australia. Jamestown has a smaller population and fewer services compared to Victor Harbor. However, it does have many services for its size, and has long been considered a retirement destination for farmers from the surrounding Northern Areas district and Mid North region. The Jamestown participant sample included not only older people living in the town, but also some participants who live a distance outside of the town.

Figure 4:5 compares the SEIFA ranking (index of disadvantage developed to measure the relative level of socioeconomic disadvantage based on a range of census characteristics) of both the City of Victor Harbor and the Northern Areas Council with the Greater Adelaide, State[3] and national rankings. Indicative of the general lower socio-economic status associated with rural/regional living, neither rural case study area ranked higher than Greater Adelaide,

[3] For the rural/regional case study areas, in some cases regional South Australia or 'Rest of State' is used as a reference comparison as opposed to Greater Adelaide, which was utilised for the metropolitan case studies.

South Australia or Australia. Victor Harbor is ranked slightly lower than the Northern Areas Council.

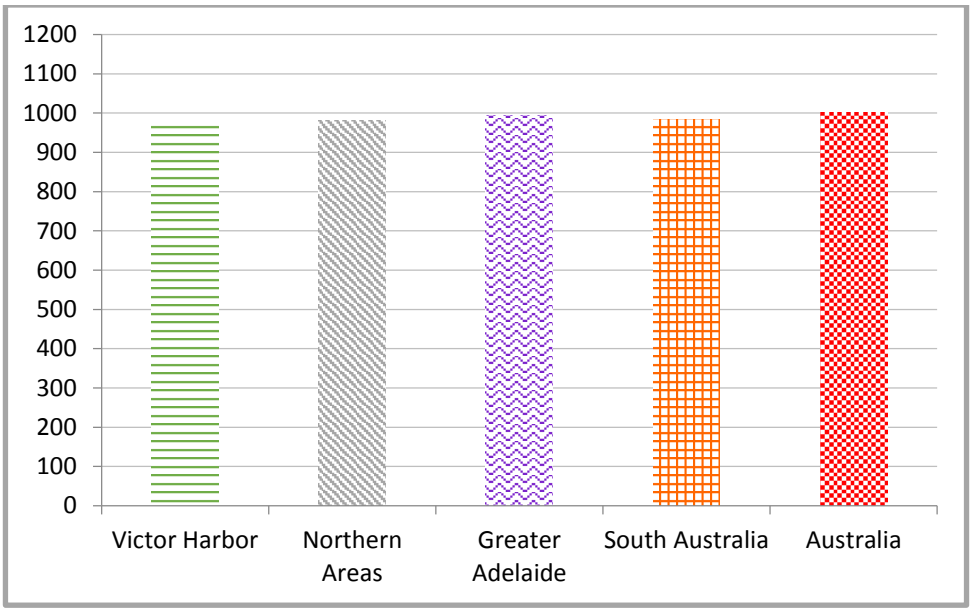


Figure 4:5 Rural/Regional Case Study Areas SEIFA Index Ranking and Comparisons
Source: ABS 2013d

4.6 The City of Victor Harbor: a large, regional, coastal amenity area

Victor Harbor is located 80 kilometres south of the Adelaide CBD. The current resident population of Victor Harbor is approximately 15,075 (Profile.Id 2017d). However, it's estimated that approximately a further 2,000 non-permanent residents occupy weekend or holiday homes. In the holiday/summer season the population inflates to as many as 30,000 people (Holidayatvictorharbor.com.au 2014). The total land area of the City of Victor Harbor is 345 square kilometres with a population density of 0.36 persons per hectare (Profile.Id 2017d). The land uses are predominantly rural and residential with most of the local agricultural land dedicated to dairy farming or cattle grazing. See Appendix C for a full list of all of the suburbs in Victor Harbor. Figure 4:6 is a map of Victor Harbor, showing its boundaries and its proximity to metropolitan Adelaide.

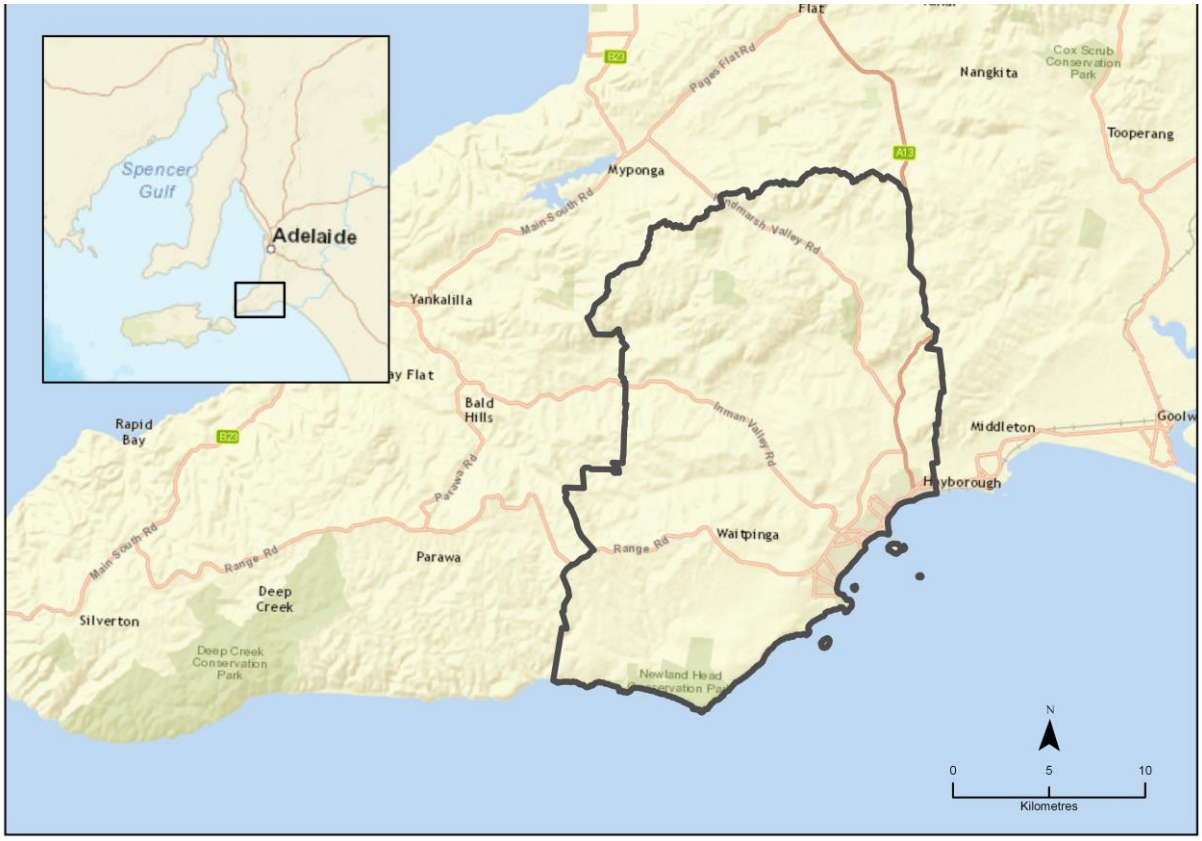


Figure 4:6 Map of the City of Victor Harbor
Map Source: Esri, LGA Boundaries are from the ABS, 2016

4.6.1 Victor Harbor: population characteristics

The median age for Victor Harbor is very high, at 58 years, compared to the regional SA median of 45, and the 'Rest of State' South Australian median of 40 (Profile.Id 2017d). Of the total population, close to 40 per cent are 65 years or older, compared to 18 per cent for South Australia as a whole and 22 per cent for SA's Rest of State.

The average weekly household income of Victor Harbor residents is $837, well below regional, state and Australia wide averages (Profile.Id 2017d); most likely attributed to a higher rate of pensioners on fixed incomes living in the area. Also indicative of this population imbalance, Victor Harbor has a higher rate of lone person households than regional South Australian, South Australian and Australian averages. The percentage of the population that fully own their home is approximately 10 per cent greater in Victor Harbor than the Regional SA average and there are less rental households. The median rent in Victor Harbor is $259 per week, which is higher than the regional South Australia median ($192), but very close to the Rest of State average ($268) indicative of the aesthetic appeal of the area (Profile.Id 2017d).

Indigenous Australians represent 1.3 per cent of the local population, compared to 4 per cent of the regional South Australian population on average. Approximately 19 per cent of the Victor Harbor population was born overseas (Profile.Id 2017d). The most common country of birth other than Australia is the United Kingdom (12.8 per cent); representative of post-World War II migration as many of these migrants are now retirees. The second most common country of birth in Victor Harbor is Germany, closely followed by New Zealand and the Netherlands. The most common language spoken at home besides English is German, followed by Dutch and Italian. Only three per cent of the Victor Harbor population indicated that they spoke a language other than English at home (Profile.Id 2017d).

Approximately 14 per cent of the housing stock in Victor Harbor is medium to high density (Profile.Id 2017d). There are slightly fewer separate houses and slightly more medium to high density housing in Victor Harbour than in regional South Australia as a whole – likely related to the number of retirement villages and holiday apartments in the area. Only 2.1 per cent of the housing in Victor Harbor is social rental housing, which is much lower than the regional South Australian rate of 5.7 per cent (Profile.Id 2017d).

Table 4:5 compares local socio-demographic statistics against the averages for regional South Australia, South Australia and Australia.

Table 4:5 Population statistics for the City of Victor Harbor

2016 Census Data	Victor Harbor	Regional SA	South Australia	Australia
Median age	58	45	40	38
Median weekly household income	$837	$1,029	$1,203	$1,431
Couples with children	16%	23%	27%	30%
Older couples without children	25%	14%	11%	10%
Medium and high density Housing	14%	11%	22%	27%
Households with a mortgage	23%	29%	34%	32%
Median weekly rent	$259	$192	$268	$339
Households renting	23%	26%	28%	29%
Non-English speaking backgrounds	3%	5%	16%	21%
Bachelor or Higher degree (2011)	10%	8%	16%	19%
Unemployment	7%	7%	6%	6%
SEIFA index of disadvantage (2011)	968	950	983	1002

Source: Profile.Id 2017d

4.6.2 City of Victor Harbor: community services for older people

There are two key programs for older people listed on the council's website. One program that incorporates services such as: library book delivery and social visits, monthly movie nights, monthly bus outings, lunch groups, crafts groups and exercise groups. The second is a collaborative interagency and cross council network with a focus on reform and advocacy around services for frail aged older people and their carers. This network has been responsible for several reports on ageing issues relevant to the region (City of Victor Harbor 2016).

There are two primary aged care service providers in Victor Harbor (Government of South Australia 2016). There are also a number of low to high dependency residential options for older people in the community. There are a number of health and medical services, as well as support groups for people suffering from an illness or disability. The local Community Transport Scheme offers transport services to those who are disadvantaged including a community shopping bus and privately arranged transport where needed. More about the strengths and barriers related to these services will be discussed in the results chapter, through the insights of research participants.

4.6.3 City of Victor Harbor: social/ageing policy

This section outlines a summary of Victor Harbor's social and ageing policy to identify considerations of the social, community and built environment aspects of local community infrastructure that shape wellbeing for older people. The Southern Fleurieu Positive Ageing Taskforce has released a number of publications since its inception in 2000. The most recent of these, the *Strategic Plan for the Southern Fleurieu Positive Ageing Taskforce 2010 – 2019,* will be reviewed a long with another document entitled *A Framework for Social Connectivity on the Southern Fleurieu Peninsula. The City of Victor Harbor Community Plan 2022*.

The combination of rapid population growth and urban expansion along with having the highest median age of any community in South Australia create unique challenges for the future of the City of Victor Harbor. Continued growth creates pressure for services, the environment and local community infrastructure. The *City of Victor Harbor Community Plan 2022* (City of Victor Harbor 2012) has four major objectives. *Objective Two – The sustainable provision of physical infrastructure and community services* interacts with the objectives of this research. The following desired outcomes are listed under this objective:

- Effective management of urban growth.
- Efficient and timely provision of health and community services.
- Built environment and open spaces that lead to healthier outcomes and people friendly places (City of Victor Harbor 2012, p. 9).

A set of community infrastructure strategies are proposed to address these outcomes:

- Facilitate meeting places responsive to community needs.
- Encourage coordination, collaboration and the effective provision of health and community services in the local area and region.
- Promote safe communities through appropriate infrastructure, urban design, crime prevention and police services.
- Plan for the appropriate location of children's services, facilities for the aged, recreation and sporting facilities, boating facilities, education services and cemeteries.
- Improve access, lifestyle and information services for people with a disability.
- Ensure high quality open space and recreation facilities are provided and maintained (City of Victor Harbor 2012, p. 9).

The plan concludes with a set of measure to be used as indicators of council's performance against these objectives. This states that the Local Government CPM index[4] will be used to monitor progress. Victor Harbor does not undertake a regular community satisfaction survey.

The 2010 report *Strategic Plan for the Southern Fleurieu Positive Ageing Taskforce 2010-2019* (Southern Fleurieu Positive Ageing Taskforce and Jonquil Eyre Consulting 2010) was the result of a review of the role, effectiveness and impact of the Positive Ageing Taskforce, and summarises the decisions that came out of a workshop undertaken as part of this review. The strategic plan is intended to provide a vision for the wellbeing of older people in the region. The following three guiding strategies were identified:

- Working with consumers, increase understanding of issues that relate to the wellbeing of older people in the Southern Fleurieu.
- Support coordination of service delivery and collaboration of service providers for the wellbeing of older people in the Southern Fleurieu.
- Advocate for quality services for older people in the Southern Fleurieu (Southern Fleurieu Positive Ageing Taskforce and Jonquil Eyre Consulting 2010: 3).

An extensive list of action areas is identified within each of these strategies. These are separated into roles, issues, and structures and processes that need to be monitored. Suggested activities and timeframes to address these are also outlined. For example, a key action area, listed under the second strategy (Support coordination of service delivery and collaboration of service providers for the wellbeing of older people in the Southern Fleurieu) is to 'Identify service objectives and the right service mix for the region in light of increasing demands and limited resources' (Southern Fleurieu Positive Ageing Taskforce and Jonquil Eyre Consulting 2010, p. 5). The activity listed to address this issue is 'make recommendations to address gaps and avoid duplication' and the time frame suggested is 'ongoing'. The positive ageing taskforce were meeting and publishing minutes on a two monthly basis, however, the most recent minutes posted are from April 2015.

A Framework for Social Connectivity on the Southern Fleurieu Peninsula was released in 2006 (Southern Fleurieu Positive Ageing Taskforce 2006). This study emerged from the findings of a study into migration and return migration of older people into the Southern Fleurieu region (Southern Fleurieu Positive Ageing Taskforce 2005) which identified a high risk of social isolation. The Southern Fleurieu area is a popular retirement destination because

[4] The Local Government CPM index is a state wide comparative performance measurement project spearheaded by the Local Government Association.

it offers affordable housing, a beachside lifestyle and accessibility to metropolitan services. However, many older people who migrate to the area are isolated from longstanding family and friendship based support networks, and can be excluded from social infrastructure locally because of the limited time they have spent in the region. Social isolation is reported to be a symptom of this process, with older people more dependent on low-level formal support at an earlier age. *A Framework for Social Connectivity on the Southern Fleurieu Peninsula* stated:

> It became apparent that a response to Social Isolation needed to be considered as a whole or continuum, as a framework rather than as a specific service or a group of loosely related services (Southern Fleurieu Positive Ageing Taskforce 2006, p. 6).

A number of critical issues emerged from the study. Foremost, that social isolation is complex, subjective and challenging to address. Many members of the community, that others suspected were socially isolated, did not have the same view of their own situation, or were reluctant to admit it. The framework established some key focal points for addressing social isolation:

- Prevention and community capacity through a population health approach including encouraging support systems and services for participation.
- A population health intervention approach focused on being reactive to issues identified through service delivery, and acknowledging skills and experiences that can be harnessed to improve issues.
- A focus on improving identification of at risk individuals and being reactive to individual circumstances without intervening or being forceful.
- And having a flexible range of support services to enable maintenance and creation of a variety of relationships (Southern Fleurieu Positive Ageing Taskforce 2006).

4.7Jamestown/The Northern Areas Council: a rural community

The town of Jamestown is 213 kilometres north of the Adelaide CBD, an approximate three-hour journey by car. The township has close to 1700 residents and the surrounding district has around 3000 (Jamestown Statistical Area Level 2) (ABS 2013e). The Jamestown statistical area has a population density of 1.5 persons per square kilometre. Jamestown is the smallest and most remote population investigated in this study and is part of the Northern Areas Council district. The area offers a few medical services and broad acre farming predominantly drives the local economy. Figure 4:7 highlights the boundaries of the Northern Areas Council District and the location of Jamestown in comparison to metropolitan Adelaide.

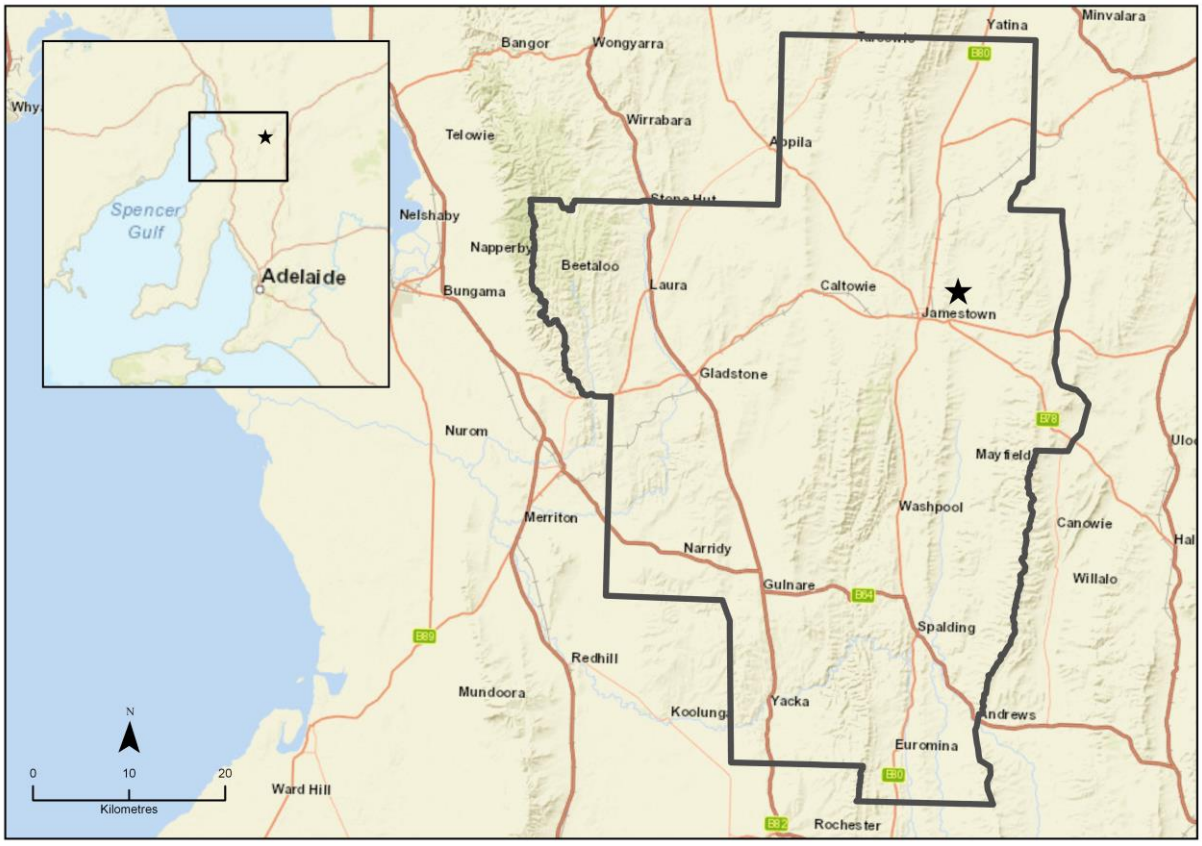


Figure 4:7 Map of Jamestown and location in comparison to metropolitan Adelaide
Map Source: Esri, LGA Boundaries are from the ABS, 2016

4.7.1 Jamestown/Northern Areas Council: population characteristics[5]

The median age in Jamestown is 45 years, which is higher than the regional South Australian and Greater Adelaide averages of 39 (ABS 2013a, ABS 2013e). Of the 4,529 people living in the Northern Areas Council District, 1,071 are aged 65 years or over, representing 23.6 per cent of the total population, slightly higher than the SA Rest of State average of 23.1 per cent. Of the total population aged 65 years and over in the council district just under half (405) live in Jamestown.

The average weekly household income for the Northern Areas Council district as a whole is below state and national averages but higher than Victor Harbor at approximately $762 (ABS 2015b). The average weekly rental figure is $140, which is low compared to any other case study area but indicative of the rurality of the town.

[5] Detailed population statistics for each case study locality have been sourced from Profile.ID, with the exception of Jamestown and the Northern Areas Council district. This area is not listed on the Profile.ID site. While ABS data provided some of the same information, there is generally less data available for this region, as a result there is no table of comparable data included for Jamestown. 2016 census data for the Northern Areas Council was not available at the time this thesis was published.

Over 90 per cent of the Jamestown population were born in Australia. There are 21 Indigenous residents of Jamestown and the region has an Indigenous population if 1.5 per cent. The most common country of birth other than Australia is England (3.2 per cent) (ABS 2013b). Approximately 1.3 per cent of the Northern Areas Council as a whole speaks a language other than English at home, which is very low compared to Victor Harbor, state, national and the national averages but representative of the population homogeneity found in rural South Australia (ABS 2015b).

4.7.2 Jamestown/Northern Areas Council: community services for older people

Community groups, services and facilities targeted towards older people in Jamestown and the surrounding areas are comprehensive in type but limited in number compared to those of Victor Harbor and the metropolitan case study areas. Clubs and organisations in the town include a bowling club, croquet club, indoor bowling club and table tennis association. These clubs are linked competitively with the clubs in surrounding towns such as Gladstone, Laura, and Crystal Brook (Government of South Australia 2016).

There is only one Aged Care service provider in Jamestown (Government of South Australia 2016). Other health and medical services in Jamestown include a chemist, a chiropractor, gymnasium, hydrotherapy pool, medical centre and a hospital. Jamestown also has Meals on Wheels and a Returned Services League club (Northern Areas Council 2016).

Jamestown is included in the Southern Flinders Life, Healthy Communities initiative, promoting exercise and healthy eating programs. Jamestown is also has a community transport network which offers transport volunteers and private transport services for people who are unable to drive themselves and in locations where public transport is not available (Northern Areas Council 2016). The strengths and barriers of many of these services and facilities are presented in Chapter Seven and Chapter Eight.

4.7.3 Jamestown/Northern Areas Council: social /ageing policy

Jamestown and the Northern Areas Council district do not have a targeted focus on social or ageing policy. The *Northern Areas Council Strategic Plan 2011 – 2016* identifies four main strategic goals, two of which interact with the objectives of this study (Northern Areas Council 2011). Goal Two, '*Effective management of infrastructure, assets and built environment'*, acknowledges a need to upgrade and maintain roads, footpaths and council building so these can effectively meet the needs of the community. Actions listed for the achievements of this goal include reviewing assets, and communicating and consulting with the community to identify focus areas. Goal Three is '*deliver a high standard of service to our community on an equitable basis'* (Northern Areas Council 2011, pp. 6-7). The intended

outcomes of this goal include meeting community expectations in terms of services, improved budgeting and planning, taking appropriate action and supporting regional partnerships. Actions to support the achievement of these outcomes include reviewing services and monitoring and facilitating opportunities for growth and partnerships (Northern Areas Council 2011)

The Northern Areas Council does not publish a community satisfaction survey. Rural/remote council areas have significantly less resources, assets and community infrastructure than larger regional or metropolitan councils; not for profit organisations such as the local aged care service provider often step in to strengthen community infrastructure. While the council makes some contributions, they have a limited capacity to develop and implement social policy and track progress.

4.8 Summary

This chapter has summarised the population characteristics of the five local government case study areas. The three metropolitan and two rural cases studies have diverse characteristics; geographically, demographically and socio-economically. This diversity has enabled analysis of a range of circumstances Australians typically experience with ageing. This chapter has also reviewed the local community and health services, particularly those with an ageing focus, and any local or regional community and ageing strategic policy. Analysis of this secondary data contributes to the triangulation of primary data in this study, which ultimately strengthens the rigour of the results, discussions and conclusions. Chapters Five and Six add the voices and experiences of those who live and work in each of the case study regions.

CHAPTER FIVE: METROPOLITAN RESULTS

5.1 Introduction

This chapter summarises the results of the three metropolitan case study areas: Playford, Holdfast Bay and Burnside. As described in Chapter 4, Playford is a lower socioeconomic outer metropolitan fringe area, Holdfast Bay is a medium to higher socioeconomic, seaside metropolitan area, closer to the Adelaide CBD than Playford, and Burnside is a high socioeconomic area, adjacent the Adelaide CDB. The findings reveal participants general motivations for living in these areas; their positive and negative experiences of the local built and natural environment; housing; local services and facilities; community and social interaction, and sense of loneliness and isolation. This is intended to inform the research aim as outlined in Chapter One, section 1.3: to inform a greater understanding of the complex relationship between the social and physical/built environment and wellbeing. Each case study section begins with a brief socio-demographic overview of participants, followed by an exploration of the themes that emerged in that case study area. Some themes were unique to one area, and some were relevant to every area. For example, participants in every area spoke very highly of aged care services but worried that information about those services was limited. However, participants in Holdfast Bay spoke about the impact the aesthetics of the local environment had on their wellbeing, whereas in Playford there was limited discussion around the physical aesthetics of the local area. The built environment themes encompass positive and negative aspects of convenience (transport/proximity to services); permeability; image (aesthetics), and home design. Social themes include access and convenience of social and community groups and services; access to opportunities to maintain social engagement with family and friends, and experiences of social isolation and loneliness.

Montgomery's (1998) 'sense of place' is drawn on in the thematic analysis, namely the intersecting key elements of place that Montgomery describes as:

- Activity – diversity, vitality, people, culture, events etc.;
- Image – memory, sensory experience, psychological access, what the place feels like shaped by feelings and impression etc.; and
- Form – legibility, accessibility, scale, intensity, permeability, landmarks etc.

These three elements are drawn out in the results chapters to highlight how certain factors intersect to contribute to experience of place, and to highlight the most significant elements of place for older people.

5.1 Playford

5.2.1 Overview of Playford older participants

The City of Playford is a lower socioeconomic area on the north fringe of metropolitan Adelaide. The area is characterised by lower (than state and national average) household income, low-density affordable housing and high unemployment.

Eight older residents from the Playford area were interviewed. Table 5.1 provides a demographic overview of those participants.

Table 5:1 Demographic overview - Playford participants

Gender	Male	2
	Female	6
Age Cohort	65-74	6
	75-84	1
	85+	1
Marital Status	Divorced	2
	Married	2
	Widowed	4
	Separated	-
	Never Married	-
Work Status[6]	Retired	7
	Working	1
	Volunteer	3
Home Ownership	Own Home	6
	Rent	1
	Mortgage	-
	Social Housing	1
	Aged Care	-
Living Situation	Live alone	6
	Live with others	2
Migrant Status	Australian Born	4
	Overseas Born	4
Main Language	English	8
	Other	-

[6] The work status survey question allowed for multiple responses. Many participants, who indicated that they were retired, also mentioned volunteer activities. This applies to all three metropolitan case study areas.

Two service providers were also interviewed in the Playford area. Sue[7] who coordinates the Mansfield Centre and Mitchell who coordinates the Men's Shed and Men's Programs in Playford. Their comments on certain themes are also woven throughout the results.

5.2.2 General reasons for living in Playford

One of the aims of this study was to evaluate the relationship between place and wellbeing for older people. Many people prefer to age in place and continue to live in the same area they have lived for a long time due to the familiarity and comfort it offers (Lawler 2001; Lehning, Scharlach & Dal Santo 2010; Rosel 2003; Wahl 2001). Others however, will choose to move to an area specifically because of suitability factors relevant to older age; they might move somewhere that is more conveniently located, that feels safer (particularly if they are alone or widowed), or that is closer to family.

Six of the Playford participants had lived in the area for thirty to forty years, and two had moved to the area upon retirement. Playford is a services rich area and offers affordable housing options. The following two sections describe examples of participants in both circumstances.

Recently moved to Playford (Form, Image)

After losing her husband, Rhonda (72) decided to move from a coastal rural town in South approximately 320 kilometres north of Adelaide, back to Adelaide, to be closer to her children. Affordability and a fondness of the Playford area were her main motivations for moving there.

'It's all I could afford, I paid cash for this house, at my age I wouldn't have gone and borrowed any money so it had to be what I could afford…but actually I like Elizabeth.'

Cath (72) who lives in a residential village[8], returned to South Australia to retire. Cath was divorced and found options to retire in SA were much cheaper compared to the eastern states of Australia, like New South Wales and Victoria, where she had lived for long periods in her adult life. *'I could come here, have a new home, which didn't need much doing to it for quite a while…it's worked out well…'*

[7] All names used in the results are pseudonyms. The number that appears in brackets after the names indicates the age of the participant at the time of the interview.

[8] Residential village refers to a gated retirement community that offers cheap portable housing options. All Playford participants who are described as a resident of a residential village lived in the same village.

Long term residents in Playford (Form, Image)

Mary (70) who also lives in a residential village had moved there from Elizabeth East (another suburb in Playford). Mary and her husband wanted to retire in the village for safety reasons, but also to remain in the area they had lived for most of their lives. Paul (70) had lived in the Playford area for 45 years. Paul enjoyed the familiarity of having lived in the same place for a long time and being close to family, who lived locally. '*…they're only around the corner…my son and my daughter…we all live in the same area…. I'll stay there till I go to hell*.'

Similarly, Wes (78) had lived in the area for over 40 years and had a strong connection to sporting clubs he had been associated with throughout that time.
'*I'm in Elizabeth Downs and we have lived in the house we are in since 1973…. my son and daughter were brought up there.'*

5.2.3 Experiences of the built/natural environment

Convenience, safety and noise, footpaths/roads/public access, and aesthetics were emergent themes on the positive and negative aspects of the built and natural environment.[9] These themes link to Montgomery's (1998) concept of *Form*, and the themes safety and noise and aesthetic, relates to Montgomery's *Image*.

One participant spoke about how convenient the area was, while another spoke about certain inconveniences. This highlights how the views depicted in this study often represent localised, personal experiences – they are perceptions based on individual contracted life spaces, therefore these answers are not contradictory, but demonstrate very individual experiences. Three participants spoke positively about safety (they all lived in the gated residential village), while two had negative experiences with safety and noise. One participant thought the footpaths in their area were good; however, four participants described the footpaths as problematic. Two participants spoke about their neighbourhood as being aesthetically pleasant.

Convenience (Form)

Convenience commonly referred to distance from family, or distance from services and facilities. Distance from other parts of Adelaide was a concern for Rhonda (72), who found

[9] Table 5.6, in the chapter summary, summarises the positive and negative responses from both older participants and service providers interviewed, relevant to the themes discussed for each of the metropolitan case study areas. It should be noted that while not all participants commented on every theme, Table 6.6 represents the major strengths and weaknesses of the area in contributing to the wellbeing of older people.

that going to visit her sister was an incredibly long trip for her, especially as her mobility was dependent on a walking aid and public transport connections.

Patty (65), who lived in a gated residential village, had a plan to move to Murray Bridge[10] when she fully retired in the next five to ten years. She was from Murray Bridge originally and wanted to return there, to be closer to most of her family. Living in Playford was perceived to be very inconvenient for her in terms of visiting and spending time with her family. Paul (70), on the other hand, had had a positive experience of convenience locally. '*We've just got a shop around the corner actually…. ten minute walk…we're quite happy.'*

Safety and noise (Form, Image)

Noise concerns were commonly linked with safety concerns in Playford; often associated with disruptive neighbours. Rhonda did not feel entirely safe living on her own. To improve her sense of safety, she had installed security screens on all of her windows.

'…Going back a year ago we had a lot of hooligans here and it wasn't safe, they'd be throwing bikes over the fence….and bottles over the fence and things like that, but a lot of children that were playing up a bit have all moved on now.'

Security was a drawcard for the three participants that had moved to the residential village. Mary (70) had come from Elizabeth East due to disruptive neighbours.

'*…from hell…A lot of the yobbos in the area don't know we're here… to drive through people would have to smash through the boom gates…'*

Patty (65) said, *'Security is the main benefit of living in this village…. I can go to work in the morning and leave my door open.'* This was confirmed by Cath (72): *'It's like a commune and we are locked in, but that really is exceeded by the safety and security. When I go out, I don't need to lock up…I can go for a walk in the morning and leave my doors and windows open and know that nothing will be touched, you can go away for a few weeks and leave your car here and it will be safe…'*

Mitchell, the coordinator of the local Men's Shed, felt that safety and neighbourhood 'troublemakers' caused some stress for older people in Playford. *'There is a lot of social housing in the area and with that, unfortunately can come disruptive and disrespectful residents.'* The social problems associated with Playford, an area characterised by socio-economic disadvantage, can create personal stress for some older people too. Mitchell spoke about families being caught up in crime and drug dependence and the obvious emotional and

[10] Regional city approximately one hour east of Adelaide.

financial stresses associated with that. Sue, the Mansfield Centre Coordinator, also had concerns about how safe the older residents in Playford felt, and how feeling unsafe, particularly at night, caused them to stay at home

'*I know there are a lot of people who do not feel safe at night, they will not go on public transport at night time, no one will come here if they have got to come on public transport at night time, so safety and security is an issue.'*

Footpaths/roads/public access (Accessibility and permeability- Form)

Problem footpaths were highlighted quite frequently in interviews in Playford. Rhonda said:

'The footpaths are shocking…when I walk anywhere, I am very careful because my balance is not very good, and I used to cut through the park over here to get to the train… there used to be some asphalt there but they dug that up and now when I am walking through there with my walker it is a real pain because it is just gravel, I have to walk on the grass instead and then you have the roots of the trees … to worry about.'

Mary had made a similar observation: *'…people with gophers … find it very hard to get to some of the stations through footpaths that have been broken.'*

Wes (78) felt that some of the older parts of Playford required a little more attention from council: *'I think some of the older areas are getting let go a little bit…. there is a train of thought that a lot of the money is being spent this side of town, with all the new (development), but I think some of the older areas are not getting looked after i.e. the roads.'*

Mitchell, the local Men's Shed coordinator, felt that footpaths were one of the main problems for older people in Playford. Uneven pavers and tree roots cause hazards and people dumping hard rubbish on the sidewalks is problematic in that it blocks the way for those travelling by gopher. Sue, the Mansfield Centre coordinator, was more concerned with building accessibility, suggesting that older buildings (including homes) are in need of upgrading to improve access.

Aesthetics (Form/Image)

Rhonda described the area she lived in as aesthetically appealing: *'I like the wide roads and all the beautiful trees…all these new areas the houses are on top of each other…to go for a walk around here, there is no trees, but down on the railway line there are some lovely trees...it's sort of like the country out here.'*

Nancy (72) also spoke about the aesthetics of her street and the area: '*No I definitely don't want to move, I like Elizabeth, I like the street I live in…down my end it's a dainty street.'*

5.2.4 Housing suitability (Form)

The previous section explored the strengths and weaknesses of the public built environment in Playford. This section will explore participant's views about the design and suitability of the private built environment i.e. their homes.

Older people typically spend more time in their home and their local area, with accessibility and ease of mobility around the home, and home maintenance, two common factors that can make a home unsuitable as a person grows older. The comments from participants are divided into three categories: those who had suitable housing, those who had altered their home or had plans to alter their home to make it more suitable and those who were considering a move.

Current housing is suitable

Paul (70) and his wife rented their house from their son-in-law. They had moved a few years prior from the nearby family home of 45 years and had no plans to move again. The main benefits of the move were financial ease and a lower maintenance property.

'We thought if we sell the house it will give us a little bit of money in the bank and give us a little bit of comfort in life before we're too old….it's the same size but a smaller area, less of a garden….so we can manage.'

While the participants who lived in the residential village mentioned the positive safety and community aspects of the living environment, there was some reference to poor maintenance. While the homes in the residential village do have small private yard areas, the space was just typically smaller than standard residential housing and, as such, required less maintenance.

Has altered/plans to alter house

Cheryl (87) had lived in Elizabeth Vale for fifty years. Her house had been altered to suit her needs as she got older: '*I have been lucky I have had a lot done to the house through Veterans' Affairs…they have made alterations...*' When asked if she saw a need to change her housing situation in the future, Cheryl said *'No, I will be staying where I am, I do the gardening and my son is doing the lawns for me.'*

Of her three-bedroom house in Elizabeth South, Rhonda (72) said, *'Really it's a bit too big for me…but I can't sell it because I couldn't replace it (financially it's not an option).'* Rhonda said if she had the financial freedom, she would move closer to her son in Ridgehaven (North eastern suburbs of Adelaide). Rhonda had one garden maintenance solution. '*Well, what I have been doing is putting stuff in the garden that survives without water… to make the garden more manageable.'*

Mary's (70) house in the residential village had also had some adjustments*: 'Well I did have some alterations done when my husband was ill, like an extra hand rail in the shower and the toilet and things like that, and when I had my hip (operation) I had some other extras that help me manage.'*

Nancy (72) who still lives in the home where she had raised her children, in Elizabeth South, had made alterations since her children had left to suit her mobility challenges over the years*: 'I have got a ramp at the front door and a ramp at the back door, I can fix my gate open and go out with the gopher.'*

Considering a move to a more suitable house

Wes (78) was on the lookout for a more manageable property -*'the garden is too big…. I can't handle the lawns and the garden like I used to, so we would like to downsize in block size but not downsize in house size... I've got a swimming pool that's gone green…I haven't got either the energy, the motivation or the health to keep it under control like I used to…. we're seriously looking (for a new place).'*

5.2.5 Services and facilities (Activity/Form)

Access to and suitability of appropriate services and facilities is vital for the wellbeing of older people. Participants were mostly positive about local services and facilities in the Playford area, particularly those who had engaged with the Mansfield Centre. The main themes discussed in relation to services are divided into four sections: general positive comments, transport, home and community/health, and service awareness/information. There were also a number of negative responses to services and facilities in Playford.

General positive comments

Two participants had positive comments about general service provision in Playford. When comparing the local area to others areas, Rhonda (72) was very satisfied. *'…We are lucky here, Playford is fantastic, I was talking to my sister and out her way at Clearview, they haven't go half of what we have got here… she doesn't go anywhere, she stays at home, she is very lonely.'*

Rhonda also spoke highly of the Mansfield Centre, as did Wes (78): '*The Mansfield Centre, who I drive for, we pick people up for shopping…medical centres…best in the state.'*



Figure 5:1 Table tennis at the local community centre
Source: City of Playford 2016b

Transport

While the council's transport bus for older people is highly regarded, local public transport was a common concern. Issues included: the distance from home to the bus stops, the accessibility of stops and stations, and poor timetabling making connections inconvenient.

Rhonda said *'Transport is shocking. I have always had my car and have always had my independence and lately without my car…trying to get anywhere, you are exhausted by the time you get there…The main issue is the bus service, the train is good because that comes every half an hour.'*

Cath (72) also had concerns about the buses*: 'If you have a mobility problem you could have trouble getting on and off the bus, I mean I know they lower the steps…but I have seen some people struggle, whereas the train has a flatter entry, but then where the train stops people often have to catch connecting buses.'*

Sue, the coordinator of the Mansfield Centre also commented that transport connections and waiting times were a major problem for older people. She also worried about how taxi drivers leave older people waiting as well, or refuse to take people short distances or to certain places, causing a great deal of stress in getting to appointments on time and so forth.

Rhonda, who had described her previous energy levels as low as a result of suffering with undiagnosed sleep apnoea, explained how this made navigating public transport quite difficult*: 'I would often have trouble going up the lift at the train station. It would take me a long time and then I would miss the bus and have to wait a half an hour.'* This highlights the different, very personal experiences of accessing public transport for someone who is fit and able or for someone with health or mobility constraints.

Wes worried about relying on public transport (in the future) and the time it would take to get somewhere close by without a car: '*The bus stop is about a half a kilometre…but then the services, where you want to go (are not always on the bus route)…what might take you ten minutes in a car will take you an hour on the bus.'*

Mary (70) also commented on public transport options, and felt that some of the transport options for older people, operated by the community services division at the City of Playford, were very good.

'I think if you spoke to a lot of people, transport would be the main bug bear in the area. I mean we are lucky here (in the residential village)…we have got a bus that runs past but most of us couldn't walk to the bus stop…If people are still mobile themselves they also may not want to feel restricted, they might not want to stay at the day centre all day...if you get a bus from here they take you to the shops and then when you come back they will drop you to your door and help you with your parcels if you need it, and they can take walkers and that on the bus…'

Patty (65) who also lived in the residential village was positive about the local community bus services*: 'There are bus services that go to different shopping centres, to Elizabeth, to Munno Para, to Salisbury… they have bus trips and bus tours as well.'*

The discussion around transport limitations in Playford raises questions about whether convenience and good access is about where you live, or more about how easy it is to get from where you live to where you want to go.

Home and community/health services

Most Playford participants were satisfied with the local community and health services they were aware of. However, the flexibility and limitations of home services for older people concerned a number of participants. Rhonda, for example, needed more help with her garden: *'Council can help with gardens but there are limitations on the things they can do.'*

Cheryl (87) received support from one of her daughters, but also used other services that she found very beneficial. However, she had experienced certain limitations when making specific requests.

'*I have a carer…she comes on Mondays, Wednesdays and Fridays to make sure I shower…and Tuesdays she comes and does my housework, they said I could have someone every day but I didn't want to change my carer and the company…I tried to get her a little bit longer but they said it wasn't necessary and I respected their wishes.'*

Nancy (72) had a cleaner and a shopper. She felt that her care provider didn't quite understand the importance of the relationship she had developed with them both, and she mentioned having to do some things herself because of the limitations the service imposed. However, Nancy felt that these services were very affordable; using the shopping service was much cheaper than using her taxi vouchers to go shopping or arranging for groceries to be home delivered.

Service awareness/information

A number of Playford participants talked about their concerns that other older people did not know what services were available, along with a general reluctance among older people to accept help. Cath was concerned about some older people not receiving appropriate care, due to their reluctance to receive 'handouts'. Similarly, Mary spoke very highly of local services, but struggled with encouraging others to access these services*: 'It is hard to get some people into it, but I do believe that Playford Council do a lot for the aged community, I believe it is one of the better councils in terms of the services they offer.'*

Patty was also concerned about older people's awareness of services: *'Well there is a lot of services in the Playford area, but a lot of people don't even know they are there.'* When asked if she had any suggestions for improving this, Patty suggested that a letter should be sent out to raise awareness of services, or more information pamphlets should be distributed.

Wes had concerns that echoed those above*: '…they're not aware what is available to them as they get into their senior years… I do believe it should be better promoted what services are available to older people…I've got a guy here (Men's Shed) now, his wife passed away the other weekend, and he's lost, so I said come down to the Men's Shed…The opportunities they have at the Mansfield Centre, that needs to be a bit more promoted.'*

Sue, the Mansfield Centre coordinator, felt that lack of awareness and information was also a problem for older people in terms of engagement with social activities and groups. She believes that word of mouth is the best form of promotion. Sue encourages older people in the centre to look out for others in their street that might be isolated, and give them information about the services and social opportunities available to them locally. Sue also tries to encourage medical practitioners to promote the Mansfield Centre to patients and talked about how motivation has grown in recent times, as more compelling evidence of the link between loneliness and isolation and medical conditions has emerged.

Changes in service delivery and changing attitudes of the Baby Boomers

Sue, as coordinator of the Mansfield Centre, commented on the changing mentality between older people who are currently over 75 and the Baby Boomer generation who are gradually reaching older age. Sue feels that service demand will continue to change as Baby Boomers are typically better educated, have more money and are more independent than their predecessors. They have greater expectations around the amount and flexibility of aged care services.

Mitchell, the coordinator of the Men's Shed had some concerns about the changes to service delivery that were beginning to take place as a result of the transition to consumer directed care. Mitchell believes that older people being able to self-select their services and/or service providers is fraught with complication, as people don't always know how to make decisions about what they need, particularly older people with dementia. Mitchell also commented that he had witnessed older people beginning to worry about how much of their money they were using and not accessing essential services for fear that they would run out of funds.

5.2.6 Community and social engagement (Activity/Image)

Being engaged with social and community groups offers opportunities for purpose, connection and support for many older people. Community and social engagement can be solutions to loneliness and, at the same time, foster the development of social capital, benefitting the lives of older people in terms of emotional and instrumental support. Children/family, church and the Mansfield Centre were the main forms of social and community engagement for most interview participants in Playford. Those who lived in the gated residential village reported a strong sense of community associated with internal 'village' activities and close proximity to neighbours. Table 5.7 (in the chapter summary) summarises participant's positive and negative experiences of access to groups and friends, community vibrancy and access to family in each metropolitan case study area. In Playford, six of the eight participants spoke positively about their ability to access groups and friends in their area. Three spoke positively about community vibrancy, while two participants discussed negative experiences. Two participants had good access to family and three did not.

Rhonda (72) lived quite close to her church, and gathered with women from her church on a regular basis: *'For months and months I couldn't walk and about six or eight girls used to come here fortnightly (from the church) and they would let Judy (daughter/carer) go off for a few hours and they would help me, set up morning tea… we always help each other out.'* Rhonda also said she didn't like asking for too much help from others. When she used to

drive she would pick people up to take them to church, and while those same people have offered her lifts now, she has tried not to accept their offers '*unless she was desperate*'.

Rhonda has six children and four of them lived interstate or overseas, however she mentioned that she keeps in regular contact with them all and received much support from them, which contributes to her overall sense of wellbeing. *'They ring me up all the time, my son…. he rings me up on his way home from work and we chat away.'*

Patty (65) travelled to Murray Bridge every fortnight to stay with family whom she sought most of her emotional support from. *'I have got my family support, they are only on the other end of the line if I need them.'* She described a 'family plan', where she and her siblings all hoped to wind up living in the same nursing home in Murray Bridge one day.

Patty also has other friends but only socialised with a few people in the village where she lived**.** She talked about the social support she offered others in the village, as she was one of the younger ones: *'If people need help here in the village they know to ring me, they are all older than me.'* For example, she regularly checked up on one lady up the road: '*We have a secret code, if she leaves the light on, I have to call in, simple.'* Patty talked about how nice it was having people close by keeping an eye out.

Nancy (72) who lived in Elizabeth South had a similar relationship with her neighbours. **'***My neighbours keep a watch out for me, if they don't see me they come in to make sure I'm alright.'* While Mary (70), who also lived in the village and had done so for 20 years, said after becoming a widow she would not want to live alone, outside of the village: *'You see people daily and you know your neighbours…I am happy, and I am lucky I have a sister and her husband that live on this park as well so it is nice having close family here.'*

Cath (72), who had no close family nearby, described a similar sense of community in the village. '*In the village itself it is ideal for me because you don't really feel lonely, you have got close neighbours even though you are closed off from them, they are there if you want them or need them…Moving into a village like this, it's a bit of a short cut because you have got instant neighbours, instant things you can become involved in within walking distance.'*

Cheryl (87), who lived in Elizabeth Vale and talked about being known by locals by her first name, after living in the area for fifty years. '*It's a fairly big place, and everybody knows me by my first name…because I have been there for so long…not only in the street but in our shopping centre...'*

Nancy had a similarly friendly environment at her local shops: '…. *I go to the south shops and leave my gopher at the south shops…and everyone keeps an eye on it… I've been going to the south shops since 1975.'*

Cheryl also received a great deal of support from her daughter: '*one of my daughters, she puts aside one day for me…she has her own bank card, she will get my money, she takes me shopping she takes me to any appointments.'* Cheryl described not going out much, other than Thursdays with her daughter and Mondays and Wednesdays to the Mansfield Centre.

Nancy also relied on her daughter and the Mansfield Centre for most of her social interaction. She met her daughter weekly at Tea Tree Plaza[11] for a day, and spent time with her grandchildren on those days as well. Nancy spent one day a week at the Mansfield Centre. '*I think we would be lost without the Mansfield Centre… I have been coming Wednesdays since I was 55 and I am now 72.'*

Wes (78) and Paul (70) both relied on the local Men's Shed[12] for most of their social interaction. Other than that they both also had networks with children and friends locally, which they caught up with on a weekly basis. Paul said '*one of my friends at the soccer…he says are you interested in coming to the Men's Shed…I thoroughly enjoy it now…come here every Friday and have a good old natter with the old blokes... it's more for the company.'*

Sue, the coordinator of the Mansfield Centre stated that the philosophy that underpins the centre is that *'it keeps people connected to their local community…it's a place where people can come, visit their friends, get to know people, just basically get them out of their homes and meeting with people. If they come in and join in with lots of our programs then we have done our job, if they come in and chat to the person on reception, we have done our job.'* Sue talked about how the Mansfield Centre was widely regarded by other councils and residents across Adelaide as one of the best community centres for older people. However, the growing ageing community was already beginning to place pressure on the centre: '*we have people advocating for us…that this Mansfield Centre will not be big enough…'*

5.2.7 Experiences of loneliness and social isolation (Activity/Image)

Loneliness and/or social isolation also shape social wellbeing but the experiences of loneliness or social isolation can also be impacted on by the built environment and/or availability of services. For example, living in a very hilly suburb may prevent an older

[11] Tea Tree Plaza is a large shopping mall and transport hub in the north-eastern suburbs of Adelaide, approximately 10 kilometres from the Playford area.

[12] Men's Sheds originated in Australia, they are not–for-profit local community spaces that allow men to meet, work on projects and socialise. Men's Sheds were discussed in Chapter Two.

person with mobility issues from accessing their surroundings; or a lack of affordable public transport may inhibit access to health services or socialisation opportunities.

Each older participant completed a loneliness scale survey[13] at the beginning of the interview. Table 5:2 summarises the Playford participant responses; the results indicate that generally participants were not isolated or lonely; five out of eight Playford participants said they never felt isolated from others, six said they feel friendly and outgoing every day, and six indicated that the often felt part of a group of friends, have much in common with people around them and feel close to people.

Table 5:2 Playford Loneliness Survey results summary (n=8)

Question	Never	Rarely	Sometimes	Often	Everyday
1. How often do you feel that you lack companionship?	3	4	1	-	-
2. How often do you feel alone?	3	3	2	-	-
3. How often do you feel left out?	4	2	2	-	-
4. How often do you feel that your relationships with others are not meaningful?	3	3	2	-	-
5. How often do you feel isolated from others?	5	3	-	-	-
6. How often do you feel you are part of a group of friends?	-	-	-	6	2
7. How often do you feel you have a lot in common with people around you?	-	-	2	6	-
8. How often do you feel close to people?	-	-	1	6	1
9. How often do you feel that there are people to talk to or ask for help?	-	-	1	2	5
10. How often do you feel friendly and outgoing?	-	-	-	2	6

The Loneliness Scale survey also had an open comment section that asked participants to consider how their experiences of loneliness and isolation have changed throughout their lives and/or as they have grown older. Included below are some quotes from responses in these comments boxes:

- *'Nothing has changed luckily, the only thing that has changed is that a lot of my friends have passed away.'*

[13] This applies to all five of the case study areas. The design was based on the Short Form of the UCLA Loneliness Scale and is discussed in Chapter Five; a copy is included in Appendix H. Appendix L also provides a summary and comparison of the responses to each question, across all five case study areas.

- *'I am a people person and find I can always find someone to talk to or go out with. I have family support, daily contact with them and I go to visit quite often.'*
- *'When my husband first passed away it was very difficult to get used to. That's the only time I really felt it and that went on for a few years.'*
- *'As you age, mature, grow, your attitude to all things changes, that is part of life, you can be busy but still feel lonely…but in the residential village there are always people around to speak to.'*

These responses show that there is a mix in attitudes to loneliness and isolation but significant life events such as retirement and being widowed, as a person ages, can trigger feelings of loneliness and isolation. Six participants discussed experiences of loneliness and isolation during the interview, three said they didn't experience loneliness and isolation and three said they did. The following comments highlight their perceptions.

Patty (65) didn't really worry about loneliness and social isolation because she had family whom she caught up with quite regularly. She felt that once she stopped working she might experience some isolation, which is why she had a plan to move back to Murray Bridge to be closer to her family. Patty's comment highlight the interplay between a sense of place and place attachment with social networks and belonging. For Patty, proximity to family and friends will help with a sense of social isolation and this involves physically moving from where she is currently residing.

This sense of place and belonging can also occur for some at their place of work, particularly if they have been in the one job for many years. Wes (78) described the shock he felt when he retired: *'I miss the work sometimes and the routine of going to work every day… I miss some of the people.'*

Cath (72) had retired quite early and found it a little hard to get used to; this motivated her to move to the residential village. *'No, on the whole I don't feel isolated, personally I am quite busy, and that stops isolation…though, sometimes sitting here at night, you do feel lonely because you haven't got anybody to talk to…'* Cath also worried about loneliness and isolation becoming more apparent if she were to lose her driver's licence: '*The only thing I am dreading is when I have to get rid of my car, or I become house bound…it's just the thought I think of losing your independence, it's not a nice thing to think about and its getting closer by the day.'*

Cheryl (87) said the Mansfield Centre has been great for her, since she lost her licence *'I used to be able to just get in my car and go over to the shopping centre if I felt like it or I felt like*

companionship when I wasn't coming here (Mansfield Centre), but coming here has been marvellous...'. For Cheryl, her sense of place and belonging has been re-engaged through the local community centre.

The staff at the Mansfield Centre pride themselves on making people feel like they belong, and Sue felt that one of the strengths of the centre was that the staff would phone people if they were expecting them to come to a group or class and they didn't show up. Sue believes that service makes people feel important and less lonely because they realise that someone has noticed their absence. She also suspected that the low-density nature of many neighbourhoods in Playford was a catalyst for loneliness among older people, with quiet streets and many residents away working during the day meaning older people see less of others during the day. This is an example of how the traditional Australian sprawling suburban environment can exacerbate a sense of social isolation and poor social capital.

Mitchell, the coordinator of the local Men's Shed, commented that the Shed offered an environment where men could deal with and express their loneliness and need for companionship, without having to explicitly talk about it if they didn't want to. Mitchell commented that the Men's Shed can often remind men of how their bodies are beginning to fail because they can't do things as easily as they used to. On the other hand, he felt that it taught them to ask others for help, and strong bonding capital developed through working together and leaning on one another. These examples of localised community services can be critical to providing opportunities for bridging social capital that can create a new sense of place and belonging when older people experience changes in their life course, such as retirement, loss of a drivers licence or widowhood.

5.3 Holdfast Bay

5.3.1 Overview of Holdfast Bay older participants

The City of Holdfast Bay is a medium socioeconomic area within metropolitan Adelaide; it is a coastal area approximately 13 km from the Adelaide CBD. The area is characterised by slightly higher than average household income and higher density housing options. Holdfast Bay has a notably older population than other Adelaide metropolitan local government areas; people aged 65 years and older comprise 23.9 per cent of the local population (ABS 2016).

Nine older residents from the Holdfast Bay area were interviewed. Table 5.3 provides a demographic overview of these participants. In addition, seven service providers were interviewed in the Holdfast Bay area: a volunteer driver for a local community bus, a Veterans Men's Shed coordinator and five members of the City of Holdfast Bay Community

Development team (who were interviewed as a group; their comments are presented collectively). Service provider comments on certain themes are presented here alongside the participant comments.

Table 5:3 Demographic overview - Holdfast Bay participants

Gender	Male	4
	Female	5
Age Cohort	65-74	5
	75-84	3
	85+	1
Marital Status	Divorced	2
	Married	4
	Widowed	2
	Separated	1
	Never Married	-
Work Status	Retired	9
	Working	-
	Volunteer	5
Home Ownership	Own Home	6
	Rent	-
	Mortgage	-
	Social Housing	3
	Aged Care	-
Living Situation	Live alone	5
	Live with others	4
Migrant Status	Australian Born	6
	Overseas Born	3
Language Spoken at Home	English	9
	Other	-

5.3.2 General reasons for living in Holdfast Bay

The majority of participants (six) had chosen to move to Holdfast Bay for retirement, citing attraction to the lifestyle and convenience of the area as the reasons influencing their choice. Some had moved from nearby suburbs, others from different parts of Adelaide, and one had come from rural South Australia. The remaining three participants had always lived in the area and wanted to stay. Only one participant had a desire to move from the area, and this was to move interstate to be closer to another family member.

Recently moved to Holdfast Bay (Form/Image)

Beverley (81) who had lived in the area for 18 years since retiring said *'I lived on the eastern side of town…but I always wanted to be closer to the beach, I just wanted to be over this side of town.'* Jack (79) and Trish (70) (a married couple) had also moved from the eastern suburbs of Adelaide to an apartment in Holdfast Shores, directly across from the beach and marina (see Figure 5.2). They moved to this spot five and a half years prior, when Trish was diagnosed with cancer, to live in a more manageable property with better access to a hospital and the beach.



Figure 5:2 The suburb of Glenelg
Source: City of Holdfast Bay 2016

Christine (80) had moved from the country to social housing units for older people in Holdfast Bay when her husband passed away, to be closer to her daughter. She had decided to make this move while she was still fit and able to establish some good social networks in her new neighbourhood. Valerie (70) also lived in these units and had lived there for two years. After being diagnosed with cancer, Valerie had moved back to Adelaide from Sydney, to be around family and old friends. Now that she had recovered she was saving to move back interstate to be with her daughter and grandchildren.

Ron (71) had lived in a unit in Glenelg for seven years after moving from Daw Park (a suburb close by but further from the ocean). He tested the area before buying a unit: *'my wife and I separated approximately 11 years ago… I looked at Glenelg and thought it was a good place to settle, to retire, and rented down here for a year… until I found a suitable unit.'* Ron said, *'I will stay here till they cart me out in a box.'*

Lived in Holdfast Bay for some time

Aileen (93) lived alone in a small house, quite close to the beach. She had lived in the house for 65 years, and been alone there for approximately 15 years since her husband passed away. She liked the area and had no intention to leave. Brian (69), also planned to stay where he was forever. He had lived in his house for over forty years and commented, '*they'll take me out in a box*'. Gavin (70) had lived with his wife in their three bedroom family home for a very long time, and also said, *'I'll die there, go out in the box.'*

5.3.3 Experiences of the built/natural environment

Convenience, safety and noise, footpaths/roads/public access, and aesthetics were the main themes to emerge in discussions around the positive and negative aspects of the built and natural environment. Table 5.7 in the chapter summary section summarises the number of positive and negative comments about each of these aspects in each metropolitan area. In Holdfast Bay convenience and aesthetics stood out as very positive aspects; seven participants commented on the convenience of the area, and nine spoke about the aesthetic appeal of the area.

In terms of safety, three participants made comments about feeling safe, and one felt unsafe. Two participants had no problem with noise, commenting that they lived on a quiet street, but four participants had some complaints about noise disruption. One participant felt that footpaths were good and well maintained and two participants had complaints about them. The community services team also felt footpaths needed improving in the area. These comments are presented in the following sub sections.

Convenience (Form)

Seven participants commented on how convenient living in the suburb of Glenelg was, mentioning aspects such as access to doctors, shops and transport. Christine (80) said, *'I treat Glenelg like a big country town, I don't go to the city...when I came down I thought, now, just around the corner is the hairdresser, just down the road on Anzac Highway is the doctor, a little bit further on is the supermarket and the pub is close...'*

Valerie (70) had similar things to say: *'you have got Jetty Road…you have got everything here, you have got your hearing people, you have got your doctors, your dentists.'* Aileen (93) also commented on the accessibility of services: *'Glenelg is very good, it's accessible and easy to navigate, good doctors and hospitals nearby*'; while Ron (71) commented on the accessibility of public transport: *'It's a great area to live in because it is close to the tram, and I very rarely use my car…'*

Gavin (70) talked about the convenience of having lots of smaller local shops in the western suburbs; he made comparisons to newer suburbs where you really need a car to get to centralised shop locations. Gavin felt that those types of suburbs were not as suitable for older people, who may be facing losing their licence. *'My location is fantastic, because it is not like the new suburbs…being an older suburb, I've still got a deli on the end of the street, I've got a pizza place, I've got two restaurants within walking distance of home…my barber.'*

Safety and noise (Form/Image)

Generally most people felt safe in the Holdfast Bay area. However, Christine who lived in social housing units commented that she felt uncomfortable going out alone at night at her age: *'I don't go out at night, unless I go with family.'* While Valerie, who also lived in the same unit block, offered a slightly different perspective*: 'we never feel unsafe here.'*

Jack (79) and Trish (70) felt very safe in their apartment building, close to Jetty road and the waterfront. Trish commented, *'…I like living here because we have security as well, another layer of safety.'* Aileen (93), who lived alone in her family home had been burgled (while at home) three times in the past few years, but still felt positive about general safety and support in the area: *'the police have been marvellous, the people across the road have been wonderful.'*

Valerie and Christine (social housing units) were both irritated by aeroplane noise, *'the aeroplanes are a nuisance sometimes'* while for Jack and Trish the noise late at night on weekends, living close to Moseley square at Glenelg was more of a nuisance. *'Until about a year ago the noise was a problem but the police did a big swoop about 12 months ago and they grabbed about thirty or forty of the worst trouble makers and told them to stay away…and that seems to have paid off…yes on Saturday night we will usually hear a bit of noise but it is civilised noise, the most noise pollution is motorbikes.*'

Ron and Brian (60) both talked about having peace and quiet, living in a spot that was more isolated from traffic noise. Ron stated: '*my unit is situated down the end of the block and I am out of the way a bit, away from the noisy road, but I like that it's my rest haven at the end of the day.'*

Footpaths/roads/public access (Form)

Three of the participants made comments about footpaths. Valerie and Aileen thought footpaths could be better maintained to cater to older people. Valerie stated, *'the footpaths all around Glenelg aren't very good…I mean along the coast it is fine, the esplanade is fine but if*

you go into the other streets…that's not very good for the elderly.' Jack agreed regarding the esplanade area: *'The promenade is levelled and suitable for people who need it.'*

Aileen described being hurt in a fall that was caused by uneven paving: *'the worst thing they every did was have those tiny pavers in the paths, I had a terrible fall up the other end of the street, I had nose and mouth and chin injuries, they're not good footpaths.'*

The community services team discussed a number of issues that they had witnessed to be barriers for older people from a built environment and access perspective. These included poorly planned rest stations for older people, i.e. park benches being on the wrong side of the road on a typical walking route; stressful traffic flows; inadequate safe crossings on busy roads, with people not coming to a social functions because it meant having to cross a very busy road that made them feel unsafe; cafes (very popular social spots for older people) not being adequately designed; limited access parking, and poorly designed toilets that were simply inaccessible for people with mobility constraints or aids.

Aesthetics (Beach) (Image/Form)

Most participants commented about the beach contributing to their health and wellbeing. Some described themselves as being 'a beach person', or having always had a strong desire to live near the beach. Valerie said, *'I wanted to be near the sea, I have always loved the sea…you can go for a walk…along the beach, that's the best thing for you.'* Gavin said, *'I always wanted to live closer to the beach because…I grew up on the beach.'* Figure 5.3 is from the Holdfast Bay website, promoting the aesthetic beach appeal, the beachside apartments, and the lifestyle image affiliated with the area.



Figure 5:3 Discover Glenelg

Source: City of Holdfast Bay 2016

Some enjoyed being able to breathe in the sea air, and to take walks along the beach. Others also commented on the sense of vibrancy that came with living near one of Adelaide's busiest suburban beaches. Aileen said, '*yes I think it is very healthy here…At times it can be busy in*

summer…every day there are people walking their dogs to the beach or going shopping… I think living near the beach improves the morale in the area; it is very pleasant...'

5.3.4 Housing suitability (Form)

The comments on housing suitability from Holdfast Bay participants are divided into the same themes as the Playford comments. Five Holdfast Bay participants found their housing suitable, and the remaining four did not.

Current housing is suitable

Christine (80) moved from the country into social housing units for older people in Holdfast Bay after she was widowed. She described her unit as very manageable. '*It takes me six minutes to wash the floors, it takes me five minutes to vacuum the carpet.'* Valerie (70) who also lived in the same units also found it very manageable*: 'its low maintenance here, everything is supplied, the fridge, the washing machine.'*

Jack (79) who had downsized to an apartment from a larger property had intentionally moved to a place that required less maintenance. Trish (70) (married to Jack) thought the benefits were very obvious. Throughout her cancer treatment Trish was trying to manage the housework and cooking, and being in the smaller apartment made this easier. In addition access was improved because she could ride in the lift directly from the car park to the apartment. Trish also commented that the apartment was still big enough to have family come and stay. However, the one downside was that they had to give up their dog to move into the apartment.

Brian (69) had a very different view and had no intention of moving. He struggled with the idea of downsizing after living in the same home for forty years. *'It's a three bedroom house…. I'm on a quarter acre block… that used to be market gardens. I grow my own fruit and vegetables…and I love that...wouldn't move ...if I did I couldn't have a dog and I like to go in the back yard and sit …I couldn't live in one of these little apartments… I would go mad.'*

Has altered/plans to alter house

Gavin (70) also had no intention to move and has adjusted the home to be manageable for both himself and his wife, as they got older. Gavin had paved his garden to make it more manageable, put money aside for maintenance jobs around the home that he could no longer manage and made some space for additions in the home. *'In the house I've got aids…Things that I know will become a problem. The place is set up with all wide doors so if we need to*

have a hydraulic lifter for the wife or I; we can do it…I don't see any insurmountable problems where I am…might put a ramp for a wheelchair in.'

Considering a move to a more suitable house

A couple of participants had considered a need to move, should they face health issues in the future that might make living independently too difficult. Aileen (93) said, '*If I became infirm through a fall then I might have to move.'* Jack, who had already downsized, had considered that a retirement village might be another appropriate move in the future. *'I could envisage we might need to move to a retirement facility somewhere in the next decade, if one or other of us were not able to cope.'*

Christine (80) had considered having to move to a nursing home eventually– *'I have been diagnosed with macular degeneration, that is going to mean that my sight is going to be a little bit iffy after a while… I think eventually I would go in to a nursing home.'*

In terms of remaining in the area, the location of the nursing home was mainly about proximity to people who would want to visit. For Aileen and Christine, that meant remaining in the Holdfast Bay area, but for Jack and Trish, that might mean choosing a location close to their children on the opposite side of metropolitan Adelaide.

5.3.5 Services and facilities (Activity/Form)

Most participants made positive comments about the service provision in the Holdfast Bay area. The main themes discussed in relation to services are divided into the same four sections as for the Playford data: general positive comments, transport, home and community/health, and service awareness/information. In Holdfast Bay four participants spoke positively about transport, and three had transport concerns. Two participants spoke positively about health services and one had negative comments. Five participants spoke very highly of home and community services and two participants expressed concerns about the provision of service information. The following subsections outline these comments.

General positive comments

Beverley's (81) comment sums up the positive attitude to service provision in the area well: '*we couldn't ask for anything more, we really couldn't at Glenelg, there is a lot of help through the council.'*

Similarly, Valerie commented, *'this is very good here, because you have got everything, you have got the aged care service provider, you have go the shopping bus and things like that, so you are not really stuck for help if you need it.'* Jack (79) commented, *'I think the council has done a lot to try and see itself as meeting those needs (of older people), they certainly keep us*

informed on road rules and cautions and safety measures, they have their staff who will come into the place and have things fitted or help with things we can't do for ourselves, they certainly take it very seriously.'

Transport

Local transport services received both positive and negative reviews. Most people felt very satisfied, however, all three of the participants living in the social housing units commented about a community bus service that had recently been taken away and the negative impact of this: *We used to have a little local bus that would come around…three days a week and we miss that, it was quite handy.'* Beverley (81)

'We'd like our little bus back thank you very much…we had a little bus just out the front that would come every half an hour and it would go around in a circle, we would get on that little bus and they would take us into the shops and bring us home and if we had forgotten something we would only have to wait a half an hour and go back in, hop on again….(it stopped) because they said it cost too much and they really thought that it wasn't being used enough.' Christine (80)

'One of my little sore points is the little bus that they took away…It is costing me a fortune in taxis to get to places now because I can't walk very far without getting out of breath, so it was so handy having that little bus, I will never get over losing that bus.' Valerie (70)

Of other transport services Valerie said, '*…We have a shopping bus that goes once a week and they are really good, they will carry your shopping for you and we have a good time on there, we have a laugh.'* Aileen (93) was also aware of this bus. '*Council have a community bus you can use if you want to improve access, I am aware of that but so far haven't needed it. I don't really think they could do anything more to help get people be better engaged. You can also get access cabs through the council if you have mobility challenges.'*

Jack was very satisfied with the tram service: *'I like that the tram is free up to Brighton road, we can walk part of the way and if we get tired we can jump on the tram.'*

The Holdfast Bay Community Services team collectively commented on how they felt certain local programs could be more successful if there were scope to have more volunteer drivers able to collect people at convenient times.

Home and community/health services

Attitudes to health services in the area were mostly positive. Valerie said, *'Well really there is not all that much you can't do… I go to an aged care service provider, you can go there for*

physio and massage, then there is the exercise class and the walking, there is all these different organisations that can help you… they also do house cleaning and the council can do house cleaning for you, there are so many people that can help.'

Aileen was also very satisfied with local health services*: 'I can get into my doctor when I want to which is marvellous…. If I needed to go to the hospital, well I had my cataracts done at Glenelg community hospital and that was very good.'*

Every participant in Holdfast Bay who received home and community services was very satisfied with the service; most services involved monthly or fortnightly cleaning, as described here by Beverly: *'every fortnight I have a cleaner come in…you can hire house cleaners to clean your house, people complain about them not doing this and that, but as long as my bathroom is clean.'*

Service awareness/information

Some participants who didn't currently receive services spoke knowledgeably about the types of services they knew were available. A number of participants expressed a general concern about older people's awareness of the services they would access. Valerie commented, *'Some people don't know where to go…there must be some way of letting the really elderly who are sitting at home not knowing what to do…if you haven't got any family around to do anything for you and to help you and you are on your own, it is very frightening for the elderly.'*

The community services team interviewed at Holdfast Bay all agreed that there were concerns for information distribution for older people. They discussed how there are many organisations offering a myriad of services, yet some older people don't know where to go. Distributing information and navigating service options is a major problem. The team acknowledged the attempts being made through the aged care services reform, to have a more central access point for information, but stated that not all older people fit neatly into one box. The reforms are a ten-year process that will have a positive impact eventually, but can be confusing in the short term. One example mentioned, is the proposed national Aged Care Gateway Service; the concern being about a national call centre's ability to offer advice on services in a single area, such as Holdfast Bay.

5.3.6 Community and social engagement (Activity/Image)

Every Holdfast Bay participant commented that they had good access to groups and friends; access to family however, was a major challenge for three participants who did not have family living close by. Three participants mentioned the sense of good community vibrancy,

and having good neighbours and friends close by was a common source of community and social engagement.

The three interview participants who lived in social housing units (Beverley, Christine and Valerie) all described being quite busy and very happy with their social lives. They felt they had lots of neighbours to support them and depend upon. They were close to Glenelg so they could easily access groups, the shopping bus, friends and family and they had a unit block 'happy hour' every Friday afternoon, which brought everyone together.

Beverley (81), felt that her use of many local services contributed to her social wellbeing, she kept herself quite busy, although relied on her daughter somewhat for help, but she also had friends and groups locally, *'I'm a fairly independent person, you have got to make yourself go, you can't just sit around waiting for people to help you, I must admit my two girls help me a lot, but they have got their own lives, they've got their kids…Every Sunday I walk down to my friends place…and we go for coffee, so that's just part of the lifestyle…I might have one full day at home, and I do little fiddly bits of mending and things like that, but no…mostly I am out almost every day of the week.'*

Aileen (93), who lived on her own in a suburban street, described having very good friends who pick her up for social outings. In return she gives people grapefruit and lemons, they help her and she tries to give back what she can. Of the local community Aileen said, *'If I wanted to I could do things through the council, but I don't feel the need to do that because there are other groups that I am a part of that can be all over Adelaide.'*

Aileen's sons both live overseas so were unable to offer as much instrumental support, however, they spoke weekly on the phone. However, Aileen did have support from neighbours across the road that she has known for a long time, and she commented that she had a strong friendship with the lady who does her shopping. Aileen commented that relying on people in the community and neighbours or friends for support is very positive in terms of building stronger friendships. When she had an injury people in her street and from church brought her food. *'It's not always easy to ask people for help, but my sons always remind me that I used to offer a lot of help to people in my younger years so it is acceptable to accept it back now.'*

Similarly Gavin (70) talked about relying on close friends nearby, more than family. *'I've got some great family, but I have got some really good friends close by….I'm very rich. I've got mates that help mates.'* Of his son, Gavin said, '*we don't live in each other's pockets, but if I need him or he needs me, it's nothing to just ring up and ask…its only five minutes away by the car.'* However, Gavin had also hesitations about living in a community that segregated

people based on age*: 'as much as I like community, I don't know if I want to live in an elderly community, because I value my younger friends…'*

Ron (71) who lived alone engaged a great deal with the community through his volunteer work on the community bus: '*Working on the community bus you meet a lot of people…you get a feeling of how the community works and you are interested in what goes on.*'

Jack (79) talked about the vibrancy and community of Jetty Road and the Glenelg beach front, and finding it relatively easy to fit in as new comers to the area. *'…we get down to Jetty Road a lot and meet with friends. We use the library a bit, we have a senior's group; the church is important to us and that is just down the road... There are so many people here that have retired quite recently that we certainly don't have that feeling of not being allowed in because we are newcomers to the area… there is this activity focus here too, things going on and activities on the beach with younger people, there is opportunity for intergenerational interaction…. when you walk out you are meeting people on the street, people who want to stop and chat, it's a very affable kind of place...'*

Trish (70, married to Jack), who had been very ill when they first moved to the apartment, enjoyed watching the community activities from her balcony. *'I can sticky beak like mad… I can watch people enjoying themselves, if I am going to die somewhere at least I can see outside the window that life is still going on.'*

However, Trish also described some unanticipated social downsides to apartment living: *'Living in an apartment is not friendly, we do have neighbours and whenever someone new moves in we have invited them for tea, coffee, a glass of wine on the balcony and have never been invited back, and that's a bit disappointing…The reason is that you are too physically close in an apartment so they want to maintain their distance…people don't pop past for a cup of tea like they used to when we lived in our house…people in apartment buildings are often all working...it isn't very friendly, it is actually lonely.'*

Due to the high amenity, lifestyle opportunities (including event promotion and tourist attractions) and proximity to the city the Holdfast Bay area is attractive to people of all ages. Evidently, there are positive and negative aspects to the intergenerational activities and interactions that develop as a result.

A community services officer at the Holdfast Bay Council discussed the incidental social benefits of many physical health programs and suggested that the social wellbeing outcomes of such programs were often more important than the physical outcomes. *'Health benefits have come second to the social benefits received. This socialisation has been the main*

motivation for people attending and coming back. Many participants have been socially isolated or living alone and above all enjoy the company of other people as they work together to improve their health through better nutrition and increased exercise. It has been essential to provide a supportive environment for this to happen.'

The community services team at Holdfast Bay discussed their perceived ideas about the preferences of Baby Boomers for social engagement and volunteering into older age. The team suggested that Baby Boomers are typically better educated and more comfortable accessing information online than their predecessors and will want to continue to contribute as volunteers and mentors for the rest of their lives; but will be more confident and will want to do this on their own terms. '*That's where I see the demographic changing…we're moving to a demographic now that's saying no, no, no, I know exactly what I want…these are the parameters around which I want it…People want volunteering opportunities on the weekends and in the evenings, more than just the regular nine to five.'*

A major barrier discussed by the community services team, is the perception of younger generations that older people want to be left alone: '*older people want public spaces where they can … be part of the community… they actually want to be in a space with all different generations, kids playing and teenagers.'* One other barrier mentioned by the team was the timing of certain groups and events where they commented that some older people preferred afternoon social programs rather than morning programs because they needed a bit of time to let their medication settle before they felt confident to leave the house.

5.3.7 Experiences of loneliness and social isolation (Activity/Image)

Table 5:4, below, summarises the responses of Holdfast Bay participants to the Loneliness Survey. Unlike the results for the Playford case study, the results for Holdfast Bay indicate a wide variation in terms of experiences of isolation and loneliness. Over half indicated that they felt alone at least some of the time, and just under half also felt isolated from others at least some of the time. However, on a more positive note, almost all participants said that they felt that they were part of a group of friends at least some of the time and also indicated that they felt there were people they could talk to or ask for help.

The following are comments from Holdfast Bay participants to the open-ended response at the end of the Loneliness Survey, asking them if they felt their experience of loneliness and isolation had changed throughout their life or as they had grown older:

- *'As I grow older I am less worried about what other people think of me, I just have a good time. I don't feel lonelier as I grow older, quite the opposite.'*

- *'Life seemed to be too 'people- busy', welcomed more alone time with retirement, occasionally this becomes a negative...loneliness.'*
- *'Dramatically due to retirement and relocation, yes I feel lonelier as I get older.'*
  'I have moved a lot and had different groups of friends, it's more about where you are, feelings of loneliness change depending on circumstances, I do feel lonelier as I grow older because of the empty nest and friends dying off.'

Overall, these comments touch on the themes of retirement, proximity to family, losing friends and a balance between having too much, or not enough to do socially. All participants also made some reference to their experiences of loneliness and isolation over their lifetime during the interview. Five of the participants had experiences with loneliness and four had not. Of particular interest is the last comment which ties feelings of loneliness to place and the concept of attachment to place. Multiple moves over a lifetime can potentially enhance bridging capital as people make new friends and join new groups but it can also challenge bonding social capital and a sense of belonging.

Table 5:4 Holdfast Bay Loneliness Survey results summary (n=9)

Question	Never	Rarely	Sometimes	Often	Everyday
1. How often do you feel that you lack companionship?	2	4	2	1	-
2. How often do you feel alone?	1	2	4	1	1
3. How often do you feel left out?	3	2	4	-	-
4. How often do you feel that your relationships with others are not meaningful?	2	2	5	-	-
5. How often do you feel isolated from others?	3	2	3	1	-
6. How often do you feel you are part of a group of friends?	1	-	2	3	3
7. How often do you feel you have a lot in common with people around you?	-	-	2	6	1
8. How often do you feel close to people?	-	1	3	3	2
9. How often do you feel that there are people to talk to or ask for help?	-	-	1	3	5
10. How often do you feel friendly and outgoing?	-	1	-	3	5

Choosing to have a positive outlook and attitude was considered central to alleviating loneliness for most participants. A couple of participants spoke about enjoying having a day to themselves, but feeling worried when it became two or three days. Some lived far from their children, and felt a sense of loneliness because they wished they could see them more.

Others worried that they would become more isolated and lonely if they were to lose their driver's licence or if they suffered health problems.

Valerie (70) talked about the value of proximal social relationships in helping to alleviate loneliness. She also raises the idea that loneliness can be a facet of life that is universal, regardless of the location, this idea is explored in later chapters. *'If you haven't got a really good support group of family and friends, you can be isolated whether you are in the back of Bourke or in the middle of the city…I do feel like it sometimes, when I don't see my family…a lot of my friends have passed away now and I haven't go the support group that I used to have anymore…If I don't speak to my daughter in New South Wales for a few days I start to panic….that sort of thing gets you lonely, if your family are not close.'* For Valerie, the fact that she is living in a busy, fairly densely populated neighbourhood is less related to her feelings of loneliness than the fact that her daughter lives interstate.

Trish (70) also discussed proximity to family; she missed her children (who lived on the opposite side of town) and felt that because she and her husband still had each other, the children were less motivated to visit: '*the children don't come and visit us very often because we are a lot further away… so that is one concern for us the fact that we don't see our grandchildren or our own children as much…I think if one of us was on our own, they would visit more.'*

When reflecting more about loneliness Trish commented. *'I get concerned at the thought of being without my husband, we have been married for a long time and that is something I cannot cope with…until that happens (if Trish or her husband passes away) I don't think loneliness will be a terrible concern.'* Trish also talked about the difference between social contact and belonging, stating that she meets people in the shops and says hello, but she often craves more meaningful conversation. This suggests that Trish is lacking a sense bonding capital that close social and community relationships can bring over time.

Brian (69) and Gavin (70) were both war veterans, and talked about mental isolation, dealing with various issues from their war experiences. Brian (69) also spoke as a volunteer service provider. Brian was very passionate about the difference he felt the shed made for older men in the community, and for those who were suffering with war/service related trauma. He felt that the mental and social stimulation gained through engaging with the shed, was critical for addressing isolation, depression and mental decline for older men. *'What this place means to them, independence enjoyment, bonding, just keeping their minds active and not sitting there staring at four walls in a nursing home…'*

The Men's Shed has been open for five years and is located next to a community garden and kindergarten; this has created some opportunities for intergenerational engagement. On the day of the interview three primary school children, who had been at the farmer's market next door with their parents, wandered over to spend some time at the Veterans Men's Shed. The shed operates most days and on Tuesdays has an older group, for over 80s, with 18 people in that group, one who is 96. *'All of them do something in the shed…we're probably keeping the majority of these guys out of a nursing home, because we are keeping them mentally active…'*

Ron (71), a volunteer community bus driver, felt that some older people become quite hard to reach if and when their health starts to deteriorate. Ron felt that those who aren't open to help, or who live alone and not in a retirement village really struggle with self-motivation to get out and get involved with things. He expressed concerns for those older people who didn't have any family, or whose family were far away, and were particularly at risk of isolation.

One concern raised by the Holdfast Bay community services team was the connection between information, transport and social isolation for older people*: 'the ongoing challenge is how do you engage with those who are most isolated, how do you know where they are… we need to make sure that we provide the mechanism so that should there be something that triggers them (to get involved) if they've got the means to do so…and that's why I guess transport always comes up 'cos there's a lot of people that have mobility challenges that just end up going oh, it's too hard…'*

This highlights the complex nature of issues such as social isolation and loneliness; that cannot be simply attributed to either intrinsic causes (such as personality traits) or extrinsic causes (such as life course events like relocation, available transport or access to services).

5.4 Burnside

5.4.1 Overview of older Burnside participants

The City of Burnside is a local government area immediately adjacent the Adelaide CBD (central business district), between two and six kilometres from the Adelaide CBD and extending to the foothills of the eastern suburbs of Adelaide. The City of Burnside is an established, affluent area with higher than both state and national average household income, home ownership and tertiary education attainment. There is minimal social housing, a low Indigenous population and low unemployment in Burnside. With 21.2 per cent of the population aged 65 years and over and a median age of 44 years, Burnside is an older suburb than state, national and Greater Adelaide averages.

Eight older residents from the Burnside area were interviewed. Table 5.5 below provides a demographic overview of the Burnside participants. Three service providers were also interviewed in the City of Burnside: the local Men's Shed coordinator and two community service officers from the City of Burnside. Their accounts of the challenges faced by older people in the community are incorporated throughout the results.

5.4.2 General reasons for living in Burnside

Most participants in the Burnside area had lived there for a long time. Two however, had moved in their older age, because of the convenience of the area and to be closer to family. Convenience to shops and services, proximity to family and living in a nice area were the main drawcards cited for living in Burnside.

Recently moved to Burnside (Form/Image)

Vineeta (77) and her husband are Indian-Malaysian and had moved to Australia ten years prior. Both of her children were raised in Malaysia but moved to Australia after completing their tertiary education here. *'I have only two children…and both of them decided to stay on in Australia…and I decided to move here. There is no point in me remaining there.'*

Delia (87) had only lived in Burnside for 15 years after moving from a country area. She moved because her family were spread across Adelaide and she wanted to be in a location where her family could easily visit her; she also wanted a smaller more manageable unit and access to good services. Delia had lived in Adelaide in her younger years, so it wasn't a completely new lifestyle experience for her.

Similarly John (92) had moved to the area in his late 80s from Melbourne to be close to his family. He and his wife had selected a modest three bedroom home and he saw no reason for them to consider moving again in the near future. When asked about the location he spoke of

convenience of local facilities and services*: 'the city…it's only what ten minutes…(but) I only go to the city if I have to…We have good shopping areas.'*

Table 5:5 Demographic overview - Burnside participants

Gender	Male	5
	Female	3
Age Bracket	65-74	1
	75-84	5
	85+	2
Marital Status	Divorced	1
	Married	5
	Widowed	2
	Separated	-
	Never Married	-
Work Status	Retired	7
	Working	-
	Volunteer	2
Home Ownership	Own Home	6
	Rent	-
	Mortgage	1
	Social Housing	-
	Aged Care	1
Living Situation	Live alone	3
	Live with others	5
Migrant Status	Australian Born	4
	Overseas Born	4
Language Spoken at Home	English	7
	Other	1

Lived in Burnside for some time (Form/Image)

Dennis (76), who had always worked in the city (even in his retirement years), saw the house he and his wife lived in as suitable for many stages of life; stating that it was, *'big enough to bring up two daughters in but small enough to continue living in.'* Dennis had one daughter who lived close by, who was very involved in their lives and he described enjoying times when she would drop in, maybe to help them with things or just to socialise.

Greg (67) also liked living in the area because his family were close by, stating: *'you bring your family up and often they stop on the same side of town…we've got two sons…they're not too far away.'*

Lily (82) had lived in the Burnside area for over forty years since she and her husband moved from India in the late 1960s. She had family close by and found the area to be convenient at all stages of life. She was aware of lots of services available locally that she could call upon if she ever needed them. *'I have a brother in the next street, and my daughter she lives about ten minutes away…It's suitable for my needs…and if I want to go out people will come over and take me for a coffee… There are all sorts of services, and one day I might need them.'*

5.4.3 Experiences of the built/natural environment

Convenience, safety and noise, footpaths/roads/public access, and aesthetics were the main themes to emerge in most areas in discussions around the positive and negative aspects of the built and natural environment. The main benefits in Burnside were convenience of the location; big properties with gardens; smaller, low maintenance unit options; the leafy, foothills aesthetic of the area; the quiet and safe neighbourhoods, and the convenience and ease of access to services and transport.

There were very few negative comments about these aspects in Burnside; however, two participants had grievances with footpaths and convenient access. One participant had a comment about noise and one had experienced safety concerns. However, four participants spoke positively about convenience and there were two positive comments about safety, one about noise and three each about the quality of footpaths and the general aesthetic amenity of the area.

Convenience (Form)

Due to its inner city location, the Burnside area offers convenient access to services, and to other parts of Adelaide. Vineeta (77) had chosen the street in which she lived because it was so close to transport and the local shopping hub: *'I was very determined right from day one that I needed a bus stop…because before I didn't drive…I was very dependent on buses…so I wanted a bus…then I wanted shopping nearby, take the bus to got to the GP and the physio therapist…it's all nearby… this place is quite nice.'*

Geoff (77) also described the convenience of where he lived: *'We can just walk down to the bus, the shopping centre is just down the road, and the shops are at the top of the road, the school is just up the road which I take our grandson to…everything is nearby.'*

Safety and noise (Form/Image)

Burnside is known to be a quiet area, as Vineeta described: *'It's a quiet area…Security wise, so far it's safe…it is mostly old people and families with young children.'*

Footpaths/roads/public access (Form)

There were a few complaints from participants about footpaths being uneven and causing stress when travelling by foot or gopher. However, other participants commented that they recognised council were constantly trying to address these issues. Lily (82) found herself worrying about tripping: *'As far as the footpaths are concerned, they have put all these lovely pavers down and they are sort of all lifting and I have had several falls…pavers are very attractive, but they are not right. I go for a walk every day and I am always looking down.'*

Peter (79) had almost ruined his gopher trying to navigate the footpaths and now needed a carer to help him with his shopping: '*I have trouble shopping because of the conditions of the footpaths I have a beautiful gopher that cost $500 and the bloody thing fell apart because of the footpaths…They are disgusting.'*

Dennis (76) also had a positive attitude to the footpaths, stating that any improvements are helpful, but people could to make do. *'Well when I first moved there…there were no sidewalks, but in recent years, the council has put them in…I mean there is nothing we can do about the steep slope we live on, so you adapt to most things and you appreciate when somebody does improve something like a better bus service.'*

Aesthetics (Hilly Terrain/Trees) (Image/Form)

Vineeta described the area as very pleasant aesthetically: *'…we chose this place because it's nice and comfortable*'. Dennis loved the look of the area as well, but described some practical challenges associated with living on a hill: *'Our local shops are down the hill, down the hill is great but if you come back up with shopping then it's quite a walk, so there are physical parameters…we don't have a car…we have routines that help us get over the physical problems, we ride cabs a lot and we have a good bus route.'*

Similarly Greg (67) talked about needing to move at some point due to the hilly terrain of their street: '*I think we will (move), not because of downsizing…because our driveway is like that (indicated a steep incline), and of course when you get older you are going to be battling to get up and down so we won't have much choice I don't think…'*



Figure 5:4 The leafy green Burnside aesthetic
Source: City of Burnside 2016b

5.4.4 Housing Suitability (Form)

The comments from Burnside participants about the design and suitability of their homes are divided into only two categories, those who had suitable housing and those who were considering a move. Unlike the previous two case study areas, participants didn't speak about plans to alter their homes in Burnside. Three participants found their housing suitable, and three talked about considering a move. The other two Burnside participants didn't speak specifically about changing their housing, but focused on services they knew were available to help them in their home.

Current housing is suitable

Lily (82) and her husband had demolished their large house in Burnside 20 years prior; subdividing the land and custom building a new home that suited them as they were getting older. Lily's husband had died quite suddenly in 2009 and she was glad they had made that decision early on. Lilly described her house: *'it's quite manageable…unless I have some terrible illness.'* Lily said if they had stayed in the bigger house she would have had to move elsewhere, because it just wasn't manageable.

After selling up in Malaysia and moving to Australia, Vineeta (77) and her husband had moved in with their daughter. Vineeta said of the home, '*It's too big for the three of us…but we have our space*'. Vineeta felt they would live that way for the rest of their lives, indicating that her daughter would not let them leave. She did, however, comment that there was a nursing home just around the corner, '*just in case*'.

Delia (87), who lived alone in a small unit, said *'I would like to stay here as long as I can manage to take care of myself, I have a little bit of garden and I employ a gardener, but if I couldn't do anything in the garden and couldn't manage myself, at my age that could happen at any time, hopefully not too soon, but I am aware that there are other options around.'*

All of these comments demonstrate a desire to stay put, but also highlight an awareness of options that are available *'just in case'.*

Considering a move to a more suitable house

As mentioned in the previous section Greg (67) was planning to move to a home that had a less steep driveway. Dennis (76) discussed the challenges of the local hilly terrain, the things he and his wife appreciated about their property and how they continued to contemplate moving over the years, but wouldn't until they were really forced to. *'My wife likes the garden and as long as she can manage it…it's on a steep slope which is quite a problem, especially for older people, but unless we are forced… people say you should move before you get forced out, but it's really the opposite for us, we are going to stay there as long as we can…every now and then we have a neighbour that moves, and we have talked about moving down the hill, somewhere like Norwood, but one of our neighbours moved there and they say 'ah don't do it, it's too noisy', …you can understand the advantages, but you will never understand the disadvantage until you move, and that applies to the area, but also to the house.'*

Geoff (77) described a strong desire to stay put on his property, despite how large it was. However, his wife wanted to downsize*: 'well I have got a big house…I have lived there for forty three years, I live with my wife…she wants to downsize and I don't want to…we have got a large block, we've got a half court tennis court on it…sheds…a large backyard…and I like it, because I can get up there and nobody can find me.'*

5.4.5 Services and facilities (Activity/Form)

The main service related comments in Burnside included: general positive comments, transport and home related comments, and community/health related comments. In the previous two case study areas service awareness/information concerns (for others people) emerged as a theme. While none of the older residents in Burnside mentioned this theme, the service providers interviewed did. Two participants in Burnside spoke positively about transport, and one participant had concerns about transport. Four participants had positive comments about health services, while three had complaints. Five participants had positive comments about home and community services while two had complaints. This is indicative of the service rich aspects of an affluent, inner city area.

General positive comments

Lily (82) had many positive comments to say about the services locally, mainly through her observation of friends who were not as independent as she was, and relied on these services. She commented that generally in Australia service provision is very good. *'These friends of mine who are not mobile, they are very well catered for…they are all living at home…all with the support of the council… I am very grateful for what there is…I go back to India every year...and you have power cuts and water problems and transport difficulties and garbage collection…we are very lucky here…I don't know anyone here who needs much more.'*

Vineeta (77) appreciated having many services located so close to her home*: 'so we have Burnside, I go for shopping…and I have my doctor, my dentist, my pharmacist, my physio…everybody is here. Now I can drive, I drop my husband and I can leave him there (in the library) and go and do my shopping and then come back. Everything is there.'* Dennis (76) also described how fortunate they were to have good local services: *'in terms of services it's no problem, there are plenty of things close…and if you look at other things like churches and schools they are pretty well serviced.'*

Transport

Vineeta was still driving, but also used the bus and taxis at times. She found the balance of these transport options convenient and suitable to her lifestyle*'…the bus stop is just on the other road…and it is also walking distance. Everything is so close, I park my car in Burnside and catch the bus…I get to the city and do what I want in the city and then if I am very tired I just catch a taxi and get my car and I'm home.'*

Delia (87) was also quite close to Burnside shopping centre and found getting around quite easy. *'Well I can no longer walk to the local shopping centre...I could get a bus if I wanted to get there, the council has a community bus but so far I haven't needed it. I am aware that Coles has a leave and order service which I think is great…the doctor and the podiatrist and the dentist are quite close, if I took my walker I could probably walk there and back…however, it's not hard or far to get a taxi.'*

However, Delia felt that the taxi service was a little less reliable: *'one of my friends…she has problems with taxis not being reliable and turning up on time for appointments when you need them…yesterday for example …when she was finished with the doctor she had to wait three quarters of an hour for a taxi.'*

Michael, a community services officer at The City of Burnside, described transport as a major barrier for older people, stating that 80 per cent of their group attendees (who typically have

pre-existing mobility constraints and or memory loss) wouldn't be able to attend without the transport support associated with the program.

Home and community/health services

Lily (82) was aware of available services, and had a little help with cleaning. Overall she spoke very highly of all the services she or people she knew had used.*: 'If I was not driving…I would avail myself of many of those services…the only one I take is the cleaning for one hour a fortnight…but of course they have reduced rates for gutter cleaning and window cleaning…which is a great help really…My brother and sister in-law live in the next street…she had a knee replacement recently and she couldn't do anything…and they rang the council and within a week they had all the cleaning and everything…and if she wanted domiciliary care she would have had it.'*

Vineeta had some experiences with both on-going and short term services to help with things she couldn't manage; [we have a] *'cleaner who comes every Wednesday, cleans the kitchen and bathrooms and all of that for me because that is a little bit of a challenge that I cannot cope…a bit of laundry and a bit of gardening I can do…When my husband had an operation, had bowel cancer, then we had some help coming in until I was able to cope.'*

Dennis hadn't used any in-home services, but had a plan for the future in the back of his mind, to ensure too much responsibility didn't fall on their daughters: *'I think you have to be aware of the implications for the people around you, and I think we do that, we have that built in contingency plan, not even written down...Up until now we have not needed any outside support, but you have to be aware that that might arise.'*

Delia was very satisfied with home services she received through Veterans' Affairs. *'I have one lady who comes (from Helping Hand) once a fortnight for two hours to do housework…I pay a minimal amount and the Veterans' Affairs pay the rest.'* John (92) also received help from Department of Veterans' Affairs (DVA) and said he thought that older people were well accommodated in the local area, commenting that they weren't far from local shops and medical services. However, John's one frustration was getting help with gardening. *'They (The City of Burnside/DVA) will do gardening in as much as things like where things may need pruning back from being a hazard…not actual gardening no.'*

Peter (79) was a little dissatisfied with the limitations of in-home services. He talked about being quite a messy person, and said he wished he could have longer hours or more frequent help around his house. *'An hour and a half a fortnight…Well you know I can bugger that up in about ten minutes…I wouldn't mind funding a little bit of it myself…they don't give you*

that option though.' Recent changes to Consumer Directed Care, however, may mean Peter has the possibility to make this a possibility.

When asked whether he thought the area in which he lived suited older people living in the community, Greg (67) said, *'no not really…I think the older community needs looking after by councils…You look at the facility we have got here (the Men's Shed), now they can't fit more than twelve or fifteen blokes in a session, they need to expand it…'* Greg also felt there was a need for more aged care services across the city to alleviate waiting lists: *'there is too many older people and not enough services to cover them, especially in the city because there is more people in the city. My sister in law is a nurse* [in a small rural town north of Adelaide]*... you can go to domiciliary care…and you will get it done within 24 to 48 hours. If you are down here you have got to wait...a long time.'*

Kate, a community services officer at the City of Burnside, spoke about the nursing home options in the area, stating that they were very good and conveniently located, for example near shopping centres. Kate did make an observation, perhaps unique to the Burnside area, around elitism. Kate worried that the nursing homes in Burnside were too elite and not affordable to the average older person. Kate went on to discuss the problem of older people in the area with big homes who were asset rich, but income poor and don't necessarily have the income to look after a large property. This is problematic for council, because they can't allocate more time to someone just because they have a big house, which is another limitation that may change in the transition to Consumer Directed Care.

Service awareness/information (Form)

While the older participants in this case study area seemed very aware of available services; Vic, coordinator of the local Men's Shed and an aged care service provider, felt that many people were not receiving the help they needed, for a variety of reasons. *'There is a lot of people that don't know what is available…they don't know what's there and…they don't believe they need it. They don't want to ask, they don't like to put people out…and they don't want to pay for it…to some people that's money they don't want to spend.'*

Kate, a community services officer at the City of Burnside, described how getting older people to accept help is a major challenge. She often speaks to the children of older people, who are trying to work out ways to get their parents to accept help in their home. Kate felt that lack of service awareness was a major contributor to this and thinks there is scope for improving the promotion of aged care services. Kate also reflected on how different she thought this will be for the Baby Boomer generation, who are likely to be more aware of the

services available, feel more entitled to those services, and perhaps less reluctant to seek them out.

Michael, a community services officer at The City of Burnside, described the complex connection between lack of transport and limited computer access for older people. He viewed these as major causes for social isolation and a limitation for exposure to the right information about services and programs. Michael believes this will improve into the future as generations of older people become more confident with technology. Michael felt there was no great lack of service provision for older people in Burnside, but a major barrier was making people aware of the services and willing to admit they need them. *'There are good services out there, getting to people is probably the hardest part…and also people asking for help, or admitting that they need help.'*

Overall, Burnside participants were quite positive about the services available to them locally. The negative aspects discussed were time availability of in-home and community health services as well as limited funding for things that seemed in demand (like the Men's Shed). Those who hadn't used in-home and community health services were aware of what was available to them if they needed it. While some participants wanted more time with certain services, others felt they were very well covered.

5.4.6 Community and social engagement (Activity/Image)

All Burnside participants commented that they had good access to groups and friends, and while some didn't necessarily want to access them, they were all aware of many social programs and groups they could access through the council. The convenient location of the Burnside area also meant that family located in Adelaide could easily visit; although two participants cited poor access to family or friends. For most Burnside participants, engaging with their children and grandchildren was the most important aspect of their social life, as well as having access to groups and friends. There seemed to be less dependence on formal community and social networks among Burnside participants, than the other case study areas.

Having moved from Malaysia, Vineeta (77) struggled with some of the cultural nuances of community engagement in Burnside and Australia, particularly the opportunities for intergenerational interaction. *'Sometimes I feel sad because there is not much movement…you know not much happening…in Malaysia you see there are lots of houses with children….on the roads they will be playing, you can sit and watch them, going to school and coming back from school and playing around…here the children they don't come out on their own…there is no interaction between the very young and the elderly.'* Vineeta was, however, very close

with her family and grandchildren who lived close by. *'I am always finding an excuse to have a dinner and the family will all come.'*

Vineeta and her husband had different approaches to socialising. She preferred her own time and her husband attended formal groups and programs for older people, provided through the council. *'My husband has a brother here…he has come this morning and taken my husband to the The City of Burnside…an exercise class…but before the exercise class begins my husband will be at the library and catching up with some old friends…and tomorrow the council will send a car and pick him up and he will go to another…social group…I have my friends who I will catch up with for coffee…I will just go to Burnside and do my own thing; I would prefer to sometimes be the lone ranger…but that does not mean I want to be in the house either…I am happy when I am on my own.'*

When asked about engagement with local community and social interaction, Dennis (76) said he valued his relationship with his daughters and grandchildren greatly, but did not seek out much further engagement in the wider community. Like Vineeta, Dennis also valued having time to himself. *'I think it varies, other than people that we meet as a result of our own activities we don't have much interaction...It's not structured. We get enough interaction... Whether we generate it or somebody else generates it that's enough. There are plenty of times when you wish there was less…'*

Dennis also spoke about his relationship with other older people in the community. *'A lot of the big houses around the place are occupied by one old lady, and we value those people around us and when they die we feel a real loss…You have to recognise that that environment will evolve and you have to roll with it. Yes we like the community. We don't necessarily like all the neighbours though.'* Dennis talked about recognising the level of support that's required when you become ill or immobile, and the pressure this can place on personal relationships. *'I had a heart transplant about ten years ago, and the other week I had a very serious mouth operation and that's when you really appreciate the emotional support…it's not only emotional, my wife had to cook me meals.'*

Lily (82) spent a lot of time with her children and grandchildren and also had a brother who lived close by. Of the community she said, *'I think the community is very good…in the next street we have got the oval…we have got the bowling club…there are things for all ages throughout here…and my needs are satisfied, I go to concerts with friends.'*

Lily also described her observations of how the social fabric of the area had changed over the many decades she had lived there: *'my relationship with people in the street is not quite the same…and there are people who are younger…I have a relationship with them, but I have*

nothing in common with them…most of the street has changed…this house next door has changed twice, I can't say in the immediate area that I have any close friends…but my brother lives in the next street.'

Apart from her church activities and ladies' bible study group, Delia (87) similarly chose not to engage in formal social activities: *'I know the local council offers a number of other activities and community things that I could take part in, but I have chosen not to because it is not really necessary for me. I also have had plenty of people I keep in touch with if I need to socialise.'*

Delia relied on her children for emotional and instrumental support. One daughter takes her to doctors' appointments and her son helps her with managing her finances. *'I would prefer to go to appointments with a family member, I wouldn't take a stranger with me to the doctor.'* She felt that relying on her children for things brought them closer. *'I think because I have been widowed for so long, the children have been very supportive and I have had that relationship with them for a long time…but also it does help to encourage time spent together when I have a reason to ask someone around, i.e. I need this done.'*

Delia had moved from a regional area and described city living as challenging in that it is less community oriented. She felt a sense of security, however, being physically close to others in a block of six units and being able to instrumentally rely on her neighbours and people in her church group who have offered transport support at various times. When asked how her location contributed to her wellbeing she described the compromise she had made, and how she felt it was better for her in older age. *'Had I still been living in the country I had a number of friends that I would have had easier access to but overall it is better for me in the city now...This location makes it easier for my family to visit and stay with me.'*

Three of the Burnside interviewees were regular attendees at the local Men's Shed, which was for many of them their main form of social engagement outside of family. Geoff (77) said of the Men's Shed, *'I am so rapt in this Men's Shed, I wouldn't miss this for anything, but I don't do much else other than that, the kids…I do things for them.'* John (92) also commented that being a part of the Men's Shed once a week sufficiently satisfied all of his social needs. Peter (79) said, *'The Shed has been my saviour I would say. I have been coming here for about two and a half years and prior to that I was suffering badly from depression, and coming here I have regained that confidence…the guys here are wonderful, I had two of them call on me last week outside of the Shed and say do you want to come for a cup of coffee, well that's just delightful.'*

Greg (67), who attended the Men's Shed, and a table tennis group as his main forms of social interaction, reported that he wished there were more opportunities for socialising locally. While he lived in the eastern suburbs, he travelled to the northern fringe suburbs of Adelaide to attend a table tennis club because he found the people there friendlier and more welcoming. Greg also said he believed repetition could be detrimental to social wellbeing. *'I used to go to a social club and drink every Friday night, but I have found that I think you get bored with things if you do everything the same.'* Greg also looked forward to social interaction with his sons and struggled with how little time they have for him: '*they are working all the time. For example, I have got a fishing boat and I haven't got anybody to go fishing with, the only people I can go fishing with are my sons and they're busy…'*

Peter talked about the positive relationship he had developed with the aged care worker that does his cleaning every fortnight, *'I find it very hard…if anybody does help…I am very fortunate with the girl that I have though, I absolutely adore her, she is very down to earth, a bit rough but a lovely kid and I treat he like a sister.'* Delia also enjoyed having the same carer come to her house regularly*; 'I have gotten to know her (DVA carer) really well and it is quite a pleasure to see her come through the door...They are sort of hand-picked a bit.'*

Vic, coordinator of the local Men's Shed, described the Men's Shed as more social than anything else*: 'It is basically a meeting place or a get together…the guys get together, they have a coffee, have a cuppa…the majority of them will do something in the Shed, some won't.'* Vic's saw his role as an aged care provider as also very much about social engagement: *'my main role…a lot of them are social support visits…I have got a couple of guys who have had strokes and have only got the use of one side of their body…one I take to the swimming pool...another one, likes to go out for a coffee…so he gets on the gopher and we go out for a coffee and then I will take him back home and we tinker with the car.'*

Michael coordinates the 3Rs program, which aims to improve social and community engagement for people with mobility constraints. The program is targeted at people over 65 years who are living independently, but might be socially isolated. It is a transition program to get them engaging with other groups in the long run. The 3Rs program covers the whole eastern region of Adelaide and has eight groups operating over seven council areas. The groups are quite affordable and culturally diverse, and also offer support to those suffering with physical or mental disability.

Michael also commented on how he felt the older more 'academic' culture of the eastern suburbs, made socialising in Burnside quite distinct from other lower socioeconomic areas in Adelaide. Michael believed that people in Burnside were less connected to their local area and

more connected to old scholar networks. *'If you live up north or down south, you tend to live your life down south…quite often your town centre's around your local (sporting) teams…I always get the sense the hubs are more academic around here, so the clubs are centred around schools, whereas if you go down south you might have people from four different schools all coming to the same (sporting) club.'*

5.4.7 Experiences of loneliness and social isolation (Activity/Image)

Table 5:6 summarises the responses of Burnside participants to the ten question Loneliness Survey. The results indicate that participants were generally optimistic about their engagement with other people, and did not self-report as markedly lonely or isolated, but admitted to feeling alone on occasions.

Table 5:6 Burnside Loneliness Survey results summary (n=8)

Question	Never	Rarely	Sometimes	Often	Everyday
1. How often do you feel that you lack companionship?	2	2	4	-	-
2. How often do you feel alone?	2	1	5	-	-
3. How often do you feel left out?	3	3	-	-	-
4. How often do you feel that your relationships with others are not meaningful?	4	3	-	-	1
5. How often do you feel isolated from others?	4	3	1	-	-
6. How often do you feel you are part of a group of friends?	-	-	3	5	-
7. How often do you feel you have a lot in common with people around you?	-	1	2	3	2
8. How often do you feel close to people?	-	-	-	6	2
9. How often do you feel that there are people to talk to or ask for help?	-	1	-	2	4
10. How often do you feel friendly and outgoing?	-	-	2	4	2

The following quotes from Burnside participants are responses from the open-ended comments section at the end of the Loneliness Survey, where participants were asked how they felt their experiences of loneliness and isolation had changed, as they had grown older.

- *'Changing marriages and two kids, changing locations, things always change, don't feel lonelier as I grow older though.'*

- *'Family ties and commitments and growing apart from friends and workmates as you get older. Sometimes you do feel lonelier as you get older if you haven't got much of a social life.'*
- *'Just the way I am I think. Have never felt lonely in my life because I am positive and I love talking to positive people.'*
- *'As you get older, you think about these things more often and more clearly, whereas in the middle age you have other things on your mind. I certainly don't feel lonelier as I grow older, less lonely in fact.. you recognise how important relationships are.'*
- *'In the last few years as I have not been as able to go out, more particularly in the last 12 months, as I haven't been well...Yes there is a connection; I think you do get lonelier as you get older.'*

These comments indicate that Burnside participants attributed loneliness and isolation to many factors, including contact with family and personality. While some said they felt lonelier as they got older one participant felt less lonely due to a better appreciation of relationships. Most participants also made some reference (positive and negative) to their experiences of loneliness and isolation during the interview. Loneliness in widowhood and loneliness at particular times of the day were two of the main themes to emerge.

When asked if she thought she was isolated Delia (87) said, *'No not really, there are two other unit holders here, either side of me, who are around about my age and we keep in touch with each other every day or every other day if we need it.'* This highlights the advantages of Delia's built environment in helping to alleviate feelings of social isolation. Delia, however, did describe experiencing loneliness in the evening: *'...the only thing in the way of loneliness…it's the fact that most evenings I spend alone, because I am too tired to go out in the evenings, and probably because that is just the disadvantage of getting older…also I don't like driving at night and so then I have to arrange for taxis or other people to pick me up which can become a bit of a hassle.'*

Greg (67) talked about a greater loss of social engagement since retiring 17 years ago: *'I was a person that liked to…after work go, to the hotel and have a drink with work mates'*. Greg now goes to the Men's Shed and a table tennis club to combat his loneliness. *'That's why I go to table tennis…because I don't have much of a social life…I think a lot of people make loneliness for themselves, if you mix you won't be lonely, if you don't mix that's when you become lonely.'* The availability of relevant social services in the local neighbourhood had enabled Greg to replace a previous form of socialisation with another activity post-retirement.

Both John and Peter discussed loneliness in relation to proximity to family and friends. John (92), when asked about whether he ever felt isolated in any way said, '*No Way,'* but went on to describe how his situation had improved since moving closer to family. Peter (79)**,** who lived alone, had experienced loneliness since losing his licence. Peter had no family close by and described relying on his family as physically impossible: '*if I wanted to, previously I would just hop in my car and go, but now because I am not as ambulatory I do feel a little isolated…it does make a difference, and I am still just getting used to it. People say well catch a bus, and I don't want to know about that…'*

Vineeta (77) also described not feeling lonely because of the proximity of her family. She felt that they would continue to be close to their children and grandchildren for the rest of their lives*. 'I have my children, and I have my grandchildren who come and go, and maybe I will pop in there and have fun with them and come back…you're not isolated…not in the real sense, maybe you know when you don't have anyone…if we had stayed in Malaysia we might have felt isolated…coming here we are now with our children who are much younger….my son…they are bringing up their children and the grandparents are there too… we will grow old without feeling neglected.'*

Although Lily (82) didn't feel lonely personally, she felt that as society becomes more individualised over the past few decades, isolation has become more prevalent. She describes her view of community with a strong sense of the social capital that it can provide: *'…when I first came here I would volunteer with the church and with the school, and that would knit people together…the church brought people together…not even from a religious point of view…It's the community…now everything is outsourced…it's all structured, there is no friendship in it…and that is what causes isolation…most people are on the Internet but it is not the same as me seeing you (in person).'*

Vic encounters many lonely older people in both of his roles (Men's Shed coordinator and carer), and talked about how some people are very open about it, while others are not, but you can sense it. Some of Vic's clients hardly leave their homes, and don't necessarily have family close by or family that they are in touch with. He also talked about the loss of independence he sees with clients who lose their driver's licence. Despite the fact that there are lots of transport options, he does feel that some people can't get to all of the activities and social events they would really like to because there aren't enough services, or the services aren't flexible enough. Kate, a community services officer at The City of Burnside, also talked about the impact of physical mobility constraints on isolation; she also talked about how helpful the Internet is for engagement and connections. Kate observed that older people,

who aren't on the Internet end up missing out on opportunities to connect, be engaged and access information about services.

5.5 Summary

This chapter has presented the qualitative results on the experiences of both place and wellbeing for older people in the three metropolitan case studies. These experiences have been explored over a broad range of domains, including: private and public built environment; services and facilities; social and community engagement, and experiences of loneliness and isolation and they relate to social capital, social connectedness and the built environment. While not all social factors were directly related to place, many were shaped by place and reference has been made throughout the chapter to Montgomery's theory of place (1998) to highlight the intersections with principles of Montgomery's (1998) *Activity, Form* and *Image.*

Table 5:7 summarises the number of positive and negative comments made in reference to each the themes/domains for the three metropolitan case study areas. In Playford, safety and footpaths were considered problematic, as was transport, concern about information (usually for others) and isolation and loneliness. Playford scored well in the domain of housing suitability and very well in measure of access to groups/friends. Holdfast Bay also scored very well for access to groups/friends; while home and community services, convenience and aesthetics were also high scoring. Noise, and loneliness and isolation were the most highly reported barriers for the Holdfast area. Convenience, along with access to friends and family were the highest scoring domains in Burnside, but loneliness and isolation received the most comments.

Table 5:7 Positive and negative comments - metropolitan case study themes

	PLAYFORD		HOLDFAST		BURNSIDE	
Domain 1: Built Environment						
Convenience	✓	✗	✓✓✓✓✓✓	✗	✓✓✓✓	✗✗
Safety	✓✓✓	✗✗✗✗	✓✓✓	✗	✓✓	✗
Noise	✓	✗✗✗	✓✓	✗✗✗✗	✓	✗
Footpaths	✓	✗✗✗✗	✓	✗✗✗	✓✓✓	✗✗
Aesthetics	✓✓	-	✓✓✓✓✓✓✓✓✓	-	✓✓✓	-
Housing Suitability	✓✓✓✓	✗✗✗	✓✓✓✓✓	✗✗✗✗	✓✓✓	✗✗✗
Domain 2: Services and Facilities						
Transport	✓✓	✗✗✗✗	✓✓✓✓	✗✗✗	✓✓	✗✗
Health	-	-	✓✓	✗	✓✓✓✓	✗
Home and Community	✓✓	✗✗✗	✓✓✓✓✓	-	✓✓✓✓✓	✗✗
Access to information	-	✗✗✗✗✗	-	✗✗✗	-	✗✗✗
Domain 3: Community and Social Engagement						
Access to groups/friends	✓✓✓✓✓✓✓	-	✓✓✓✓✓✓✓✓	-	✓✓✓✓✓	✗✗✗
Community vibrancy	✓✓✓✓	✗✗	✓✓✓✓	✗	✓✓	✗✗✗
Access to family	✓✓	✗✗✗	-	✗	✓✓✓✓✓	✗✗
Loneliness and Isolation	✓✓✓	✗✗✗✗✗	✓✓✓✓	✗✗✗✗✗✗	✓✓✓	✗✗✗✗✗

Chapter Six will explore the results from rural case study areas using the same themes. Following that, Chapter Seven offers a thematic analysis both within and across each of the five case study areas, linking these to the related literature.

CHAPTER SIX: RURAL CASE STUDY RESULTS

6.1 Introduction

While some aspects of growing old are universal, rural places can present different challenges for older people than metropolitan places. This chapter explores the overarching study themes in the rural context. As described in Chapter 4 the two rural case study areas are Victor Harbor, a larger rural town with a population of 15,075 located approximately 80 kilometres from the Adelaide CBD, and Jamestown, a smaller a regional town with a population of 1700 located 213 kilometres from Adelaide. The results for the Victor Harbor and Jamestown case studies are organised under the same subthemes as the metropolitan case study results in the Chapter Five. The findings reveal participants motivations for their chosen lifestyle; their positive and negative experiences of the local built and natural environment; housing; local services and facilities; community and social interaction, and loneliness and isolation. The two case study sections begin with a brief socio-demographic overview of participants, followed by an exploration of the study themes. As with Chapter Five, Montgomery's (1998) conceptualisation of place attachment is drawn on throughout the thematic analysis, namely the intersection between the study themes and the key elements of place that Montgomery describes as: *Activity, Form* and *Image*.

6.2 Victor Harbor

6.2.1 Overview of Victor Harbor older participants

Victor Harbor is located 80 kilometres south of the Adelaide CBD and is a very popular holiday and retirement destination in South Australia. With 39.2 per cent of the population aged 65 years and over and a median age of 56 years Victor Harbor is the 'oldest' of the five case study sites. Victor Harbor has lower than average household income, a higher than average proportion of lone person households and higher than average levels of home ownership – all attributed to the older population.

Nine older residents from the Victor Harbor area were interviewed. Table 6:1 provides a demographic overview of those participants. Three service providers were also interviewed in Victor Harbor: Angela, who had worked on the Southern Fleurieu Positive Ageing Taskforce (SFPAT), Heather, a community services officer at The City of Victor Harbor, and Ian, one of the older participants who was also the coordinator of the local Men's Shed. The taskforce advocates for older people in the region in terms of anticipating changing service needs and promoting wellness and engagement for older people. The CNP is more specifically focused on reducing social isolation among older people by promoting programs, activities and group

membership. The views and ideas of service providers, around the main barriers and opportunities for older people in Victor Harbor and the surrounding region, are woven throughout these results.

Table 6:1 Demographic overview - Victor Harbor participants

Gender	Male	3
	Female	6
Age Cohort	65-74	3
	75-84	6
	85+	-
Marital Status	Divorced	-
	Married	5
	Widowed	4
	Separated	-
	Never Married	-
Work Status[14]	Retired	9
	Working	-
	Volunteer	8
Home Ownership	Own Home	9
	Rent	-
	Mortgage	-
	Social Housing[15]	-
	Aged Care	-
Living Situation	Live alone	4
	Live with others	5
Migrant Status	Australian Born	7
	Overseas Born	2
Language Spoken at Home	English	9
	Other	-

6.2.2 General reasons for living in Victor Harbor

As discussed in Chapter Five, one of the aims of this study is to evaluate the relationship between place and wellbeing for older people. As previously discussed in Chapter Four, Victor Harbor has some high amenity place related factors (such as seaside location and close

[14] The work status survey question allowed for multiple responses. Many participants, who indicated that they were retired, also mentioned volunteer activities. This applies to both rural case study area results.

[15] Social Housing is an Australian term that refers to rental housing provided by not-for-profit, nongovernment housing organisations for those from low SES backgrounds.

proximity to Adelaide) that make it a popular retirement destination. Most Victor Harbor participants had moved to the area in retirement, while two participants had returned there in retirement because it was where they were originally from. None of the participants had lived in Victor Harbor for their entire life.

Moved to Victor Harbor for retirement (Activity/Form/Image)

A number of participants had moved specifically to live in Silvana Village, one of the large residential retirement villages in Victor Harbor. Audrey (72) was originally from suburban Adelaide and had felt isolated there, so moved to Silvana Village with her husband for a lifestyle change only six months prior to the interview. Audrey's husband found the area quiet, but she was very happy with it. Joe (75) and Mabel (73) (a married couple) had moved to Silvana Village 10 years prior having retired there from Queensland; originally from SA, they wanted to retire closer to family.

Elle (82) moved to Victor Harbor to retire from a farm near a much smaller more remote South Australian community 16 years prior. Similarly, Janet (81) had moved to Victor Harbour with her husband 18 years prior, after they had retired in another more remote south Australian town. They wanted a better lifestyle and more service options. Ian (87) and his wife had also retired to Victor Harbor from another, more remote coastal South Australian town, 225 kilometres north of Adelaide. Reg (75) and his wife had originally retired to a holiday home in a very small coastal community 57 kilometres west of Victor Harbor, with very few services. After seven years they decided to move because they realised they were travelling to Victor Harbor frequently to access medical services and participate in social groups.

Ava (79) had retired to Victor Harbor with her late husband from Melbourne in the late 1980s; she was originally from Victor Harbor and considered it to be 'home'. Vera (84) grew up in Victor Harbor and had retired in the town from a nearby farm. '*I have been in the house for fifteen years, prior to that we had a dairy farm seven miles out of Victor Harbor at Hindmarsh Valley…we retired from the farm and sold it… my husband passed away five years ago.'*

6.2.3 Experiences of the built/natural environment

Convenience, safety and noise, footpaths/roads/public access, and aesthetics were the main themes to emerge in all case study areas in discussions around the positive and negative

aspects of the built and natural environment.[16] Eight participants mentioned how convenient the area was and only two described experiencing challenges in terms of convenience. Six spoke about the lack of safety and noise concerns with only one negative comment regarding safety and noise, surprising for an area with such a large volume of holiday residents. Four mentioned the high-quality footpaths, whereas three felt there was room for improvement in that aspect. Eight participants commented on the general aesthetic and lifestyle amenity of the area and how this impacted positively on their wellbeing. Compared to other areas, Victor Harbour participants were overwhelmingly positive about the built environment.

Convenience (Form)

Convenience was discussed by many of the participants. Some mentioned the convenience of their actual housing (particularly those in Silvana Village who found their homes to be a good size and quite affordable). Some (outside of Silvana Village) mentioned the convenience of their location in terms of access to the town centre or local services, while others felt they were poorly located in terms of access to services, for example they had to drive to get to the shops or town centre. The positive and negative aspects of proximity to Adelaide were discussed; for some it was close enough that you could get there if you needed to, however, others felt it was a bit too far for family in Adelaide to drop by and visit conveniently.

Audrey (72) stated, *'sometimes we feel a bit cut off, but when you think it only takes an hour to get to Adelaide in the car…my husband still misses the vibrancy…to me I am glad to come back here, but my husband is still hankering for it, but as we get older and he can't get around as much I think he will really appreciate where we are.'* Audrey also talked about how many things were within walking distance from her new home: *'the local shops are about a 15-minute walk and the main street is about a half an hour from Silvana.'*

Joe (75) also lived in the Silvana Village and had family in Adelaide. Joe described the area as, '*…close enough to get there (to family) in a hurry if you need to…you can buy most things you will need in Victor, maybe with the occasional trip down to Noarlunga* [a southern outer suburban shopping centre]*.'* Ian (67) expressed similar thoughts: *'…its close enough…we do make trips to Noarlunga or Marion or the city, occasionally.'*

Ava (79) found her location quite convenient considering she didn't have a car: 'I *can walk everywhere, I don't have a car…it's a couple of hundred yards down to Woollies*

[16] Table 6:5, in the chapter summary, summarises the positive and negative responses from both older participants and service providers interviewed, relevant to the local environment, housing, services and facilities and community and social engagement themes discussed for both of the rural case study areas. It should be noted that not all participants commented on every theme.

(Woolworth's supermarket)*.'* Vera (84), who still drove, felt she had good access to shops *'and I can still drive my car, and the place is not very far out from the main street, I have quite a few friends in Victor Harbor.'* Elle (82) also relied on her car a great deal for access to services and friends *'I still drive, so I can just get in the car and drive to see friends that are distant.'*

Janet (81) and Reg (75) both had medical facilities, services and access to family in mind when choosing Victor Harbor. Janet (moved from Naracoorte) said: *'we came up this way looking around because of the need to have medical facilities…two of my children are in Adelaide, so I'm closer to them, and I just seem to have a much wider circle of friends here.'*

Reg had moved from Second Valley for similar reasons: *'we wanted to be closer to doctors, we have both got type two diabetes, and also it is much closer to shops and the library…the family are more likely to visit us here than in Second Valley because Victor Harbor is a lot more accessible.'* Having originally lived in Adelaide, convenient access to quality entertainment was one downside for Reg. '*We don't tend to go to some of the shows in Adelaide that we probably did when we were living in Adelaide, like going to the theatre.'*

<u>*Safety and noise (Form/Image)*</u>

Many of the Victor Harbor participants felt safe in the area, particularly those who lived in the gated Silvana Village. Audrey, who had moved from a suburban unit had felt very unsafe there: '*we had lived in the unit in Highbury for nearly thirty years…things were changing, there was a lot of the old ones moving out and young ones coming in renting, which unsettled me…so that's why we thought we would come down here…I feel more secure in the village…people don't even lock the doors here…'* Audrey also enjoyed the peace and quiet. *'I like to know where I am living is quiet.'* She liked that her home was a distance from the local tourist parks and facilities but she also enjoyed the influx of people over the holidays.

Joe also enjoyed the quiet and felt safe knowing people were looking out for him in Silvana Village: '*living within the village community, there are so many people watching out for you, not necessarily peeking through the curtains, but keeping an eye on things, getting people to hospital when they need it…we don't get screeching tyres, we don't get domestics arguments.'* Joe's wife Mabel (73) felt the same: *'you kind of look out for one another in the village, and the security that you feel…is just immense…you can leave your door unlocked, and you know that if you go away for a holiday you don't have to worry about anyone breaking into your house…you can't measure that.'*

Ian (67) also talked about the noise and vibrancy associated with the tourist aspects of Victor Harbor: *'it's a tourist place …that's something that you have to accept about it…you just have to avoid going down to the shops as much as you can at that time…I think I probably prefer the quieter times…'* This seasonal tourism created an increase in insecurity among some residents however. During the summer and at the end of the school year Victor Harbor is notoriously overwhelmed with more visitors than the town's infrastructure is designed for. The number of 'strangers' that come to town can be detrimental to a sense of safety for some local residents. This supports the findings of Wood, Frank and Giles-Corti (2010) (in urban environments) where they found having too many visitors to an area was found to be detrimental to local social capital because of the insecurity associated with strangers.

Vera (84) lived in a quiet street in Victor Harbor and felt very safe in the town: *'I feel quite safe where I am, it is in a little cul-de-sac with no through traffic.'*

Footpaths/roads/public access (Form)

Those who commented on footpaths and access generally had positive things to say, for example Audrey said: *'when you come out to a rural place, you can't expect pavements everywhere, on the whole I think the pavements would be just as good as Adelaide.'*

Mabel felt that effort had been made to put ramps in problem access places around the town. '*There are a lot of ramps here now…a lot of the toilets have got handrails and stuff like that, in our village here… we got on to management about putting some hand rails on…I don't really see any bad streets or curbs or footpaths…the roads are pretty good, they're not too busy.'* Vera made similar comments to Audrey and Mabel*: '…council have been pretty good lately, particularly with the footpaths around Ross Robbie (a local nursing home)…ramps on the footpaths to make it easier for older people…they are on lots of the corners, like Woolworths, they are everywhere now and its easy access for wheelchairs…'*

Angela, who had worked on the Southern Fleurieu Positive Ageing Taskforce (SFPAT), felt that more accessible transport and a better-planned town centre would make a more age-friendly environment in Victor Harbor: '*it is very important that footpaths are safe, pedestrian crossings are safe and buildings are accessible in order to encourage frail older people to go out and about.'*

Heather, a community services officer at the City of Victor Harbor, found footpaths in the centre of town to be adequate, but felt that further out in the residential neighbourhoods of Victor Harbor they were lacking. In some areas there were no footpaths at all which is problematic for older people who travel by gophers or wheel chair.

Aesthetics (Image/Form)

Almost every participant had something positive to say about living near the beach and/or the climate of the area. Ava explained that Victor Harbor *'has a better climate than Adelaide…its warmer in winter and cooler in summer here.'* The general lifestyle and the beautiful coastal views also seemed to be a big drawcard for participants. Audrey stated: *'we have always liked Victor Harbor…I just like living by the coast, nice fresh atmosphere.'* For Joe, the weather and aesthetics were also part of the appeal: '*it's a great area…a nice part of South Australia…Coming down the hill and seeing the view as you come down really grabs you…Adelaide is a lot hotter and in the summer months we are usually about 10 degrees lower…and we don't get the storms that Adelaide gets, they bypass us here.'*

A few participants appreciated the opportunities for being active; for example participants mentioned canoeing and swimming in the ocean, or walking/cycling along the ocean tracks. Ian, *'We have the caravan and we go off and see other parts of the world around Australia, and we come back and we think, oh we live here, why do we need to go anywhere else…we have two views, the hills out the back and a view of the sea out the front…we are both water people, we like to swim and we have got boogie boards, and we have canoes…Ocean views, fresh air…for most of the year, not the same amount of traffic, traffic lights and things that you get in the city.*' Reg, who lived on a marina based housing development, also like the lifestyle*: 'I think it's a lot better lifestyle than living in suburban Adelaide…the environment is great…we have got a little canoe out there and a couple of surf skis in the shed.'*

Heather, a community services officer at The City of Victor Harbor, commented that the clients she dealt with commonly commented on how the coastal lifestyle contributed to their wellbeing as shown in Figure 6:1.



Figure 6:1 Victor Harbor coastal aesthetics
Source: Tourism Victor Harbor 2016

6.2.4 Housing suitability (Form)

The previous section explored the strengths and weaknesses of the public built environment in Victor Harbor; this section will explore participants' views about the design and suitability of the private built environment of their homes. The design and suitability of the home, impacts an older persons life course experience and influences their ability to age in place. The comments from participants are divided into three categories: those who had suitable housing, those who had altered their home or had plans to alter their home to make it more suitable and those who were considering a move. In terms of housing suitability, five participants found their current situation suitable and three did not.

Current housing is suitable

Ava (79) found her home very suitable: '*two bedrooms, a good size garden, the garden is in need of a lot of attention…(I would move) only if I became incapacitated and had to go to the nursing home.'* Similarly, Elle (82) also found her home very suitable and had adjusted to living there on her own since her husband had passed away: '*I shut up part of the house and it goes dusty, and I mainly live in the living area and my own bedroom…I like it there and I intend to stay there as long as I possibly can.'* Ian (67) and his wife built their house for retirement and intentionally designed it with the option of closing sections off *'…we designed it so that if the stairs got too hard for us we could live downstairs.'*

Audrey, who had a new home in Silvana Village said, ' *…in Silvana you buy your house…We couldn't afford to buy a big house down here…everything was new so we wouldn't have to worry about maintenance for a few years.'*

Has altered or plans to alter house

Reg (75) was the only participants who discussed altering his home; he had already begun this process by making the garden more manageable. *'It's pretty good but I mean we might need railings later on, we might have to have help eventually with cleaning…we had quite a few big plants out the front and I have pulled them out…there is a couple of hedges around the side, so I have got to get up ladders and things, I can do it for now but…*'

Considering a move to a more suitable house

While Janet (81) found her home very suitable she had considered the need for a move if she ever needed more intensive home nursing care: *'the only reason I would leave here, is if I got to the stage where I needed to go into care and it was more convenient for my children to have me go to Adelaide.*' Ian also had the option of a move to a retirement village in the back

of his mind. Although not preferable, Ian and his wife were comfortable with the idea that another move might be necessary one day.

As most participants had moved to Victor Harbor specifically to retire, they had generally chosen a home suitable for growing older and this was reflected in the overall satisfaction with current housing arrangements. Although participants were also looking ahead, and some had also considered future moves related to poorer mobility and/or health complications.

6.2.5 Services and facilities (Activity/Form)

The wellbeing of older people is influenced by their access to and the suitability of services and facilities. Most participants were positive about the services and facilities in Victor Harbor. The main themes discussed were in relation to: general positive comments, transport, home and community/health services and service awareness/information. For those who had retired to Victor Harbor from more rural locations services were considered exemplary; others had more negative comments. The service concerns that came up most frequently were transport, waiting lists for doctors, and the lack of certain health specialists. Four participants also expressed concerns about access to information about services. One service provider had hesitations about the capacity to adapt to future changes, in terms of the service preferences of Baby Boomers and the transition to Consumer Directed Care.

General positive comments

A number of participants made some general statements, about how fortunate they were to have the service and facilities available in the town, for example Joe (75) said *'there are a lot of great facilities, the library and community groups'* and Mabel (73 stated that *'there is plenty of shopping for what you need…Victor council have a bus that runs once a month that takes them down to Colonnades,*[17] *or on a trip to Goolwa or out to lunch…these things are available at a very reasonable price…I think it's pretty lucky down here… the peace of mind and the medical side…are both pretty good, and that's a lot for older people.'*

Reg (75) explained: *'it's a lot easier growing older here than it was over there (in the smaller town with less services)…the positives would be the level of support that you get around the place.'* Vera (84) also felt the area was very well serviced: *'it is fairly close to Adelaide, and we have got all the facilities here...We have doctor specialists…come down quite regularly…there's a lovely hospital…we are very lucky.'*

[17] Colonnades is a shopping centre located in Noarlunga, a southern suburb of metropolitan Adelaide that is only 58 kilometres from Victor Harbor.

Heather, a community services officer at The City of Victor Harbor, spoke about the strong local volunteer community, the result of a much older population; she described these volunteers as a major asset to local service delivery.

Transport

Many people were concerned about transport. Although they were aware of certain options in the town and services that would take you to medical appointments in Adelaide if required, they felt that losing their licence would be a major setback to their independence and access.

Audrey (72) for example, who had come from Adelaide, hoped for better transport to the city: *'it would be excellent if there was a train or better buses…but that's not going to come in my lifetime I don't think…There is a community bus that takes you into the centre…I walk into the centre.'*

Elle (82) was thinking ahead to a time when she may not be driving anymore: *'if I stopped driving I guess I would be able to get a taxi…I can just walk down the road to Port Elliot and catch the bus, and there is a bus that goes (to Adelaide) once a week which you can catch if you need to.'*

Janet (81), although still a driver, used other forms of transport already: '*I have recently had to go down once a month to Flinders.*[18] *I don't drive in the city, but you can use the Medi-ride…that's just a fantastic service.'* However, Janet did have some concerns when considering living without a car: *'…there is a community bus that takes people shopping on a Tuesday and a Thursday…you have got a couple of hours to shop, have a coffee or something with friends…and I often think, well when I have trouble with my eyes, I mightn't be able to drive and it just freaked me out straight away because I thought…you have got a certain amount of independence…you would probably limit what you did.'*

Joe also expressed concern about quality of life and access for those without a car or licence. *'Once that happens you are house bound, there is no alternative; we have a bus that goes down to Adelaide…but once you are down there you only have a couple of hours at the most… there is council bus that comes to take people into town but it is not a regular, daily thing…you need a car or a gopher…There is a whole big peninsula out there that is beautiful, but you can't get out there to it.'* Mabel (married to Joe), expressed similar concerns*: 'it is getting to the stage where I am thinking about transport, I drive and if they take my licence off*

[18] Flinders Medical Centre, the main hospital south of the City of Adelaide, is located in a southern suburb of Adelaide and is 83 kilometres from Victor Harbor.

me well I am isolated here…the thing that worries me the most is that I will lose my independence and I don't want that to happen.'

Ian (67) also talked about the 'good' bus service, but felt that generally more transport to the city would be ideal for the town. *'There is transport around…there is a little mini bus that can come around and take you to the shops…but I think they could do more in that area, some people feel that if they have lost their licence that they are a bit limited…the other thing is we had had a bus service to Adelaide three times a day, that has reduced recently from four…there are moves to try and get it increased again, not just for the benefit for older people but for younger people going to university and things.'*

Reg had concerns about local transport and traffic in the town in the busy summer months*: 'traffic can get bad and stressful at busy holiday times…it is harder to do your shopping.'*

Angela (SFPAT) felt that transport was a major barrier for older people in Victor Harbor and was particularly concerned about the capacity to reach older people in isolated communities outside of main towns without transport options.

Heather - a community services officer at the City of Victor Harbor - described transport as a major barrier to social engagement. The bulk of the CNP clients are no longer driving, which is challenging for those who have medical conditions requiring them to attend regular medical appointments in Adelaide. Heather spoke about Medi-ride and the Southern Community Transport Scheme (SCOTS) who offer subsidised transport to appointments in Adelaide. These services can be coordinated in groups however, Heather felt that for some older people it was a major inconvenience to have to wait around for other people's appointments.

Home and community/health services

Participants' most common concerns about home and community or health services were the lack of specific health specialists in the area and waiting lists to see certain doctors. However, most comments were positive as many participants felt that for a rural town, they were quite fortunate to have what they did. For example, Audrey recognised the service limitations, but felt they were standard for a rural place: *'it's harder for doctors and things here, you have to book up in advance, but I think that is the same in Adelaide, I mean there is more choice in Adelaide. They are the sorts of things you have got to expect when you start living in a rural place though.'*

Janet was positive about the health services in Victor Harbor and felt they were constantly improving: *'...most older people have got health problems of some sort and we have so many specialists and people that come down here that rarely do you need to go to the city…I think*

the facilities here are good, I don't think you need anything else…they are improving all the time you know, people can get kidney dialysis here now.'

Joe expressed concerns about access and waiting lists: *'the dental hospital has closed down…so you have to wait about three years to get a check-up, and the doctors have long waiting lists, you have got to book in weeks and weeks ahead…and if you have to go to a specialist you have to go down to Adelaide to see them, so you have to get down there, and generally you have to stay overnight.'*

Mabel felt there were a large number of allied health services in Victor Harbor, but like Joe she was also concerned about the dental service locally*: 'I think the Victor hospital covers a lot of stuff that we need…Southern Health Centre …if you want a massage…or a podiatrist… and you don't have to travel anywhere for that…most specialists visit Victor Harbor…when it gets to the more specialist field we have to go to Flinders and with that you can get a car…I am quite happy with the service I get for medical treatment, dental treatment is a little bit different, the clinic here is very ineffective.'*

Reg felt there weren't enough doctors locally: *'everything's covered, except for specialists and cancer treatment…they could do with more doctors, if you want to go and see a specific doctor it's probably about three to four weeks.'*

In terms of age specific services, Vera was impressed by what was available through the City of Victor Harbor's Home and Community Care packages: *'there are lots of services that you can access through the council, and there's Meals on Wheels…there is three nursing homes in Victor Harbor, I think there is plenty of help…I used the Medi-drive to go to a specialist appointment in Adelaide…We are lucky that the specialists come here to Victor.'*

Although Ian was not a current user of aged care services, he was aware of services offered through council and expressed concerns about the possible speed in delivery of such services *'I believe there is always a bit of a delay once you have applied… for instance I know a couple from the church…the wife had some surgery which meant that she couldn't do as much around the house…so they applied for some help…and she was just about better by the time the help arrived.'*

Service awareness/Information (Form)

Angela (SFPAT) described one of the core aims of the taskforce as promoting networking and information sharing between local services providers, to ensure needs are being adequately and efficiently addressed. Angela had concerns about service information and awareness among older residents and suggested that one solution could be to encourage general practice

doctors to promote services and programs to older people. Mabel also felt this might be a solution, to ensure older people got the services they needed: 'e*verybody should be given a sheet saying if you need to call a doctor this is the number you should call…don't give them lots of options just one number, and one person should be responsible…and it should be in big writing so that everyone can read it…If people have got an appointment at any hospital in Adelaide, they are entitled to this twenty dollars back…and they aren't told about it.'*

Ian and his wife talked about their concerns for older people trying to navigate the aged care service system: '*how many people fall through the net…a great deal of work being able to negotiate all of those things…some people would struggle and probably give up…some people struggle, either can't read or it's just too hard.'*

Heather, a community services officer at The City of Victor Harbor, felt that information was a problem too. Heather said that many of the older people seem to be confused by what they could ask for and whether they should ask for help. She worried about the fact that most service information was online, as many older people don't use the Internet. Heather also had concerns about the shift to Consumer Directed Care being problematic for older people who don't know how to choose what is best for them.

6.2.6 Community and social engagement (Activity/Image)

Being engaged with social and community groups, offers opportunities for sense of purpose, social connectedness, and physical and emotional support for older people. Being socially engaged can also serve to combat loneliness and foster the development of social capital. Being a rural town with a very large older population, opportunities for social and community engagement were abundant in Victor Harbor. Victor Harbor participants reported having tried many social groups in the area and many participants were involved with their local church. Although participants appreciated the quiet nature of the town, some enjoyed the vibrancy of the summer months as well. Participants spoke about their experiences of access to groups and friends, community vibrancy and access to family.

Those who lived in Silvana Village had very active social lives. Audrey (72) engaged in social activities on a daily basis within the village; yet she talked about having a good balance between privacy and engagement. *'You have only got to step out the door and someone will talk to you…you can get involved in everything but if you want to stay at home on your own you can…people say hello to you in the street but they're not always knocking on your door.'* One negative aspect of village life was that often there was very little social contact with people outside of Silvana Village. Audrey felt motivated to try and also socialise outside of

Silvana Village: *'I want to join another group outside of the village…I like to mix with lots of different people…'*

Mabel (73) also found her social life in Victor Harbor was limited to Silvana Village; she expressed some concern about this, but also implied there was already enough to keep her very busy: *'I don't have much to do with anything outside of the village, I am more of a village person. I am involved with a lot of things here.'*

Joe (75) spoke very highly of the community nature of Silvana Village: *'at least you know your neighbours, you talk to everybody around the place, within the normal housing situation everybody else is working so you might get a wave…Generally we'll help each other…there is always something going on in the village... golf clubs and car clubs, social hours and happy hours and indoor bowls…sometimes I get tired though, it's all too much.'*

Mabel said, '*that is a positive about being here, we look after one another…if your blind's not up by nine o'clock in morning, I will come and check to see how you are…we have a social committee here with a newsletter…people rely on that.'* Audrey also found her community life better in Victor Harbor than she had in Adelaide, but mentioned that she would prefer more intergenerational socialising*: 'I think country people in general are more friendly, when you are down at the shops and that…they do say it is God's waiting room down here, but I like to see the young ones as well. I like it when they come down for the schoolies…and I like it at Christmas time when you get all different people down here.'*

Ian (67) shared similar sentiments as Audrey, about the friendliness of living in a country area but found the seasonal visitors less enjoyable: *'I guess living in a country town it tends to be friendlier…you walk past somebody from the city at tourist time and they don't even make eye contact…it's just a thing that country people do they allow for a connection';* and Joe made a similar comment: *'it's not as friendly in the concrete jungle.'*

Participants spoke about relationships with neighbours, friends and family both near and far, contributing to their social wellbeing. Ava (79) felt good about being able to help a friend across the road (an older lady who was in poor health), whom she kept daily contact with to ensure she had what she needed. Janet (81) spoke about being friendly with her older neighbours, but also enjoying the age mix of resident in the street: *'I have got friendly with my neighbours who are older and another couple up the street, and I am quite happy there…having some younger people around too balances it up a bit.'* Janet found she was quite busy, and felt there were many community activities in Victor Harbor; she also mentioned having to manage not becoming too busy.

Ian was involved in a few activities, but mentioned that health complications had restricted his recent social engagement. He also mentioned that he had struggled socially when transitioning in to retirement: '*there was a period when I stopped working and…lost a bit of contact with my previous work mates – that was a bit of a low period.'*

Elle (82) had grown to really enjoy the town but talked about contact with her children and friends, and the difficulty of retiring in a new town: *'I only see my eldest son in school holiday times (be)cause he is a school teacher, but the other two I see quite regularly…I have good neighbours…our friends were all in the town we moved from but people have been so kind and welcoming that I wouldn't want to live anywhere else.'* Audrey also regrets that she can't see as much of her son after moving from Adelaide: *'I think he would have sooner had us stay in Adelaide…it's further away so he has to make a day of it down here where as before he could just come past for a couple of hours.'*

Reg (75) had a good amount of social activity and engagement, '*Church, the Victor Harbor City Band…tennis, the Men's Shed, wife has Scottish dancing and choir…church activity is the main focus I guess, church is very important to us…'* but the one thing Reg missed about being in Adelaide was proximity to family, particularly his very frail mother: '*I have got my mother still alive, she is going to be 100 in June, and she is in a nursing home in Adelaide…that's a bit of a drag…we want to go and visit her every week…if we lived in Adelaide that would be an easier thing to do.'*

On contact with family, Mabel talked about the fact that her and Joe had lived interstate and overseas for a very long time and, '*…missed a lot of years.'* Mabel described her family as being close; however, when Mabel and Joe first moved back to Adelaide before coming to Victor Harbor they found it 'too close'. They found being two or so hours away from Adelaide to be a good balance, of both access to, and distance from family.

Angela, who had worked on the SFPAT thought the most successful service and groups for engaging older people locally include: Senior Citizens, the Alexandrina Centre for Positive Ageing, the CNP, Australian Retired Persons Association, Probus and the University of the Third Age. In a general sense Angela had witnessed good levels of civic and social engagement among older people in Victor Harbor.

Heather, a community services officer at The City of Victor Harbor, found that the bulk of their clients were women; while engaging men had been more challenging. Heather had aims to work more in collaboration with the Men's Shed, as it seemed to be the only service/program to be successful at engaging men. Heather also spoke about some older people wanting a better balance of social and private time; she described it as: *'…they're*

inviting you here, there and everywhere and then you start feeling like you're being rude 'cause you just don't want them in your face.'

Heather also spoke about the need for a societal shift in attitudes towards older people, whereby younger generations and service providers focused more on their value to society: *'…they're not all looking at slowing down anytime soon. So we've got these, you know, great productive people and…the more we're keeping people well, keeping them active, keeping them engaged in the world around them…it really shouldn't be that older people are…the burden. They've got the experience...it's not really seen that way in our society…for advice and they've got stories… in a lot of cultures older people are seen (in that way) as the (respected) elder.'*

6.2.7 Experiences of loneliness and social isolation (Activity/Form)

Table 6:2 summarises the Victor Harbor participant responses to the ten-question Loneliness Scale Survey. The results indicate that generally participants in the Victor Harbor case study region did not self-describe as being lonely. Only one Victor Harbor participant said they lacked companionship 'sometimes' and most said they never or rarely felt alone. All participants felt part of a group of friends at least sometimes; the majority felt this way 'every day'.

Table 6:2 Victor Harbor Loneliness Survey results summary (n=9)

Question	Never	Rarely	Sometimes	Often	Every day
1. How often do you feel that you lack companionship?	6	2	1	-	-
2. How often do you feel alone?	5	2	2	-	-
3. How often do you feel left out?	1	5	3	-	-
4. How often do you feel that your relationships with others are not meaningful?	3	4	2	-	-
5. How often do you feel isolated from others?	3	3	2	1	-
6. How often do you feel you are part of a group of friends?	-	-	1	2	6
7. How often do you feel you have a lot in common with people around you?	-	-	-	6	3
8. How often do you feel close to people?	-	-	2	5	2
9. How often do you feel that there are people to talk to or ask for help?	-	-	1	5	3
10. How often do you feel friendly and outgoing?	-	-	2	4	3

The Loneliness Survey included an open ended comment section that asked participants to consider how their experiences of loneliness and isolation have changed throughout their lives

and/or as they have grown older. Included below are some quotes from these comments in Victor Harbor:

- *'I had a break after retirement, when we were trying to set up different groups and I had stopped working and lost contact with some workmates.. that was a low point.'*
- *'I feel better in my life since I retired; do not feel lonelier as I get older.'*
- *'The only areas are missing the adrenalin rush of my previous employment and events. Do not feel lonelier as I get older though.'*
- *'Life changed when my husband died five years ago. Yes I feel lonelier as I grow older, especially at night.'*
- '*Yes, when I was young I was very shy and reserved, got more comfortable as I got older as I was a teacher and have now retired, now joined groups and find it easier.'*
- *Don't feel lonelier as I get older more the opposite as long as I keep up social contacts, if I didn't volunteer then I would probably feel lonely*.'

Audrey (72) experienced much less isolation after moving from Adelaide to Victor Harbor because she felt she was surrounded by people with a similar lifestyle. *'When you are at home all day it's nice to go out and see people, but a lot of people are so busy (in the city)…when they are at work all day they don't want to come home at night and have some old lady standing there talking to them.'*

Ava (79) spoke about her close relationship with her neighbour helping her to avoid loneliness and the loneliness she felt when caring for her late husband: '*first thing in the morning, we (Ava and her neighbour) look to see whether the blinds are up…it's a way of keeping check that they are ok first thing in the morning…I was more lonely when I was stuck in the house with my husband…I felt really isolated…that time was hard in my life.'*

Janet (81) talked about enjoying her time on her own and needing space, but mainly feeling the loneliness when eating on her own at night: '*I quite like being on my own…I have the radio on every day, not always listening to what's going on but just to have that company in the background…the evening meal I tend to have it in front of the television because I want the company…I quite enjoy going out for a meal, because you have got company.'* Vera (84) also felt lonely at night sometimes: *'at night mainly, but I do a lot of craft work and that keeps me busy, I am always doing that and I love reading.'*

Joe (75) worried about isolation if he were to lose his wife or became ill, and his wife Mabel worried about loneliness if she lost her ability to drive. *'If I lose my wheels I can't see me going from my place to get to the bus, I can't walk down there, I'd need a wheel chair or something to get to the bus. Going out of the village would be difficult, I know a lot of people that don't leave the village because it is too awkward.'*

Janet also worried about some older people being isolated in the town: *'one friend who lives out at Encounter Bay...says she gets lonely at the weekend, because she doesn't go out and she is also in an area where there is a lot of rental homes, so she is really isolated…they're all holiday homes…they are just all empty most of the time.*' Heather, a community services officer at The City of Victor Harbor, also described the problem of isolation in smaller towns just outside of Victor Harbor, for example Middleton and Port Elliot, which are predominantly made up of holiday homes and transient populations. This again points to the relationship between the built environment and loneliness.

Heather's role was very focused on reducing social isolation. She had observed ex-famers retiring to the town struggling with isolation. Everything changes for them when they make that move, their social networks are usually quite limited, they are not used to engaging in social groups and they often feel useless because they are used to spending their time working hard.

6.3 Jamestown

6.3.1 Overview of Jamestown older participants

Jamestown is located 213 kilometres north of the Adelaide CBD and, like many Australian rural towns, has an older than average population. The median age of the town and area is 45 years. Jamestown has a higher than average median income compared to Victor Harbor but this is lower than state and national averages.

Ten older residents of Jamestown were interviewed, with Table 6.3 providing a socio-demographic overview of those participants. Three service providers were also interviewed in Jamestown: Meryl who worked for the local aged care service provider; John, a community services officer at the Northern Areas Council, and Tony, a participant who was also the coordinator for the local Men's Shed.

Meryl was involved with older people who were receiving the highest level of care and her role involved assessing older people for home and community care packages. John's job at the council was broad, but involved working with and facilitating local community groups and health providers. The results presented in this section incorporate the views of service providers and their perceptions of the strengths and opportunities for older people in Jamestown and the surrounding district.

6.3.2 General reasons for living in Jamestown

Most Jamestown participants had lived in the town or surrounding rural areas for long periods of time, if not their entire life. As with many rural towns that act as service hubs, the town

also appeared popular as a retirement location, with people from surrounding farming regions moving to Jamestown because it offered good services for older people. One older person had retired to Jamestown from metropolitan Adelaide because her son's family lived locally, and she liked the idea of retiring in a country community. Jamestown appeared to have a tight knit community; those who had lived there a long time knew each other well and relied on each other for companionship and support.

Table 6:3 Demographic Overview - Jamestown participants

Gender	Male	3
	Female	7
Age Bracket	65-74	3
	75-84	4
	85+	3
Marital Status	Divorced	1
	Married	5
	Widowed	4
	Separated	-
	Never Married	-
Work Status	Retired	9
	Working	-
	Volunteer	8
Home Ownership	Own Home	7
	Rent	-
	Mortgage	-
	Social Housing	1
	Aged Care	2
Living Situation	Live alone	3
	Live with others	7
Migrant Status	Australian Born	10
	Overseas Born	-
Language Spoken at Home	English	10
	Other	-

Recently moved to Jamestown (Activity/Form/Image)

Joan (72) had only moved to Jamestown in the last four years. She was originally from a country area, however, she moved to Jamestown from the northern suburbs of metropolitan Adelaide where she had lived for a long time. She decided to move to Jamestown because her

son and daughter in-law lived there. Similarly, Rosie (66) had decided to move back to Jamestown after living on the more remote Eyre Peninsula in South Australia for a long time. She was originally from Jamestown and her son lived there; when she turned 65 she returned to Jamestown because she wanted to be a bigger part of the lives of her grandchildren. She felt Jamestown was very convenient by comparison.

Lived in Jamestown for some time (Form/Image)

Jim (79) lives with his wife Marj (79) on the outskirts of Jamestown. Jim was born in Jamestown. As Jim describes it '*[I've] lived all of my life in Jamestown, back in our early marriage I looked at changing my vocation, but Mary wasn't keen because we both had parents who were getting old, and Mary's mother was on her own, so I got over that, and I am still here.'* They built the house they currently live in 30 years ago and before that, they had lived a couple of streets away.

Herb (82) and Milly (80) had also lived in Jamestown most of their married lives. They had lived in their current house, just behind the town centre for 25 years and prior to that they had lived ten miles out of town, in a small rural hamlet, where Herb was born. They had lived in Adelaide briefly early in their marriage, but always wanted to come back to the country.

Esme (89) lived in Cranford Court (the local nursing home, located close the town centre). She had lived in Jamestown for sixty years and had moved to the nursing home six and a half years prior. Esme felt happy in the nursing home and commented that she enjoyed visits from friends in Jamestown. She moved to the nursing home because she had no family to rely on locally. Esme had no children, but had extended family that she kept in touch with and the children of her friends kept in touch regularly. Esme had lived in Jamestown for so long that she felt more comfortable remaining there rather than moving to be close to family.

Pamela (89) had lived most of her adult life on a farm just outside of Jamestown before retiring to Cranford Crescent (independent retirement units located close to the nursing home), over thirty years ago when her husband passed away quite suddenly. Although she loved the farm and wished she could have stayed there, she found the nights alone on the farm too lonely and the prospect of remaining on the property alone made her nervous. Pamela now lived in the Cranford Court Nursing Home, having moved there four years prior because her mobility made it difficult for her to live alone.

Penny (88) was in a similar situation to Pamela. Penny had lived on a remote station for a long time with her husband, and they retired to the Cranford Crescent units in the late 1980s. Her husband had since passed away and she continued to live in the units on her own. Tony

(73) had also lived in Jamestown for a long time. He had moved from a farm, not far out of town, before selling it and moving into the town to retire.

6.3.3 Experiences of the built/natural environment

In Jamestown, convenience was the main focus point in terms of the built environment. Not surprisingly for a very small rural town, participants did not comment on safety and noise at all, and only a few comments were made about footpaths and access. Three comments were made about the aesthetics of the area.

Convenience (Form)

Joan (72) had moved to Jamestown to be close to her son. She lived alone, quite close to the main street and found she had good access to most of what she had needed. *'I was contemplating going over to Kangaroo Island and living on a farm…the farm was an hour away from Kingscote and getting over and back would be unrealistic, and I saw what they had here (*in Jamestown*)…I'm not a spring chicken so I had to consider those sort of things.'*

Esme (89) also liked being close to the main street. Living in Cranford Court, the nursing home, she still walked down to the main street almost every day. Pamela (89) also lived in Cranford Court, and talked about the convenience of her lifestyle there, but she recognised she still had more independence compared to some other people in the home: *'I am still fairly independent and can still go out the door, that's an important thing…there are things that you miss of course, not being able to get in the car, I gave up my car the day I came over here, but I have got my gopher…I can go to the bank and a few shops I need to go to, so that keeps me independent too.'*

Penny (88) found the Cranford Crescent independent living units very convenient as they were also close to the main street of Jamestown*: 'It just suited, it's just big enough for me and I haven't got far to go to the shops…and to the doctor.'* After moving from a more remote town, Rosie (66) found Jamestown to be quite convenient, and felt that what she couldn't get in Jamestown she could find in Port Pirie.[19] *'Here you have got the doctor and the hospital close by, and if you want to go to Pirie to get something, I try to shop locally but Pirie is always there if you need it.'*

Footpaths/roads/public access (Form)

Pamela was the only older Jamestown participant to comment on the poor state of the footpaths: *'footpaths could be improved; I bounce along on the gopher, or even to walk.'*

[19] Port Pirie has a population of 13,200. It is approximately 65 kilometres west of Jamestown.

Meryl, who worked for a local aged care service provider, suggested that there seemed to be work going on towards improving footpath conditions, but more could always be done. *'They are doing a lot in the town, with disabled parking and things like that, but there is a lot more that could be done…having good footpaths not a footpath that has a pot hole in it.'*

Aesthetics (Image/Form)

Australia has a great tradition of living, and retiring, close to the coast. A couple of participants mentioned not being 'beach people', and considered that a motive to remain in Jamestown as they grew older: Jim said: *'I guess because we have always lived here, and I haven't wanted to go to the sea.'*

John, a community services officer at the Northern Areas Council, described the mental wellbeing benefits of the natural environment for older people: '*We live in a nice part of the state where the natural environment is quite good, that does deliver some mental wellbeing, from time to time you do see residents from the aged care facility being walked along the creek through the town to pass the time, with the water flowing, the ducks, the kids mucking around.'*

6.3.4 Housing suitability (Form)

This section explores participants' views about the design and suitability of the private built environment, their homes. The comments from participants are divided in to three categories: those who had suitable housing, those who had altered their home or had plans to alter their home to make it more suitable, and those who were considering a move. Three Jamestown participants found their housing suitable and two did not.

Current housing is suitable

Joan (72) enjoyed having room for a garden on her property. *'I have got plenty of room for a garden…The only thing I would change, if I could afford it, I would buy a bit of land and have some chooks and that, that's only because I grew up that way…I've got my own car and I drive wherever I want to go, I don't feel locked in.'* Tony (73) had retired in Jamestown from a farm and saw no need to move again in the future as his house was quite suitable*: 'I wouldn't say it's a big house…it's very low maintenance.'*

Pamela (89) lived in a nursing home as she had got to a stage where she couldn't manage on her own*: 'illness, my knees had given up...it was just getting too difficult, and I could see ahead that I wasn't going to manage, and this room was vacant, so I came across here...'* This highlights older people making decisions to move to more suitable housing when they realise their home is not designed appropriately for them as they get older, but choosing to

remain in the community of their choice. This can still be considered ageing in place, as often the community, sense of place attachment and family and friendship networks are what define a good ageing experience, not the structure of the home itself.

Has altered or plans to alter house

Herb (82) and Milly (80) commented that their health was the reason they had moved to their current house, which was closer to the town centre. Originally they intended to build a new and more suitable house, but Milly had been diagnosed with Parkinson's disease five years ago, and they felt it was too difficult to build a new house. Instead they had made alterations to their current house; including installing railings and altering hallways and walls to reduce the number of tight corners.

Considering a move to a more suitable house

Jim (79) felt he and his wife might need to downsize at some time in the future: *'I have suggested to Marj a couple of times that we ought to think about downsizing, but Marj is not at all keen on that…We have got a big yard that takes looking after, that's the main thing. We built this house thirty years ago and if I had used a bit of common sense…we are still working through that and neither of us are getting any younger, we did go and have a look over at a unit aver at Cranford Crescent…it's a two bedroom…I don't really think it's an option because it was just way too small.'* When asked about a need to move house, Marj (79) said *'…not in the near future, no, I mean you never know what will happen around the corner…the yard is too big, but you can get people to come in and help with the yard.'*

Milly, who suffered from Parkinson's, talked about having plans in place so that if anything happened to her husband Herb, she would move to the local nursing home.

6.3.5 Services and facilities (Activity/Form)

Access to and suitability of appropriate services, and facilities, is a vital ingredient for the wellbeing of older people. Older people typically, at some point in later life, have increased health needs and/or decreased mobility, quality and accessible local services are therefore important for older people to enable the maintenance of physical and mental wellbeing and lifestyle standards.

Due to population size and location (see Chapter Four), Jamestown has fewer services than any of the other cases study sites in this study. Jamestown is, however, very service rich considering its very rural location. Critically, it has a small hospital, often seen as a vital service for rural communities. Many services in Jamestown have been maintained or established due to the community rallying together to raise money to protect services and

facilities considered integral to community sustainability, the hospital and the local nursing home are two examples of this.

Most participants interviewed were satisfied with their local services and facilities. The main themes discussed in relation to services are divided: general positive comments, transport, and home and community/health. Service awareness and information was a common theme discussed in other case study areas, however, only one Jamestown service provider commented on this as concerning.

General positive comments

Joan (72) felt Jamestown had a lot to offer, from group activities to services specifically for older people: '*they have got carpet bowls for the elderly and anyone who can't get there they will go and pick them up, they also have the bus service here that picks people up and takes them shopping. You would have a long way to find a community that offered more for older people than they do here…they have lots of accommodation here for the elderly and the Telecross*[20] *that's a great service, that helps people stay where they are'.*

Jim (79) also felt that Jamestown had plenty to offer. *'I think Jamestown is very well situated in terms of the services that are available… there is something for everybody…there is a hospital auxiliary and a home for the aged auxiliary.'*

Marj (79) also felt that Jamestown had a lot to offer: '*I just feel we are very fortunate, and a lot of it, well some of it has been done by volunteers, you know like fundraising, like the hydrotherapy pool, that was raised locally… Jamestown, if you want to retire, it is a good place to retire, if you can't drive there are options, and there are homes for the aged.'*

Milly (80) emphasised the role the community had played in maintaining local services, *'I don't want to move, I am well and truly happy here…I think we are very fortunate in Jamestown, we have got so many voluntary organisations, otherwise we wouldn't exist.'*

Tony (73), *'When we go away for holidays…we always come home and think geez we are pretty happy with what we've got…we've got good medical facilities in the town, we've got good shopping. We've got the library…good schooling…hydrotherapy pool and gymnasium.'*

Transport

A couple of Jamestown participants were concerned about transport options if they were to lose their licence. Jim (79) said: *'If I got to the stage where we couldn't drive and had to get*

[20] Telecross is a service offered by the Australian Red Cross whereby older people living alone are able to register for a daily call to check on their wellbeing.

to the street well I guess a gopher is an option…there is a community bus that will go around the town and pick up people every Friday morning to do their shopping…I think it is a nine passenger commuter bus, it's run by volunteer drivers.'

Marj also expressed concerns about losing her licence; she felt things would be different for her in the town if she lost that independence. She went on to explain some of the great transport options she knew were available for older people in need: *'we have a bus service that picks up people on Fridays for shopping...we have the northern transport, you ring them and if you have to go to Adelaide there are volunteer bus drivers within the area…It's a good one because it drops you right at the hospital and right at the doctors …we have got a taxi service; there is a bus to take you to Adelaide.'*

Rosie (66) felt that transport options in the town were quite good: *'there is a bus that picks people up for shopping…and there is the passenger transport service, plus there is a taxi, we are lucky enough to have a taxi servic*e.' Tony was also impressed with the local community shopping bus: *'we've got the community bus which is voluntary driven, they go around on Friday mornings…pick people up and take them shopping and help them with their shopping…we've got taxis in the town, I think there's three taxis.'*

Esme (89) had used the Northern Passenger Transport Network Service (NPTN)[21] and uses the town taxi if she absolutely needs to. Pamela (89) was also very happy with the NPTN service. '*We have got a Jamestown car now, and the most wonderful group of drivers, when we have to go down, because I can't manage a bus anymore, they come to the door…that transport helps tremendously.'*

Herb (82) thought the bus service to Adelaide was inconvenient: *'there is a bus down to Adelaide, but it's not convenient, and once you get down there you have got to get a bus to where you need to go. There is a bus each day of the week, but not on Saturdays…you leave here at about 7 or 8 in the morning and you don't get down to Adelaide until about nine or ten o clock. It just doesn't work in well with appointments and things like that. They have got what they call the PAT (Patient Assistance Transport)[22] scheme, well that is insufficient.'*

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[21] The Northern Passenger Transport Network Service assists people living in the District Councils of Mount Remarkable, Orroroo Carrieton, Peterborough, Flinders Ranges Council and Northern Areas Council who cannot use or afford regular transport services by providing volunteer community drivers or private transport services.

[22] The Patient Assistance Transport Scheme (PATS) is a subsidy program that provides money to pay for some travel, escort and accommodation costs when rural and remote South Australians travel over 100 kilometres each way to see a specialist.

Meryl, who worked for a local aged care service provider, described access and transport constraints as core contributors to prevalent loneliness and social isolation for some rural older people. *'I think it is the social isolation for rural and remote especially…a lot of people say you can get on a bus, there is access to taxis, we might have a taxi here, but Orroroo*[23] *don't have one, Peterborough*[24] *don't have one… when you lose your licence and you become frail, you depend on people...they lose their self-confidence because of health and the fact that they are getting frailer…and transport in country towns of course naturally that stops a lot of people, but I think self-esteem…and grief and loss doesn't just come in because you lose somebody, it can come when you lose your licence…they lose their independence…'*

Meryl felt that some of the services locally were very good, but limited. She was concerned about how older people in more isolated towns, like Peterborough, are limited because there are less and less services, '*you have got Mid-north Community Passenger Service,*[25] *they have a car in Peterborough, there is a car that sits there, but you have got to book in advance because its volunteers that do it, and you depend on the volunteers within the town to maintain all this stuff…we have a bus for people to do weekly shopping…'*

John, a community services officer at the Northern Areas Council also expressed concerns about the availability of adequate transport services, particularly when trying to attend medical appointments*: 'Transport is a big concern…if you are twenty minutes away from a main hospital in Adelaide that is very close, if you are twenty minutes away from a hospital here, that means you are in another town …with next to no public transport…We operate with a group called Northern Passenger Transport Network, to get people that need special assistance if they have to go to specialist appointments in metropolitan areas.'*
John also explained that many Jamestown residents had problems with the bus service to Adelaide, which drops people at a central location, but offers no assistance from there. This can be problematic for older people who may have more limited mobility and need assistance to get to appointments, which they may find difficult, stressful or too expensive to coordinate. John also mentioned a number of local bus services that he felt were very good and successful. One collects older people from their homes, with a route around the town based on

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[23] Orroroo is a town in the Flinders Rangers district of South Australia. It has a population of no more than 540 people. It is located approximately 64 kilometres north of Jamestown.

[24] Peterborough is a town in the Mid-North District of South Australia. It has a population of no more than 1700 people. It is located approximately 42 kilometres north east of Jamestown.

[25] The Mid North Community Passenger Network is a volunteer driver service that helps those who are in need get to medical appointments and social outings both within the district and in Adelaide. The service has seven cars in the region and operates within 9-5 working hours.

where users live, and takes them all to the supermarket. The other travels between towns in the district, taking older people on social outings.

Home and community/health services

Jamestown participants were very positive about the home and community/health services the town has to offer. Jim spoke about how technology has the capacity to enhance medical services in remote areas, and the fact that between Jamestown and Port Pirie, most medical specialist services were covered. *'About twelve months ago, I actually had a Skype conversation with a medical specialist down 'in town' (*metropolitan Adelaide*)…I went down to the medical centre…and one of the nurses down there sat in on the appointment so that if there was something that we didn't understand she could explain it …the whole things took a half an hour…We have visiting specialists that come here, and those that don't come here, very often go to Port Pirie, and that's only three quarters of an hour drive…I think we are very well catered for, got good medical centres with at least two resident doctors and there is at least two sometimes three registrars…There is a lot of services available through Helping Hand…Meals on Wheels…and then there is Telecross, and there is a another group, once the temperature gets up to a certain high, they call people a couple of times a day to make sure they are drinking and if they need anything from up the street.'*

Marj (married to Jim) agreed that the home and community and medical services were very well covered: '*Jamestown has wonderful medical services, dentist, eyes, hospital, home for the age, it is a wonderful place to retire, living here…we have an eye specialist…there's a chap from Pirie who comes over, we have a physio and a hydrotherapy pool and a gym…I can't think of anything else we really need.'* Esme was also impressed with the specialists she could access locally: *'I have got hearing aids, and my eyes have packed up and both those specialists come to Jamestown…I have to have an eye operation but that is in Port Pirie which is also simpler than having to go all the way to Adelaide…There is a good physio and a Bowen therapy guy in town.'*



Figure 6:2 The Jamestown Hospital
Source: Aged Care Select 2016

Herb (82) had some concerns about the way that country health services were diminishing: *'As far as health, yes, there are insufficient terms in the country and they are trying to reduce them all the time, less dollars and less services, at the moment we have to travel to Adelaide quite regularly, in 2012 we had five trips to Adelaide in one month to see different specialists…'* Herb was also grateful for certain things that could be accessed locally: *'one of the main benefits is our medical service…housing, nursing home section of the hospital, the problem is there is a lack of nursing in the hospital because they won't give us sufficient funds for any more staff, and the lack of in-home help.…We used to get our yard mowed though (through HACC) and they cut that, and we were getting house cleaning every week and the government cut that so we are only getting it once a fortnight…We are fortunate for the services we have though really.'*

Milly had a few comments about service limitations and the need to travel to Adelaide for some things: *'…the number of medical officers are terrific, great medical officers we have got surgeons and anaesthetists and obstetricians and everything. We do get physio therapy, but…we used to have two physiotherapist based in Jamestown, now they visit once a week and you have to book in months in advance, we do get podiatry…dental is virtually nil…for eyes too…'* Of the in-home services they receive, Milly feels they don't get enough time*, 'no, it is not enough time. They don't dust, they don't do under the chairs…really an hour I mean it is only a small home'* She mentioned that they rely on a local friend for assistance with transport and maintenance as well.

Pamela, *'I think as far as health goes, it is amazing what we have got to help us in a country town 'cos we have got the hospital and the hydrotherapy pool, the doctor, the dentist, I can walk down or take my gopher to the dentist…health and education are well covered here.'* Peggy was also very impressed with the hospital facilities in Jamestown. After suffering a stroke a few years prior, she was flown to Adelaide for treatment and then sent back to Jamestown hospital for after care.

Meryl, who worked for a local aged care service provider, felt that in Jamestown home and community care is well covered, however, in the smaller surrounding towns she visited clients were really struggling to access what they needed. Meryl commented that generally there were limited care packages in rural areas with only a certain amount of packages available in each town and some people probably need higher care than what is on offer. There are also other organisations that offer complimentary care and Meryl was committed to collaborating with them. Meryl also felt that nutrition was a problem for older people, and was concerned about some older people who lived in places where Meals on Wheels was not available: *'a lot of people…don't want to cook anymore, and a lot of people can't have access to Meals on Wheels. In Jamestown you can but in a lot of smaller towns you can't…and also what happens on weekends? (in) smaller towns…, they have a pub that delivers three times a week to the elderly…it's a cost though.'*

John, a community services officer at the Northern Areas Council spoke about health services being a concern for older people in rural areas, but felt that Jamestown was very fortunate to have the services it did: *'The main issues, across the country areas in general tends to be the availability of health services, we are very fortunate in this town, it is very well serviced for that… so we are very fortunate...in speaking with some neighbouring councils a lot of them come to this area for those types of facilities.'*

Service awareness/information

While service awareness and information about services wasn't expressly raised as a concern by any of the older participants in Jamestown, Meryl, who worked for a local aged care service provider, had some concerns. *'The other thing that needs to be improved is how the elderly actually access aged care, how do they know where to go…it's our marketing, it's our informing our clients or our community.'*

Meryl could also see some major benefits in the shift to the Consumer Directed Care model, particularly in relation to older people having the power to select people they liked as their carers. *'I think with this Consumer Directed Care, the government is wanting to see us as service providers, that we are networking and we are giving them client choice…and again*

with consumer directed care…the package might be through our service provider, but they like so and so from the hospital…well we can broker them.'

6.3.6 Community and social engagement (Activity/Image)

Family, church, local clubs and neighbours were the main forms of social and community engagement for interview participants in Jamestown. The interview data reveals a very strong sense of being part of a tight knit local community, and people knowing lots of local people in the town. Most Jamestown participants had lived in the town or surrounding district for most, if not all, of their lives and as a result had a strong sense of 'belonging' to the community. Participants spoke about their experiences of access to groups and friends, community vibrancy and access to family networks.

Joan (72), who had relocated to Jamestown to be closer to her son, had regular contact with her children, as a result she felt emotionally close to them as well: *'my kids keep a close eye on me, they're just over at Bridgeworth and if they don't hear from me or I don't hear from them, we're on the phone…we keep in touch, and I have got some really good friends up here, who are continually calling…friends I have only made in the last couple of years, one was through lawn bowls.'*

Joan felt more ingrained in the community of Jamestown than she had in the city, which made her feel more secure. *'Community wise since I have been up here I do more than I did down there (in Adelaide)… people soon found out that I had a front door bell so that was the end of my peace…'* Joan also described a friendship with an older man who lived more remotely and had recently lost his licence; he relies on her to get to places and sometimes comes to stay with her in Jamestown. She commented that she gets much satisfaction from helping him out.

Jim (79) was quite active in the community and described the good relationships he had with his neighbours: *'we have got next door neighbours that we are pretty close to, and they look out for us, we look out for them…They're away at the moment so we have been looking after their garden and watering their pot plants, and they will do the same for us a bit later in the year…We are pretty actively involved in Probus, and the Uniting Church and some of the other things that I was doing I have let them slip… I mean I think you have got to be involved in something otherwise you just rust out.'* Jim went on to say he felt that there was a good sense of community in Jamestown: *'I think Jamestown is very community minded and generally people pull together, in some of the bigger places you are just a statistic and you lose that individualism. I wouldn't want to go to the city. That would be the last place I would want to go.'*

Esme (89) who had lived in Jamestown for over 60 years said, 'I *know just about everybody in the town'.* Marj (79) explained that most of her friendship networks were within the town. Her five children live in very different locations but she speaks to them all most weeks. Marj felt that sometimes she felt she was too involved in the local community: '*Cranford Court…the old folks' home…I have been on that committee for twenty years. Probus is more of a social group so that's good, our church has all those things where mostly you have got to take some food…I go to the hospital a couple of times a month to feed a couple of the oldies...Christian book shop…we keep that open on a daily basis with volunteers. They are mostly the things I can fill up my diary with…I think that is about the limit, we haven't been on a holiday for a couple of years because we simply get involved in too much stuff.'*

Herb (82) and Milly (80) had different experiences of socialising, mainly because Milly's illness meant she was more housebound than Herb. Milly talked about how she used to entertain friends often when she had better health, but that they had had a few friends pass away. Herb said, '*I see a lot more people because I am involved in all these various volunteer committees, so it is different altogether for me, I never feel isolated or anything.'* Herb and Milly also mentioned that they didn't interact much with their neighbours because they hadn't lived on the street for very long and they found the street unfriendly.

Pamela (89) talked about her social activities both within and outside of the nursing home. *'We play bridge every week...there is a little lounge…I go to church which is only just across the road…I can't walk there anymore, but I have got great friends that pick me up…the first Thursday of every month there is a social group that come in with a program, they do a beautiful afternoon tea…we get a program every month with the activities and we can join in if we want to…it's your own fault if you just sit and be lonely'.* Of her family, Pamela said, *'they are very caring of me even though they are not living here. Everyone thought I would shift down among them when the last one left, but I couldn't possibly leave Jamestown and my friends, I just enjoy going down and staying with them.'*

Penny (88) had never had any children and had lived a distance out of town for most of her life, so she commented that she didn't need much company. She had a niece who came to visit and stay about once a fortnight. She said she always found things to do to keep her entertained, and that she had friends that would take her out if she wanted to, but she suffered quite severe asthma and found that sometimes it was easier to stay at home.

Penny had very good relationships with her neighbours in the Cranford Crescent independent living units, whom she had been helping over the years. *'It's just odd jobs I do for them, pick up the mail, put the bins out and bring the bins in, it gives me something to do.'* Penny's main

social contact was with her neighbours every day and with others on the community bus that she used for shopping once a week. In particular, she had a good relationship with one neighbour where they would check on each other*: 'I always go every morning to Flo across the way. To see if she's alright and if I don't go over she will ring me up to see if I'm alright and say why didn't you come over and see me.'*

Rosie (66) was very involved with her church, with lawn bowls and also had a few friends in the town and other towns nearby that she met with regularly. After moving back to Jamestown she felt she had reconnected with social circles quite quickly and easily. She also felt that the community was generally very caring and well connected: *'I think Jamestown is very lucky because it is a caring community…everyone knows everyone…word gets around fairly quickly if someone has had an accident or ended up in hospital...'*

Tony's (73) main social activities revolved around the Men's Shed and church. He found there were plenty of opportunities in the town to get involved with groups. Tony also found that the Men's Shed had helped him develop friends with other older men in Jamestown that he hadn't previously known very well, even though he had lived there for 45 years. *'We have our work day (at the Men's Shed) on Tuesday afternoons, and Thursday is more of a socialising day, but we call that a work day too…I've learnt a heck a lot down at the Men's Shed with a couple of guys that are very skilled with wood work…I've developed friendships I guess…some of the guys that come along there I haven't met before we got to the Men's Shed…oh yes it has been a great thing for the town, there is no doubt about that.'*

John, a community services officer at the Northern Areas Council placed much emphasis on keeping people active; his work focused on healthy living with a number of programs targeted at early retirees. John felt that parks and sporting reserves were the lifeblood of the Jamestown community and commented that the Men's Shed and the Country Women's Association (CWA) were the strongest community groups for local older people.

John felt that some health promotion groups, like the local community gardens had a multitude of benefits for older people, promoting being active, eating healthily, being engaged in the community and also intergenerational socialising. *'The community garden is managed by retirees mainly…there is just a couple of young families that have gone down…but a lot of the remainder is mostly retirees looking to pass time.'*

John and Meryl also talked about the diminishing smaller towns in the district and local migration to service rich towns such as Jamestown. The population numbers in smaller towns have been slowly contracting. Not only does that mean services become increasingly limited, but the cheaper housing often attracts younger, low income people. John said, *'…we actually*

have localised migration…people move to Jamestown to be close to the hospital. A lot of our outlying towns now don't have the aged population because they are moving to the larger centres…they have a younger population. If the real estate is cheap enough people that cause trouble move into some of those outlying towns.' Meryl agreed with John's sentiments: *'I feel very sorry for the people in Peterborough. It used to be a really thriving town because of the railway but not anymore, and now you get a lot of lower socioeconomic people there because it's cheaper housing.'*

6.3.7 Experiences of loneliness and social isolation (Activity/Image)

Table 6.4 summarises the Jamestown participant responses to the Loneliness Survey. Similar to the Victor Harbor case study, the results indicate low experiences of isolation and loneliness. Almost all of the Jamestown participants said they never felt that they lacked companionship, most indicated that they never felt alone and never felt left out. Furthermore, most agreed they often felt they had much in common with people around them and felt there were people to talk to or ask for help every day.

Table 6:4 Jamestown Loneliness Survey results summary (n=10)

Question	Never	Rarely	Sometimes	Often	Every day
1. How often do you feel that you lack companionship?	8	1	1	-	-
2. How often do you feel alone?	7	3	-	-	-
3. How often do you feel left out?	6	2	2	-	-
4. How often do you feel that your relationships with others are not meaningful?	2	4	2	2	-
5. How often do you feel isolated from others?	6	4	-	-	-
6. How often do you feel you are part of a group of friends?	-	1	1	6	2
7. How often do you feel you have a lot in common with people around you?	-	1	-	8	1
8. How often do you feel close to people?	-	-	1	7	2
9. How often do you feel that there are people to talk to or ask for help?	1	1	-	-	8
10. How often do you feel friendly and outgoing?	-	-	2	3	5

The following are comments from Jamestown participants to the open ended response at the end of the Loneliness Survey, asking them if they felt their experience of loneliness and isolation had changed throughout their life or as they had grown older:

- *'You meet people a lot in Cranford Court, whereas when living out on the farm there was no one. Don't feel lonelier as older, happier since move into the town because it is so close to everything.'*
- *'Being widowed changes things, living in Cranford Court improves social wellbeing, right from the first day I felt good in here.'*
- *'Health limitations impact on the motivation to leave the house, yes I feel lonelier as I get older.'*
- *'When the children were younger the groups that I associated with were different but the same sort of commitments as you grow older, always seem to be fundraising and cooking etc. I don't really feel lonelier as I grow older, however, a male friend recently passed away and I worry about how his widow will cope on her own, I think what if that happened to me?*'

These comments highlight how poor health and widowhood can be triggers for loneliness and isolation, but also encapsulate how the community support and companionship of a tight knit country town may serve to abet feelings of loneliness and isolation. However, it needs to be acknowledged that while for some a small, tight knit community may provide a strong sense of belonging and bonding social capital for others, who may be 'social outsiders' for one reason or another a small community could exacerbate loneliness. Bonding capital can be a strength in community, if you are part of the bond, but can lead to exclusion and isolation if you are not (Delanty, 2009).

Only a couple of participants made reference to their experiences of loneliness and social isolation during the interview; these were mostly comments about how loneliness and social isolation were not an issue or about how good certain groups and services have been for combatting loneliness and social isolation. When asked about loneliness, Jim (79) referred to the common theme of proximity of family and loneliness. Worried about having less contact with family now his grandchildren were getting older, he said: *'… it (loneliness) is something that I think about, we were fortunate that this last Christmas and New Year, our whole family were together…there were twenty five of us that were together, we had fifteen grandchildren there, but that is going to get harder every year'.* None of Jim's children or grandchildren live in Jamestown, but they do maintain regular contact. On the whole though, Jim didn't feel lonely or isolated often: *'no I don't feel isolated and don't feel lonely, if I was confined to these four walls then I would most likely feel lonely, keeping in contact with people is a two way thing…you have got to put yourself out a little.'*

Milly (80) talked about feeling lonely because she felt housebound since her Parkinson's diagnosis, and she had to rely often on her husband as a result: '*…I do, because I have to stay home. I gave my driver's licence up because I felt my reflexes were too slow. I go to hydrotherapy twice a week; it's only down at the medical centre. Herb takes me down and then comes and gets me, and during the school term, we have exercises…what I enjoy most is the company…there is about ten women that go to that so I enjoy that.'*

Tony, who was one of the older participants interviewed in Jamestown, also spoke about his interaction with other older men through his role as coordinator of the local Men's Shed and how being busy and socialising can have profound health impacts. *'There are a few people there that I know have been lonely and they have got quite a lot of enjoyment out of coming to the Men's Shed… we've got so many things that can be done down there…they can play cards, billiards…we've got the group that like to get out in the workshop and do a bit of carpentry…we're also in the process of setting up a bit of metal work too…one of the members has got some sit down games happening...'*

John, a community services officer at the Northern Areas Council also commented on how important the Men's Shed was for older men experiencing isolation: *'they have got well over 60 members…it is getting a really good response…particularly if there is a few gentleman who have maybe had their wife pass away or have experienced a severe health issues, to be able to go and meet. A lot of them are not able to play lawn bowls any more, some will go every day, some will go a couple of times a week, they will go along do tasks, socialise. I guess it is mental wellbeing which sort of roles into physical wellbeing. The response there has been overwhelming.'*

6.4 Summary

This chapter has summarised the results from the rural case study areas of Victor Harbor and Jamestown. The results have been presented under a broad set of themes/domains: private and public built environment, services and facilities, social and community engagement, and experiences of loneliness and social isolation. As with the metropolitan results presented in Chapter Five, reference has been made to Montgomery's (1998) theory of place to highlight the intersections with Montgomery's (1998) *Activity*, *Form* and *Image*.

Table 6:5 tallies the positive and negative references made to each of the domains/themes. Victor Harbor scored very high in the local environment domains, particularly with reference to convenience and aesthetics. Victor Harbor participants made very few negative comments about the local environment, with the exception of three negative comments about footpaths.

Access to groups and friends also scored very well in Victor Harbor. The two domains that scored most poorly were transport and health services. In Jamestown, home and community services scored highly, as did access to groups/friends and loneliness and isolation (five people indicated they did not have any experiences of these). Transport and health services also scored well, however, these are polarising domains in that they received the most negative responses as well.

Table 6:5 Positive and negative comments - metropolitan case study themes

	Victor Harbor		**Jamestown**	
Domain 1:Built Environment				
Convenience	✓✓✓✓✓✓✓	✗✗	✓✓✓✓	✗
Safety	✓✓✓✓✓	-	-	-
Noise	✓✓✓✓	✗	-	-
Footpaths	✓✓✓	✗✗✗	✓✓	✗✗
Aesthetics	✓✓✓✓✓✓✓	-	✓✓✓	-
Housing suitability	✓✓✓✓	✗✗✗	✓✓✓	✗✗
Domain 2: Services and Facilities				
Transport	✓✓✓	✗✗✗✗✗✗✗	✓✓✓✓✓	✗✗✗✗
Health	✓✓✓	✗✗✗✗✗	✓✓✓✓✓	✗✗✗✗✗
Home and community	✓✓✓	-	✓✓✓✓	✗
Access to information	-	✗✗✗	-	✗
Domain 3: Community and Social Engagement				
Access to groups/friends	✓✓✓✓✓✓✓✓	-	✓✓✓✓✓	✗✗
Community vibrancy	✓✓✓✓	✗✗✗	✓✓✓	✗
Access to family	✓✓✓✓	✗✗✗	✓✓✓✓	✗✗✗
Loneliness and Isolation	✓✓✓	✗✗✗✗	✓✓✓✓	✗✗

Chapter Seven offers a more in depth cross-thematic analysis of the main themes both within and across the five case study areas.

CHAPTER SEVEN: THEMATIC ANALYSIS OF ALL RESULTS

7.1 Introduction

The literature reveals a strong relationship between identity, place (Harper 2006; Rowles 1978; Willson 2007), social and community engagement, social capital and wellbeing (Grenade & Boldy 2008; Victor, Grenade & Boldy 2005). The findings of Kahana et al. (2003) in relation to person-environment fit describe the many ways that people shape their environment and their environment shapes them at the individual, home, neighbourhood and broader community environmental level to highlight a tension of barriers that influence an individual's ability to achieve what they need/want to in their environment. Furthermore, as explored in Chapter Two, environmental gerontology posits that (built) environment is one (of many) crucial factor that shapes what it means to have a 'good life' in older age and the way that our socio-physical surroundings impact on the ageing process, it's outcomes, and the overarching relationship between the individual and their environment (Wahl and Weisman 2003). The results of this study have reinforced these connections, highlighting the linkages between social engagement, sense of community and or belonging and the linkages of these to aspects of the built environment in which older people live out their daily lives. This was found to be relevant across both rural and metropolitan locations.

Factors that create both barriers and facilitators for the wellbeing of older people were presented in Chapters Five and Six. This chapter draws these observations together to provide a broader discussion of the interconnectedness between the built environment as form using Montgomery's Model (2003), place attachment and identity and wellbeing in later life. Sections 7.2 and 7.3 explore broad themes identified within metropolitan and rural case study areas respectively and Section 7.4 explores themes that were neither rural nor metropolitan specific.

This chapter begins, however, by summarising the traits, factors, and domains that were reported on most positively or negatively in each case study area; drawn from Tables 5.7 and 6.5, where the positive and negative comments against each of the factors discussed in interviews were tallied. It also draws in other factors, such as information from stakeholder interviews. It should be noted that quantification of the scores for each area are not utilised here as definitive scores or 'rankings' but are used as indicators of themes. Some inferences of these results are further explored in Chapter Eight.

7.2 Overview of factors and domains by case study area

The qualitative wellbeing factors have been grouped under the three overarching domains used in the preceding chapters: *Built/Natural Environment*, *Services and Facilities*, and *Community and Social Engagement*. The *Built/Natural Environment* domain mostly relates to the *Form* and *Image* aspects of attachment to place (Montgomery 2003), however both of these shape *Activity*. *The Built/Natural Environment* domain encompasses general convenience (ease of getting to where you need to go), permeability (footpaths and other public space factors), image (aesthetics, safety and noise), and suitable housing (design of the private built environment). The *Services and Facilities* domain relates to both the *Activity* and *Form* aspects of attachment to place (Montgomery 2003) and incorporates transport services, health services, home and community services for older people and considerations of adequate access to information about services. The *Social and Community Engagement* domain mostly relates to the *Activity* aspect of attachment to place (Montgomery 2003) and incorporates factors such as access to groups and friends, community vibrancy, access to family, and experiences of loneliness and social isolation. Combined they draw the information together as a way of exploring Person-Environment Fit (Lawton 1998, Wahl 2001).

A cross-thematic analysis of all interview results revealed the domains and underlying factors that clearly stood out as strong and weak in each case study area. For example, for every case study *information access* only received negative comments; while *transport* received a mix of negative and positive comments, with more negative comments in Victor Harbor than anywhere else. In the Holdfast Bay and Victor Harbor case studies participants made mostly positive comments about both *aesthetics* and *access to friends/groups*. The following list outlines the factors that came through as the strongest and weakest traits for each area:

- Playford: *information access* and *loneliness and isolation* received the most negative comments, while *access to friends/groups* received the most positive comments.
- Holdfast Bay: *loneliness and isolation* received the most negative comments, while *aesthetics* received the most positive comments, along with *access to friends/groups*.
- Burnside: *loneliness and isolation* received the most negative comments while *home and community*, along with *access to friends/groups* and *access to family* were the factors that had the most positive reports.
- Victor Harbor: *transport* received the most negative comments, while *access to friends/groups* received the most positive comments, closely followed by *aesthetics*.

- Jamestown: *health services*, interestingly received both the most positive and negative comments as did *transport*. *Access to friends/groups* also received many positive comments.

A similar exercise at the domain level revealed that Victor Harbor and Holdfast Bay had the most positive comments in the *Built/Natural Environment* domain, while the Playford case study had the least. Jamestown and Burnside were strongest in the *Services and Facilities* domain, while Victor Harbor was weakest. All case study areas had similar responses in the *Social and Community Engagement* domain, however, Victor Harbor had the most positive comments and Burnside the least.

7.3 Metropolitan themes

The following sections summarise the key positive and negative factors under each broad domain and begins to explore some of the implications of these themes as they relate to place and place attachment, social capital and wellbeing in later life.

7.3.1 Built environment: public and private

Evaluations of the built environment considered how physical form operates as a barrier to, or facilitator of, wellbeing. The interviews included general to quite specific discussions around convenience, design and maintenance and aesthetics, and included reference to both the public and private realm. Key common themes in the metropolitan case study areas were footpaths (and the associated broader theme of walkability and access), safety and noise, and suitability of housing.

Footpaths

Footpaths dominated deliberations about public built environment access for older people, as they are the most immediate barrier/facilitator to leaving the home and are notoriously difficult to maintain. They are a part of range of built environment features that can be problematic for older people as they become less physically mobile. For example, older participants who travelled by scooter or gopher often commented on the challenges of footpaths being uneven.

Footpaths were considered problematic in each of the three metropolitan case studies; with participants in these case study areas tending to have generally higher dissatisfaction with footpath quality than their rural counterparts. This may relate to the challenges metropolitan councils face in keeping up with maintenance demands or the fact that comparisons are more readily made with other local government areas in close proximity in metropolitan locations,

making quality – or lack of it – more apparent. It could also be attributed to lower expectations of footpath quality in rural areas where footpaths are often unpaved.

The Holdfast Bay Community Services team also highlighted poorly planned rest stations for older people. For example: park benches being on the wrong side of the road on a typical walking route, high volume traffic, or inadequate safe crossings on busy roads. These were all features known to be problematic for older people at the local level however they were not raised as issues by older participants in this study.

The findings of an American study by Rosenberg et al. (2012), also found that older people with mobility disabilities identified sidewalks, hills, aesthetics, lighting, weather, presence of adequate road crossings, availability of resting places, sheltered resting places, smooth walking paths, and road traffic as frequent barriers to access. Rosenberg et al.'s study (2012), demonstrated that participants were highly adaptive and often found a way around many barriers. Participants in this current study also described such adaptive behaviours. For example Jack, in Holdfast Bay, who chose to walk up the main street as far as he could manage before using a tram at a point when he felt he needed to rest.

International studies, such as Rosenberg et al. (2012), suggest elements of the built environment can be linked to experiences of loneliness and isolation where too many physical barriers can deter older people from leaving the house. This comes back to concept of Person-Environment Fit – where negative aspects of the environment arte constraining behaviour of the individual and impacting on their sense of wellbeing (Wahl 2001). Features of the public built environment can create barriers that impacts an individual's ability to live out their daily life, to access places and basic services and satisfy daily needs, and to engage in broader community life. This relates to Montgomery's (1998) concept of *Form*. Much can be done to remove some of these barriers, e.g. improving footpaths and transport options although it must be acknowledged that in general local government appeared very aware of these issues and faced challenges with resources in improving these issues. Barriers in the built environment such as these can challenge an older person's sense of autonomy, independence and agency, and ultimately general wellbeing.

Safety and noise

Concerns with safety and noise are discussed together here because they were often spoken about together and were typically about proximity to neighbours or public venues/roads or other locations that were considered too noisy. Noise and safety impact the way that people enjoy a place and highlight the complexity of the *Activity* and *Image* dimensions of Montgomery's (1998) theory of place attachment. For example, the noise generation in a

bustling public space in Holdfast Bay may create a positive sense of vibrancy during the day but have negative connotations in terms of safety and interference at night.

Not surprisingly, there were more comments about safety and noise in the metropolitan case study areas than in the rural. This could be attributed to the fact that people are less likely to know others around them in metropolitan areas where housing density and household transience is higher. Typically there are also more noise related activities taking place in the suburbs, such as higher volumes of traffic noise, more late night venues and more neighbourhood activity in general.

Disruptive neighbours were considered particularly problematic in Playford (Section 5.2.3.2.) indicative of the sorts of anti-social behaviour that are commonly attributed to lower SES areas. Noise was also problematic in Holdfast Bay - noisy venues were raised a number of times, indicative of the typical noise associated with any popular metropolitan tourist beachside locality. In contrast to this however, a number of Holdfast Bay participants described enjoying the peace and quiet of their 'little' street. Perceptions of safety varied and comments highlighted how individual resilience and perception can influence how safe an individual feels. For example, Aileen from Playford, who had been burgled at home three times and yet still felt that overall her neighbourhood was a safe place. This highlights that safety was typically seen as a highly localised issue and not representative of the area as a whole.

Housing

Housing preferences reveal a lot about how an individual experiences their private built environment, and what older people look for to facilitate their ideal lifestyle – whether it be the size of the garden, the design of the kitchen or the ability to host family and friends. Housing choices can also relate to the more public built environment ideals and the need for socialisation and services within or close to the living space, such as the comments seen by participants related to living in a group of units or in a retirement village setting – where there is a much closer alignment of the private and public built environment.

Many metropolitan participants were seeking, or had sought, a more manageable property to live in as they got older. Some participants talked about looking for a more manageable property in the future, particularly as they imagined different possible future health scenarios. Those participants who had already downsized talked about how easy the maintenance of a smaller place was. Participants were divided amongst those who had moved into a more manageable home and those who knew they might need to at some point as they grow older reiterating the findings of Rosenberg et al. (2012). In the Burnside area, the hilly terrain was

an additional factor in considerations of manageability and accessibility of the home and the relationship between the home and the wider neighbourhood.

7.3.2 Services and facilities: strengths and barriers

Participants were asked to reflect on how the quality and availability of services might impact on their quality of life, their experiences of ageing in place and ability to develop and/or maintain social capital, as they grow older. Access to services and facilities can enable and contribute to a fulfilling lifestyle. When basic needs are able to be met with ease, people have the opportunity to fulfil other wellbeing needs, such as social engagement. Good access to services also foster and strengthen community wellbeing and social capital development in their own right, through providing settings to meet and mingle with others. Access to a large variety and number of services was perceived as a benefit by most participants in metropolitan areas. There were, however, some clear barriers to services discussed (e.g.: transport, personal health or home and community care services). Of these, transport was considered the most problematic.

Transport

Transport services enable ease of access to the wider community and available services and socialisation opportunities location in the public realm of the built environment. This can be particularly pertinent for older people who are no longer able to drive and also for those living in outer suburban, regional, rural or more remote places. Transport has implications for both the *Activity* and *Form* elements of Montgomery's (1998) theory.

Negative comments regarding transport services were most common in the outer suburban case study of Playford, with a moderate number of complaints in the more densely populated and tourist focused Holdfast Bay region and very few in the inner city location of Burnside. This could be attributed to Playford being the least central of the metropolitan case study areas and as such, a lower density 'urban fringe' suburb. Burnside, on the other hand, is within a very close proximity to the city; inner city locations like Burnside have more a better connective route of public transport options and more frequent transport services.

Adelaide, like many cities, has a public transport system based on a 'hub and spoke' system where all public transport is focused on relaying people in and out or through the city centre. Comments related to transport limitations in Playford provided insights into how this centralised transport model creates challenges for many older people living in outer suburban areas. Many people want to use public transport to get to destinations *across* Adelaide suburbs, that aren't necessarily centralised or on a convenient bus or train route. This implies that good access is not about where you live specifically, but more about how easy it is to get

from where you live to where you want to go. Other transport comments related to design of the train or bus itself, the ease of getting on and off the bus or into train stations, for those with mobility challenges which also relates to elements of *Form* in the public built environment, as previously considered in relation to footpaths.

There was general praise for the various community bus services that operated within metropolitan local government boundaries. These services provided 'door to door' pick up and drop off services for shopping for older people. These services are unhelpful, however, when wanting to travel to another local government area, or even a non-centralised location within your own community. Despite these limitations, such services do provide an element of flexibility and connectivity for many older people who are unable to access more generic forms of public transport. All of the service providers in the metropolitan case study areas spoke about the success of these community based volunteer driver services.

Health services

There were a number of positive attitudes towards access to health services in Burnside; both related to good service choice and good access. This reiterates the convenience and quality of transport services in Burnside, making it easy to get to a range of health services across metropolitan Adelaide to access the most appropriate care and provides a good example of how a well-planned, accessible built environment can enable a better sense of wellbeing. Living in a more central part of metropolitan Adelaide enables greater choice and access to a range of services and socialisation opportunities.

Home and community care services

Positive reports of home and community care services indicated a greater sense of wellbeing for older people in terms of the way they are able to enjoy their private built environment and places (i.e. cleanliness, assistance with provision of food), and having access to the support they need to live a fulfilled life in many ways; for example such services can provide transport for appointments or access to social groups. There was no indication however of any correlation between location, at the broader community level, and the quality of this type of care. Comments related to home and community care services were generally very positive in Holdfast Bay and Burnside, however, there were less positive comments in Playford. One inference that could be drawn from this is that Playford is characterised by greater disadvantage, and also more people who may have been relying on support services prior to older age. Furthermore, less people reported relying on family networks in Playford, perhaps a result of higher use of home and community care services.

7.3.3 Community and social engagement: strengths and barriers

As explored in Chapter Two, many studies show a clear linkage between increased loneliness and older age (Routasalo & Pitkala 2003; Shiovitz-Ezra & Leitsch 2010; Victor et al. 2000). While experiences and perceptions of lonelinesess and social isolation vary, having close relationships with friends, social groups and activities, adult children, grandchildren and/or living with a spouse (George 2010, Patulny 2009), are all indicators of good social capital in older age. Low levels of social capital have been found to be a risk factor for loneliness (Nygvist et al. 2016). Social connections provide purpose, and instrumental and emotional support and can help to create a stonger sense of belonging and place.

As with access to services, participants in metropolitan case studies generally seemed to have good access to both social and family networks. However, there were some differences in the frequency of positive and negative comments relating to access to family and access to friends across the metropolitan case studies. Table 5:7 showed that access to family was more positive in Burnside, while access to friends and social activities was higher in both Holdfast Bay and Playford. This raises some interesting questions in relation to bonding and bridging social capital ties (Putnam 2000) across different geographic areas within one urban location.

Community connectedness was strongly expressed in Playford with findings reinforcing those of the Playford Residential Satisfaction Community Survey (2015). Intergenerational ties also came up a little across metropolitan areas, with the main discussion point being that participants didn't want to feel like the only community engagement for them was with other older people. In the metropolitan areas, children, groups and church also came up as the common points of social connection. Several comments suggest that living in a metropolitan environment allows for easier 'maintenance' of dispersed and diverse relationships. The comments associated with the loneliness survey also supported the notion that access to family and friends was important in combatting loneliness and social isolation.

Participants described both the practical and social support that they received from friends and neighbours highlighting the value older people placed on these informal and often localised social connections that were very much indicators of place-based social capital.

7.4 Rural themes

As mentioned in Chapter Two, an overarching message that underpinned the Canadian Age Friendly Rural and Remote Communities Guide was that each community is unique *(Federal/Provincial/Territorial Ministers Responsible for Seniors 2007).* This thesis by no means provides an exhaustive depiction of Australian rural communities, however, the

outcomes do support this notion of uniqueness. While some themes were common to both rural case study areas, many distinct factors defined each place: shaped by geographic remoteness, amenity, number of services and demographic profiles.

7.4.1 Built environment: public and private

As in the metropolitan areas, rural assessments of the built environment considered form, convenience, design and maintenance, and how these elements influence wellbeing in both the public and private realm. One interesting finding was that perceived general convenience was more pronounced in rural areas and generally considered an asset. Convenience here referred to a sense of ease of accessibility to the things you need and the places you want to go but also the location of friends and social support.

Convenience received a high number of positive comments in both rural case study areas. While this seems counterintuitive, it could be attributed to that fact that people who are longer term residents in rural or remote locations are habituated to reduced accessibility, but also that the things they are able to access are often located within the township, often a small geographic area. Another inference that could be drawn from this result is that higher density living, such as with-in city environments may mean that people find things less convenient as they deal with the complexity of higher volumes of traffic and larger numbers of people. For example while there may be greater choices in health services (and these may even be geographically closer), busy traffic or crowded public transport may make getting to the service more challenging, or there may be longer waiting lists for desired services. It should be noted, however, that both rural case study areas were relatively service rich compared to many smaller rural towns in Australia.

Compared to all other case study areas, Victor Harbour participants were overwhelmingly positive about the design of the built environment. This could be attributed to a greater focus on age friendly design and resources for the area's marked ageing population or these views may be 'coloured' by the high amenity of the local region.

Safety and noise

Safety and noise scored more positively for both rural case study regions compared to the metropolitan case studies, indicative of the sense of peace and quiet and slower pace of life commonly associated with rural living.

Footpaths

Footpaths received a few negative comments in both Victor Harbor and Jamestown, with similar comments to those in metropolitan areas, i.e. problems with gophers or scooters

'bouncing' on uneven footpaths. Victor Harbor participants also mentioned recent upgrades to footpaths and positively described other upgrades, including added railings and ramps in some locations. These were described as making a noticeable difference to the accessibility of the local built environment or *Form*. Again this demonstrates the need for a well-designed public built environment, amenable to all levels and forms of mobility, that positively impacts on accessibility for older people, and thus the ease of being connected an engaged in *Activity* in public places.

Housing

The concept of downsizing, or moving to a manageable property as private spaces or built environment was a common theme in both rural case studies. For most participants in the Victor Harbor case study region, moving to a more suitable home had occurred at the time of retirement; thus this group of participants they had generally already selected a home suitable for growing older in. In Jamestown, however, it was more common that people were still considering downsizing from a larger family home or relocating to more suitable housing. There were a number of participants in Jamestown who had moved into the township after retiring from a farm in the outlying region, which could be considered a unique form of downsizing relevant only to rural and farming communities. In both case study regions participants spoke positively about their housing and lifestyle choices.

Services and facilities: strengths and barriers

In general it is acknowledged that services and public facilities in rural areas can be more constrained than in metropolitan areas. However, understanding of the implications of this for older, rural dwelling Australians remains limited. As explored in section 7.2.2 ease of access to services and facilities contributes to better opportunities, directly and indirectly, for living a fulfilling life and in particular fostering and experiencing strong social capital and thus improved wellbeing.

As discussed in Chapter Two, a Canadian study (2007) into age-friendliness in rural and remote areas reinforced the notion that services should be carefully tailored for each individual community. Some of the key issues that emerged from this Canadian study, unsurprisingly, related to transport, access and service limitations in remote areas (Federal/Provincial/Territorial Ministers Responsible for Seniors 2007). These factors are reflected in the results of this study, in the Australian rural setting.

Transport

As described in Section 7.2.2.1 transport services impact ease of access and thus opportunities to access many elements of the public built environment. Transport has implications for both the *Activity* and *Form* elements of Montgomery's (1998) theory of place attachment, and also impacts on opportunities to remain socially engaged *outside* of the immediate local place or community for people living in rural areas, potentially limiting their opportunities to connect with family, friends and activities of interest.

Many Victor Harbor participants described transport accessibility poorly. This seemed to be because there was difficulty in getting transport around the town or to the centre of town at convenient times. Additionally, participants suggested there were limited options for getting from Victor Harbor to parts of metropolitan Adelaide. In fact, Victor Harbor has very good transport access for a rural location, with multiple low cost bus services to various Adelaide destinations daily and a medical car transport service that operates between the Fleurieu Peninsular and Adelaide hospitals and medical services. Participants' high levels of expectation around transport services in Victor Harbor seemed to stem from a tension between wanting a semi-rural or country lifestyle and also having chosen the location because of its proximity and ease of access to city amenities. People wanted to have both; e.g. the high amenity of good services and access, and the quiet rural lifestyle.

There was a balance of good and bad comments about transport in Jamestown. Both older participants and service providers nominated a number of options for older people when it comes to transport, including a community shopping bus and local taxi service for getting around town and a bus service and medical car for accessing the city. The bus service to Adelaide and back also operates four times a week. Transport to and from Adelaide is obviously more challenging from Jamestown than Victor Harbor because of the distances involved. Residents of Jamestown seemed to accept that, however, and were happy to have the transport options that were available in the town.

General services

Victor Harbor participants had many negative comments related to services generally, despite the fact that the town is relatively 'service rich' for a rural community. Victor Harbor is a 'sea change' community, with residents more likely to have retired from metropolitan Adelaide. Thus, one reason for this dissatisfaction could be that the residents were more likely to compare local services to metropolitan service infrastructure. Perhaps a sense of higher amenity or closer proximity to the city (than Jamestown) also triggers higher expectations.

There were a number of negative comments about waiting lists and limited specialist services in Jamestown. Few Jamestown participants mentioned lack of service awareness or information as a concern. A fuller understanding of available services may be attributed to more 'word-of-mouth' informal knowledge sharing in smaller rural communities such as Jamestown – evidence of stronger social capital. However, Keating (2008) suggests that while informal support networks are commonplace, they are largely unmeasured in rural settings and that could mean that rural communities can be (somewhat falsely) seen as appropriate settings for growing old.

What is interesting about these findings, particularly for Jamestown as the most remote case study area, is that participants commenting negatively about health and transport services also had positive things to say as well, again highlighting that these views are really based on perception.

7.4.2 Community and social engagement: strengths and barriers

As explored in section 7.2.3 community and social engagement with groups and friends outside of the home and immediate family (Patulny 2009) are indicators of social capital in older age; with low levels of social capital found to be a risk factor for loneliness (Nygvist et al. 2016). Social connections provide purpose, as well as instrumental and emotional support and creating a sense of belonging. This can strengthen a sense of attachment to place. General 'community vibrancy' scored well in both Victor Harbor and Jamestown, reinforcing the commonly held notion that rural communities are communities high in social capital.

In Victor Harbor all older participants had positive comments about access to friends and groups. However in Jamestown, while many participants reported good access there were a couple of negative comments associated with poor access to friends, family and social groups. Victor Harbor's large older population suggests there would be a broad selection of community and interest groups for older people locally and this seemed to be correct according to those interviewed for this study. The town is also geographically closer to metropolitan Adelaide than Jamestown, and as a result of that proximity, some Victor Harbor participants considered their broader networks (if in Adelaide) as close. Some literature suggests that Australian rural communities have strong bonding social capital, but less bridging social capital (Davis & Bartlett 2008; Onyx & Bullen 2000; Ziersch et al. 2009). This can also create the negative implications of bonding social capital, in that those who aren't part of a tight knit group can experience exclusion that is more pronounced in a smaller community. However, for a larger older population such as that seen in Victor Harbor with its

variety of social groups and opportunities for community engagement it seems that opportunities for strong bonding and bridging capital exist.

Similar numbers of participants reported good and poor access to family in both rural case study areas. This indicates that some people had access to proximal family members while others had family at a distance. Unlike metropolitan participants, where family may not be proximal but are still located within the metropolitan area, accessing family for rural participants usually involved large distances, making regular face to face contact more challenging. Access to family came up as problem a number of times in Jamestown, indicative of the challenges of living more remotely.

Despite the 'tyranny of distance' for family relationships, loneliness and isolation were less apparent in Jamestown than in any other case study area. This supports the findings of Milbourne (2012), who drew on evidence from the National Seniors Australia *Getting Involved in the Country* report (National Seniors Australia 2010), finding that older people in rural Australia reportedly felt safer and experienced greater social connection and interaction than their urban counterparts. It also links to Keating's (2008) studies in Canada, which revealed that greater distance from an urban centre and lower population density were correlated with greater dependence on informal support networks and higher rates of volunteering and thus social capital.

7.5 Rural and metropolitan crosscutting themes

This section explores some key themes that emerged in multiple case study areas, cutting across both rural and metropolitan settings that have important implications for the relationship between the social and built environment, place attachment and wellbeing for older people.

7.5.1 Aesthetics

Sections 7.2 and 7.3 have demonstrated how much older people living in coastal communities, both metropolitan and rural, valued the aesthetics and lifestyle of this setting. The comments from these two case study regions (Victor Harbor and Holdfast Bay) highlight how living near the beach contributed to the wellbeing of participants living in these regions.

Most participants in Holdfast Bay spoke about the beach, or the beachside lifestyle, with some having moved there because of a strong desire to be close to the sea. In Victor Harbor, the positive comments relating to the beachside lifestyle were even more prevalent and mentioned by almost every participant. Heather, the Coordinator of the City of Victor Harbor's Caring

Neighbourhood Program commented that the clients she dealt with commonly commented on how the coastal lifestyle contributed to their wellbeing.

In other non-coastal case study areas, there were a few positive comments about trees or the natural environment adding to the aesthetics and impacting positively on wellbeing. These findings support some of the evidence presented in Chapter Two, that parks or green spaces, along with water and blue spaces, have positive impacts on the wellbeing of older people. Finlay et al. (2015) found therapeutic qualities for older people in landscapes such as parks, gardens, street greenery, lakes and the ocean. These places had an impact on participants' perceived physical, mental and social health. Finlay's study concluded that nature played 'a nuanced and influential role in the everyday lives of older adults' (Finlay et al. 2015, p. 97). Bell et al. (2015) identified symbolic, achievement-oriented, immersive and social experiences, sense of attachment and connection that linked wellbeing to the relationship with the coast. This highlights a clear connection between place, the environment, how it makes you feel, how it impacts your life, and how this can be a drawcard for growing older in certain locations or places that offer these natural features.

7.5.2 Loneliness and isolation

The theme of loneliness and isolation appeared mostly unrelated to place with a mix of attitudes and loneliness scores in each area. Common factors that were linked to loneliness and isolation included: being a naturally more introverted person, (lack of) proximity to family and friends and life course events such as changes in health, widowhood or retirement.

A number of comments supported evidence around temporal loneliness, that is, loneliness experienced only at certain times (Stanley et al. 2010) as discussed in Chapter Two. Most commonly, evenings triggered feelings of loneliness amongst participants.

7.5.3 Passive surveillance as social capital

The notion of having an unspoken agreement with a neighbour in the street to 'look out' for each other came up in many areas. This was commonly described as something along the lines of 'looking for the blinds to go up in the morning' but is essentially about passive surveillance. This habit was mentioned by both metropolitan and rural participants, however it was more common in rural localities. Many participants, across all case study areas, spoke of having 'close' neighbours, describing how comforting it was having people close by to keep an eye out on one another. Most of these comments come from the rural case study areas and the lowest SES metropolitan case study area, Playford, supporting earlier discussions around how strong social capital was very evident in these settings. This reinforces the notion that the social and community connectedness of older people in these areas is in fact stronger.

This finding has important implications for the relationship between the built environment and social capital and wellbeing. The way that streets and neighbourhoods are designed can enable or prevent passive surveillance between neighbours, and these findings highlight how important this can be for older people. Not only do these neighbourly relationships foster a strong sense of personal safety, but they can also foster closer relationships and 'bonding' social capital. The reciprocal trust and closeness between two neighbours, where there is a daily 'social contract' is an example of a very distinct and strong form of localised social capital. In many of the examples found in this study these agreements to 'look out for one another' either evolved from an existing close friendship, or created a stronger friendship.

7.5.4 Housing suitability and attitudes to moving

In general terms there was an even mix of people who found their housing suitable and unsuitable across all areas, again this did not seem to be related to one particular case study region. Reports of unsuitable housing were usually about proximity to services or neighbours and how manageable and accessible their current property was e.g. too large, high maintenance gardens, or situated on a steep hill. The *Housing decisions of older Australians* (2015) report suggested that older Australians are relying less on residential aged care and are reluctant to discuss or plan for the time in their lives when they may need greater care. Older Australians generally want to age in the house and location of their choice for as long as possible, and as such decisions to move to residential aged care are often rushed in times of crisis.

Perspectives of participants in this study fell into two distinct groups: those who expressed the desire remain at home until their death (indicated by a comment such as '*they'll take me out in a box'*) and those who were more realistic about the fact that eventually they would need to go to a nursing home or some form of assisted living if they reached a point where they could no longer safely look after themselves. The first attitude was more common among male participants.

Housing suitability was not related to being in an urban or rural space but was related to house design, neighbourhood design and planning. Attitudes about ageing in place and place attachment are multi-level and are driven by good design at the private built environment level (the home) and the public built environment level (the street, neighbourhood, town or district). A good combination of housing design, location, accessibility and public built environment design for ageing in place enables people to put down strong roots and engage in their community. The longer people are in a community, and the more connected they feel to local services and groups, as well as their neighbours and other local community members,

the stronger chance they have of building social capital, which in turn has many positive outcomes for wellbeing and mitigating risk factors to wellbeing such as loneliness and social isolation.

7.5.6 Access to information

Access to information has implications for the ways in which people engage with their communities, it enables them to thrive and be engaged citizens should they choose to be. It also enables them to know what community services are available, what activities are on in their community and how they can get there. Good access to information has implications for building social capital through supporting the coordination of and information about social groups and community events.

Almost every participant, in every case study location, was concerned about access to information about services, community groups and facilities for older people. Interestingly, most of these concerns expressed were generalised to the wider community, not specifically concerns for themselves. Many participants knew what services were available and where to get information, but they worried about other older people in the community who might not. This indicates one of two things: there is potentially a large proportion of older people in the community that do not have access to the information they need to make informed decisions about what services they could/should use, or that people are unjustified in their concern about others not having access to the right information about the right services.

7.6 Summary

The first section of this chapter highlighted some general themes emerging from this study. The first, that *access to information* is a common concern for older Australians, no matter what location they live in. The second, that *access to friends, groups and social opportunities* is reportedly stronger in areas that are:

- Near the ocean, indicating a connection between retirement lifestyle destinations, highly aesthetic environments, and social and community engagement. This could be attributed to the fact that being in a lifestyle destination means there are more retired people who organise more social and community events and groups, or that being by the seaside inspires greater social activity, because it provides a good settings for social activity.
- In low SES areas, indicating that people who have fewer resources and are less financially secure may look more to community groups and friends for support and to enhance their sense of social capital and wellbeing.

In Burnside, *access to family* was reported as high, indicative of strong family networks for people in more central locations. This may be because they are more financially secure living in a high SES area and therefore independent, or that their central geographic location enables better access to family members. Interestingly, for the overall score for *community and social engagement* (including loneliness and isolation) Burnside scored the lowest of all case study areas and Victor Harbor scored the highest. Given that Burnside is the most centralised and accessible of all of the case study locations, a higher sense of community and social engagement seemed more likely as access to community groups and social opportunities would be high. Perhaps the sense of community is less tight knit in an inner city area like this, where there are easy options to socialise and connect with people across a larger geographical area. Whereas in Victor Harbor, where transport was reported as more problematic, the large numbers of older people may mean there are a lot of social and community engagement opportunities for older people in the local region. The social capital fostered in these groups and activities may in turn compensate for the reported transport limitations.

As for the key metropolitan themes: footpaths, safety and noise, the need to downsize to a more manageable home and (de-centralised, local) transport were more problematic than they were in rural areas. Access to friends was stronger in the rural case study areas while access to family varied. Loneliness and isolation were (interestingly) very low in Jamestown, the most remote of all the case study regions.

Overall, themes that were common in both locations related to housing (the polarising position between wanting to remain in the family home until death or acknowledging a possible need to move to a retirement village at some point), casual surveillance between neighbours (waiting for the blinds to go up in the morning) and the value of aesthetics for a sense of wellbeing. What these themes highlight is the complex interplay of factors that influence wellbeing, with the relationship between the person, place, service provision and social factors in different settings presenting a wide range of assets and/or challenges that play out differently for almost every individual. Chapter Eight concludes this thesis by reiterating these complexities and some of the overarching themes, highlighting the implications of these and presenting some recommendations to inform policy and further research.

CHAPTER EIGHT: DISCUSSION AND CONCLUSION

8.1 Introduction

This study has focused on the relationship between community, social capital, wellbeing and place in both the rural and metropolitan milieu. The findings support the notion that wellbeing is dynamic, shaped by individual, environmental and societal factors. By examining the socio-demographic and physical dimensions of place it is evident that wellbeing is inherently shaped by the settings in which we live. This is even more pertinent for older people, who are likely to spend longer periods of their daily lives in their homes and in their local neighbourhoods.

For example, living in a centralised, urban location close to the CBD offers conveniences that can influence wellbeing outcomes in many ways; this location offers accessibility to a wide range of proximal health services, multiple transport options, and family or friends may visit more frequently because of the central location. However, there also appears to be wellbeing advantages associated with living in settings that are perhaps more geographically isolated, such as high amenity surroundings, perceived quieter and safer surroundings, closer proximity to services and facilities, and a stronger sense of belonging and greater bonding capital.

The results of this study have also shown that in any built environment setting or location a process of compensation can be applied to improve a sense of wellbeing. For example, if social and community engagement is poor, individuals might instead focus on the good local shopping and transport options or the great aesthetics of their neighbourhood, reinforcing that their local area is still a great place to live despite the challenges. This process of compensation is often strengthened by the strong attachment to place that many older participants expressed. This included not only places they have lived in for a long time but also places they have aspired to, and made a conscious decision to move to upon retirement. Their attachment and sense of belonging in that place may strongly outweigh any objective strengths or weaknesses associated with the built environment or community based resources. Throughout this thesis, the linkages between these findings and Montgomery's (2003) three dimensions of attachment to place - *Activity*, *Image* and *Form* - have highlighted the complex sense of wellbeing and belonging based on what you want to get out of place both functionally and emotionally, these contribute significantly to this process of person-environment fit.

This study has shown that depictions of wellbeing and place attachment are inherently shaped by the individual life course. This in turn influences how people view their lives, their current

circumstances, the imagined futures and their surrounding built environment – both public and private. As Harper (2006) suggests, a life course perspective demonstrates how with age, there is a cumulative effect of life experiences– suggesting greater complexity of what defines and influences person-environment fit. Person-environment fit (as identified by Kahana et al. 2003 in relation to older people and residential satisfaction) highlights this complex interplay between the dwelling, neighbourhood, social networks and individual traits. Montgomery's *Activity*, *Image* and *Form* help to categorise these factors in relation to place.

This study set out to address the following objectives (as outlined in Chapter One):

> Objective One: To explore how community, social capital, place and the built environment interplay to shape experiences of wellbeing, and the impact of this interplay on individual and social wellbeing in a range of settings.
>
> Objective Two: To explore the social needs of older people i.e. how they engage with community, family and friends and how location/place can enable these interactions, but also create barriers.
>
> Objective Three: To explore individual perceptions of loneliness and social isolation, drawing on the lived experiences of older people in both rural and urban areas, to identify the role of place and location.
>
> Objective Four: To explore the barriers to services in the local community that most commonly impact on the wellbeing of older people.

This chapter will summarise the major findings of the study under the three major themes/domains identified in the results chapters. The discussion of each of the major findings will be mapped against the relevant research objective(s). This chapter will also explore the theoretical implications of these findings, specifically for social capital and place attachment theory. Finally, it will conclude with a series of policy recommendations and opportunities for future research.

8.2 Discussion of major findings against theme domains

This thesis has demonstrated a clear connection between perceptions of place, the built and natural environment and wellbeing at both an individual and community level. The built environment (both public and private spaces), access to services and information, and social and community engagement all foster a sense of place, belonging and wellbeing and therefore enable older people to successfully age in place. This research suggests that both individual perception and a process of compensation (where a high value is placed on a place's strengths

to compensate for any challenges) shape experiences of wellbeing across a variety of settings, influencing how people evaluate what is important to them and their lifestyle as they grow older.

The following sections explore some high-level key themes that emerged under the three domains outlined in this study and maps these against the objectives of this research.

8.2.1 Built/natural environment – public and private

Footpaths (public spaces), proximity to the beach (public spaces and aesthetics) and housing choices (private spaces) were three key factors enabling ageing in place for older people in the built/natural environment domain of this study.

The first of these adds to the broader notion that accessibility of the built environment significantly improves opportunities for social and community engagement and therefore wellbeing for older people. Walkability within the built environment, particularly footpaths, timely road crossing places and/or places to rest, can act as barriers or enablers for accessibility for older people. In this study, poor quality footpaths were reported more often in metropolitan areas than rural areas, despite evidence suggesting that in fact footpaths are less well maintained, or even in existence, in rural areas. Poor footpaths are barriers not only to accessing local services and facilities, but also to opportunities to engage in social and community life (Rosenberg et al. 2012). Thus, barriers to walkability in the neighbourhood can be a catalyst for loneliness and social isolation. Footpaths are also a problematic issue for most council areas and they are consistently a problem reported for older people (City of Playford 2015; Intuito Market Research 2015), highlighting that they should be more highly prioritised to ensure permeability and accessibility in streetscapes for all older people. Footpaths relate to the Montgomery's *Form* but also demonstrate how form is interconnected with *Activity*. The right *Form* enables the right *Activity.* It also highlights the reciprocal relationship between the person and their environment (person - environment fit); where people seek out enabling environments that allow them to manifest their sense of wellbeing and social aspirations (Su, Murdock and Rounds 2015). *This finding relates to Objectives One and Two of this research.*

This study has also demonstrated that aesthetically beautiful, high amenity places provide opportunities for outdoor leisure and recreation, having a positive impact on wellbeing and sense of place attachment for older participants. Almost all participants living in the two beachside case study areas, whether rural or metropolitan, reported that this setting had a significant impact on their sense of wellbeing. Some comments related to feeling a very personal connection to the ocean that influenced their choice to live there. For others the

beach location offered greater opportunities for recreation and socialisation. *This finding relates to research Objective One*.

Not surprisingly, housing was another common theme that was discussed in relation to the built environment and experiences of wellbeing. Most participants of this study aspired to have a smaller, more manageable property as they age, a finding consistent with other literature (Hillcoat-Nalletamby & Ogg 2014). Many participants in this study had achieved this by already moving later in life; either for a lifestyle change, to be closer to services, to be closer to family or as an opportunity to downsize. For some this move had involved relocating into a retirement village, which offers not only housing adaptations and design with ageing in place in mind but also allowed for a stronger sense of belonging and community through new social networks and support systems with their neighbours.

There were other participants of this study, however, who have lived in their family home for a long time and clearly expressed never wanting to move again. Ageing in place is a common desire for many older people due to an inherent sense of autonomy from the familiarity of the neighbourhood, familiar lifestyle patterns, localised social and support networks and longstanding life course memories associated with a familiar living setting (Lawler 2001; Lehning, Scharlach & Dal Santo 2010; Rosel 2003; Wahl 2001). This desire for familiarity again illustrates person-environment fit and the ways in which people seek a balance of desirable private and public built environment factors that they can shape, and that can shape them allowing them to strengthen their autonomy and manifest a strong sense of wellbeing (Su, Murdock & Rounds 2015). As Rowles (1978) postulated, attachment to place can grow for older people who have sought out this 'ideal' setting for ageing in place; thus their desire to depend more on the familiar home and immediate local built environment grows and their mobility and health declines.

As health declines and mobility reduces many older people are also conscious of wanting to minimise the physical demands of housework, and home and garden maintenance. This may involve consideration of moving to a home with a smaller, more manageable yard and less home maintenance and cleaning required (Judd et al. 2014). This applied to many of the participants in this study, across all areas. Some did however make comments to suggest they never intended to leave their current house, regardless of the future challenges they may face with maintenance and upkeep. There were some participants in all areas who had moved there for retirement or an older age lifestyle change. In Playford this was commonly for financial reasons, in Victor Harbor and Holdfast Bay it was for lifestyle and amenity reasons, in

Burnside it was often to be closer to family and in Jamestown it was a combination of retiring from a more remote location, or to be closer to children and grandchildren in the town.

For those participants who had remained in the same house or community for most of their lives, regardless of location, and who did not want to move house, a strong sense of place attachment and belonging was evident. If people live the majority of their lives in one home, that place becomes part of their identity and represents a sense of well-being and strong autonomy as a compensation for possible future life challenges. This supports the findings of Kahana et al (2003), which suggest that the congruence between individual traits, the dwelling and the neighbourhood or built environment impact on residential satisfaction. There is a dichotomous tension between both barriers and facilitators in a place/neighbourhood/community (Kahana et al. 2003). For example, in Playford and Jamestown, strong social networks as well as satisfaction with services locally, were both combined to evidently foster an attachment to the area despite the challenges presented by the local environment in both these case study areas.

Attachment to place can also be a dominant emotion, to the extent that people will withstand significant barriers that are impacting on their wellbeing, in order to 'age in place'. For example, a Burnside participant described how the steep incline and large garden on his property was becoming unmanageable; however, after speaking to other people his age that had moved to smaller properties in more convenient locations who had struggled to settle in, Dennis expressed that he and his wife would stay in their home until they were forced to move. This supports previous studies, highlighting that attachment to place can be a strong force for some older people, but that ageing in place can have negative consequences as well as positive outcomes (Jeong & Stein 2003; Horner & Boldy 2008). *This finding relates to research Objectives One and Two.*

Accessibility of the built environment is very important for older people. As ageing bodies can become less healthy and less agile problems with accessibility in both the public and private realms may become more pronounced (Rosenberg et al. 2012). Basic access and autonomy needs are met when the home is well designed to enable independence but must also apply to the neighbourhood environment or 'home beyond the house,' as described by Cloutier-Fisher and Harvey (2009). These public spaces also need to be highly accessible. When the neighbourhood and local area are permeable and accessible with adequate ramps, footpaths, resting places and road crossings, social needs can be met along with more basic needs such as access to services and amenities. These built environment factors make people feel more confident to leave their home, walk through their neighbourhood, use public

transport, and generally engage in broader community life. An important element of access and wellbeing for older people, a strong theme of this research, is that access to aesthetic public activity spaces should be prioritised as an important factor for wellbeing and for older people ageing in place. These places further enrich the lives of all people, but particularly older people.

It is broadly understood in the literature that age-friendly built environments are critical for the wellbeing of older people (Clark & Glicksman 2012; Horner & Boldy 2008; Lehning, Scharlach & Dal Santo 2010; Lui et al. 2009; Scharlach & Lehning 2013). The permeability of streetscapes, with well-maintained footpaths, good resting points and safe road crossings are among the factors that contribute to an age-friendly built environment. A key finding of this study is the need to plan for the element of aesthetics and the importance of access to beautiful natural environments. For example, in Victor Harbor and Holdfast Bay the importance of the beach and the value it added in terms of contributing to the wellbeing of older people in these places was very pronounced. The global age friendly discourse (World Health Organization 2007) should therefore go a step further to capture the importance of aesthetic, natural environments for wellbeing. Creating accessible aesthetic natural environments, even at a small scale such as pocket parks, would not only enhance wellbeing for older people, but also have wellbeing benefits for everyone. *This relates to Objective One of this study.*

8.2.2 Services and facilities

All of the themes explored in this section *relate to Objective Four of this study.*
This study has highlighted that transport is a key barrier for older people in their daily lives, regardless of their location. What is apparent is that transport barriers are not necessarily about the number of available services, they are also about the complexity of desirable destinations for older people getting from where they live to where they really want to go. Many of the participants of this study, who were still driving, in both rural and metropolitan areas, were concerned about losing their licence and the resultant loss of independence. Many felt that they needed a car in order to live their desired lifestyle, and saw the use of other transport services as a compromise. Public transport was seen as a barrier by many participants of this study, particularly those in the outer metropolitan or rural case study areas.

Accessibility limitations due to services like Adelaide's traditional 'hub and spoke' public transport system, or the limitations in the design and maintenance of footpaths as explored in section 8.2.1, very easily become major barriers to accessing social networks and a wide variety of services for older people. They can cause people to decide not to go to the places

they really want or need to, because the journey will be too time-consuming and exhausting, or they just don't have the physical ability to get to the stop or station.

Access to information about services and events was another common concern across all areas. Expressed concerns were often for people who were described as not having much family to help them, or for people that were not very computer literate as more and more services become digital. The concern about information access for others appeared directly linked to perceived social isolation with participants worried that those who had minimal social contacts had limited service information. This impacts ability to access other things i.e. information about transport linkages, groups and activities to participate in or general aged care.

This highlights a fundamental benefit of social capital among older people. By being in contact with and connected with people in a community, there is opportunity to be more likely to access resources and be informed about available services. Social capital, in essence, encompasses all of the varying interactions between individuals in a community (Pooley, Cohen & Pike 2005) and the benefits gained through having social relationships. As Bourdieu (1985) suggested it is really about the potential resources that are gained from a durable network of support. In this instance, older people with a durable network of support felt that they were informed. This suggests that older people typically remain informed through social relationships, word of mouth, or being part of community groups. Therefore, those who are isolated are not only potentially lacking in the wellbeing benefits of being around others, they are lacking in many other wellbeing benefits associated with access to certain services and awareness about the wide range of services and resources available.

8.2.3 Community and social engagement

This section explores themes mostly related to research Objectives Two and Three of this study, however, some linkages are also made to Objectives One and Four (connecting the social and community engagement findings with the built and natural environment findings). The key discussion points under the social and community engagement domains can be separated into three themes: engagement with family; friends and community groups, and experiences of loneliness and social isolation. What was apparent from the results of this research is that people depended on community groups more in less central locations, places like Playford and Victor Harbor. People in Playford for example, offered each other transport and they watched for other older people in the community who seemed as though they might need support. What was evident was that in this lower socio-economic setting, older people depended more on community and friendship ties and less on family ties. Burnside

participants on the other hand spoke more about depending on their family for support, which could be connected to both the fact that it is an easily accessible central location.

A desire for more intergenerational interaction was mentioned across all case study areas. Older people want to be around those with whom they share common interests, but they also want to feel like they are a part of a broader, diverse and intergenerational community.

Another social theme that came through in all areas was that older people commonly engage in casual surveillance of other older people on their street; frequently spoken of was the almost universal sign of 'looking for the blinds to go up in the morning'. Once again this is evident of the sort of social capital fostered in situations of need; older people who are living alone are seen to be vulnerable, and that vulnerability triggers an informal social support network.

This study has also revealed some interesting findings in relation to social isolation and loneliness. Many participants were reluctant to speak about loneliness and social isolation. In Jamestown, loneliness and social isolation were experienced the least. Perhaps this is due to the fact that people from rural areas are less inclined to express feelings of loneliness, or perhaps it relates to stronger bonding capital in smaller rural settlements. In fact, participants from Jamestown had the least number of negative comments about any factors measured in this study; perhaps linked to the notion that lower levels of expectation, rather than tangibly better circumstances, may shape how these factors are then evaluated. This finding will be explored further in section 8.2.4.

Experiences of loneliness and social isolation were variable across all case study areas. Other than being reported notably less in Jamestown (see section 6.3.7), there were no other clear patterns indicating that loneliness and social isolation were specifically linked to certain types of places. They are, none the less, an issue for older people more generally. The South Australian Mental Health Commission (2017) found that loneliness and social isolation were very common among older South Australians. That's not to say that place related factors don't impact experiences of loneliness and social isolation, but rather that a complex combination of place based, as well as individual social and psychological factors make these experiences complex and diverse. This supports the findings of a Canadian study (Havens et al. 2004) that showed that rates of loneliness in older people varied significantly between settings, dependent on access to transport or social opportunities or personal experiences of retirement or bereavement. This again highlights the complex combination of person-environment fit factors that shape the balance between barriers and facilitators of wellbeing in different places.

Connecting back to some of the themes explored in 8.2.1, there are important social implications of poorly or well-designed built environments. This relates to a range of factors from footpaths, road crossings and weather protection to transport options. It also incorporates services and access. These accessibility factors can strongly influence engagement in social and community activities and experiences of loneliness and social isolation. When considering this finding in relations to the concept of place attachment, this demonstrates the impact of the *Form* dimensions of the built environment, on *Activity*, and thus *Image;* demonstrating the reciprocity of all three dimensions. The fundamental essence of the way a place is designed (*Form*), impacts the things you can do in that place (*Activity*), and therefore how you feel about that place (*Image*).

An example to help explain this notion, and the complexity of the barrier versus facilitator dimensions of the impact of the environment on wellbeing outcomes, is the ways in which a high density built environment can have both positive and negative outcomes for social and community engagement (and loneliness and social isolation) (Buys & Miller 2012; Guite, Clark & Ackrill 2006; Mccrea, Stimson & Western 2005). While higher density suburbs do foster opportunities for passive community engagement and meeting new people, in more easily accessible or busier public spaces (Leyden 2003; Wood, Frank & Giles-Corti 2010), as one participant in this study highlighted, higher density living can also deter certain forms of community engagement. Having more neighbours close by in an apartment building meant that neighbours kept to themselves more to maintain privacy and social boundaries. This raises important questions about the social implications of urban infill development and supports the findings of a study undertaken in Brisbane, that showed social contacts with family and friends in the neighbourhood were important for residential satisfaction and that relationships with direct neighbours were less important (Buys & Miller 2012).

8.2.4 Perception and compensation – emerging themes in place attachment

A number of the findings of this research are underwritten by two important and emerging themes that influence experiences of place attachment and wellbeing - perception and compensation.

The first emerging theme is perception. Elements of the theories of place attachment and person-environment fit that relate to perception. For example the *Image* (Montgomery 2003) of a place is certainly shaped by individual perceptions about how an experience of place makes them feel. This is influenced by individual's traits, by their life course and experiences that impact an individual's interpretations of that place. The things an individual may seek out

or disregard about a place are fundamentally influenced by perception and the person-environment fit dynamic.

In many settings, factors that were reported as barriers for some people were not for others; some factors that were anecdotally described to be poor were not objectively worse in that area than they were elsewhere. What became apparent is that participants applied a lens of their own life course experiences and their own individual expectations and aspirations to aspects of their built environment and daily lives. They measured their current setting and circumstances against other places they may have lived or visited regularly throughout their life. Their assessment of certain aspects of their environment was commonly shaped by their personal perceptions, their aspirations for their futures and their expectations of the environment.

Jamestown provides a great example; it is the one case study area that received the least negative comments overall, despite the tangible limitations that come with being a more remote location. Being a remote location, Jamestown exhibits a lack of diversity in choice of services, more limited opportunities for diverse social opportunities and poorer access to other locations that sustain wider, more diverse choices. Jamestown participants mostly praised their local services; they were grateful for what they had and made many comments like 'we really are very lucky'. Participants from Jamestown had lived in the town for most of their lives, or in other, even more remote rural locations. To an outsider the town may be viewed to have significant limitations but participants in this study perceived the town to have everything they need.

Playford also provides another interesting example of this notion of perception. While Playford is characterised by marked socioeconomic disadvantage, Playford participants spoke very highly of the Mansfield Community Connections Hub. Older people in Playford reported the greatest access to community groups and friends and often reported how much they liked living in the area. Again this suggests a common perception that 'life is good' in Playford, when, objectively measured, it might not be as good in terms of access to abundant quality services, housing choice and aesthetics.

This brings us to the second emerging theme: the concept of compensation. We know that a diverse range of factors impact on people's wellbeing and quality of life; yet for many participants who seemed to have multiple risk factors (e.g.: poor mobility, poor financial resources or poor accessibility) they found ways to compensate for these barriers and to find other ways to contribute to or improve their wellbeing. In finding ways around their barriers, e.g. asking someone for assistance with transport, they may have actually enhanced their

wellbeing in other ways. Asking people for help, or providing other people with help, fostered a sense of wellbeing and social connection building social capital.

The 'casual surveillance' occurring among older people, shown in all case study areas, is an example of this. One participant in Jamestown, who felt more vulnerable having been widowed and now living on her own, made a really strong friendship with a neighbour as a direct result of addressing that sense of vulnerability. By 'looking out for each other' a new routine or partnership decreased their sense of vulnerability and social isolation while increasing their social engagement and personal social capital.

8.3 Theoretical implications

8.3.1 Social capital and wellbeing

Social capital can be described as all of the varying interactions between individuals in a community (Pooley, Cohen & Pike 2005) and the benefits gained through having social relationships. It evolves within informal networks of support, but can be fostered through formal networks of socialisation and support as well. As mentioned several times throughout this thesis, Bourdieu defined social capital as 'the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition' (1985, p. 248). Bourdieu considered social capital to have evolved from many forms of capital that develop social structures, instigating privilege, class and status (Portes 2000; Wilson & Chiveralls 2004) and the ways in which social capital could generate economic resources (Pooley, Cohen & Pike 2005).

This study has illustrated how social capital can evolve in a variety of settings and enable and support access to important resources for older people. People seek out capital and resources from others, and from networks in their community. In rural settings, where there are limitations on resources and opportunities due to remoteness and a small population size, social capital may be critical to sustaining wellbeing. Similarly in lower-socioeconomic settings, where residents experience more pronounced financial limitations, people depend more on each other. These settings and circumstances appear to instigate stronger bonding forms of social capital.

For example the notion of a reciprocal relationship between neighbours where they check on each other each morning, or having friends in the neighbourhood that can offer a lift to a community group or to church. A person who is more financially well off you might just catch a taxi, but in a community where people are more financially disadvantaged, and transport barriers are more apparent, people adapt and become resourceful in other ways, this

seems to be a clear marker of strong social capital. Time is also important for establishing these strong networks of social capital, the longer people are in a community, and the more connected they feel to local services, groups and neighbours, the greater chance they have of building 'bonding' social capital, which in turn has many positive outcomes for wellbeing and mitigating both practical and emotional risk factors to wellbeing such as aces to a service and experiences of loneliness and social isolation.

8.3.2 Built environment and place attachment theory

As explored in Chapter Two of this study, Montgomery (1998) presented key principles of place making through three interrelated principles: *Activity*, *Form* and *Image*. *Activity* encompasses a combination of vitality and diversity – lots of people, with many interests, able to do many different things. The social and community domain findings of this research highlight the importance of the *Activity* dimension for older people, and that built environment and service and facility dimensions also contribute to this by enabling and supporting older people to embrace and engage in activity.

An example of this is the way in which older people living in the Holdfast Bay case study area reported the convenience of living close to Jetty Road and the plethora of local services and facilities there. They were able to easily meet people for a coffee, access services and shopping, use the beachfront for exercise, and engage with nature or in community events. Accessible road crossings, good transport services and well-maintained footpaths evidently enhanced this access to activity. These dimensions that operate as enablers to activity for older people relate to Montgomery's *Form*, which encompasses legibility and/or accessibility. Good *Form* enables and supports citizens to engage in activities and access the resources, services and information they need or desire, as well as possess a sense of power and agency to shape the spaces in which they live.

Image explores the notion that places themselves have identities but that identity is objective (what the place is actually like). Montgomery's *Image* is what the place is perceived to be and is shaped by the feelings and impressions of individual's experiences. Every individual has a different process of filtering information and their experience of a place, based on their own values, beliefs and thoughts/ideas, plus the wider cultural values that apply to them. Again, Holdfast Bay provides a good example of Montgomery's notion of *Image*. Those who had lived in Holdfast Bay for a long time perceived the area to be a family oriented place if they had raised a family there. They talked about going to the local restaurants or cafes with friends and family, and the lifestyle benefits living near the beach and engaging in beach related and community activities. The findings of this study that relate to aesthetics,

perception and compensation are inherently linked to Montgomery's conceptualisation of *Image*.

According to Montgomery (1998), good city form enables and supports activity and positive image and together the three principles articulate a strong sense of place. Places that work well combine landmarks with activities and are accessible and convenient. This results in those places being well used, and in turn well looked after, because they become meaningful to many people. What this study has highlighted is that *Form* can become the most fundamental element for many older people as they get to a stage of life where they experience mobility challenges. This study has also highlighted how important *Image* is to place, particularly for older people. *Image* of place is complicated as it is shaped by life histories and experiences, e.g. where family was raised, or where family holidays where taken as a child, as well as by complex networks of social relationships. *Image* is also shaped by proximity to family, and whether there are good opportunities to socialise regularly with neighbours, friends and acquaintances through local community groups, access to services and opportunities to live out a certain desired lifestyle.

Many interelated dimensions of theories of place attachment, person-environment fit that have been drawn out throughout this study, and highlight the socio-physical relationship that older people develop in relation to place, and the implications for wellbeing. These results align with and draw together elements of Wiles et al's concept of 'social space' in place attachment - 'elastic physical, imaginative, emotional and symbolic experiences of and connections to people and place across time' (Wiles et al. 2009, p. 664), or the notion that place attachment evolves from the collective of private home and neighbourhood places and shifts across time and space (Cloutier-Fisher & Harvey 2009). These findings also depict the person-envronment fit for older peoples residential satifaction (Kahana et al. 2003), and the the implications of this on Montgomery's *activity*, *form* and *image* to shape the relationship to and experience of place. The lifecourse perspective builds on this further, to draw out the implications of place attachment and relationship to private and public built environment, for older people, and for their perceptions of place.

Participants in this study reinforced the complexity of the diverse range of factors that shape wellbeing, the ways in which people described these, and above all the way that people applied this compensation process. These findings, as neatly described by Wiles et al (2009 p. 670) demonstrate 'rich complexity, at odds with any formulae'

The tenets of perception and compensation, and their relationship to Montgomery's *Image*, that have come through in this study also strongly support the findings of Wiles et al. (2009)

and the complexities of the social space aspects of place are a reminder of the importance of contextualized reviews of factors that shape holistic views of wellbeing for older people. No formula can reveal a solution to the needs of an ageing population; rather constant engagement and localised base assessments of needs are required. The flexible and fluid the relationship between people and place, or social space highlights a tripartite relationship between the personal, social and physical aspects of place attachment, which is dynamic and entwined. As suggested by Wiles et al. (2011, p. 365) there is no 'one-model-fits-all' answer to the question 'what is the ideal place to grow older?' Places require better mechanisms to fit the needs of the older people they cater to, however, attachment to places can be viewed as a positive form of capital that contributes to wellbeing. The findings of this research contribute to more holistic assessments of the people and place relationship and highlight the range of physical, social and emotional variables that influence relationships between person and place (Manzo 2003).

8.3.3 Capital of place

This section draws on the findings of the previous two and proposes a new form of capital – place capital. As Montgomery states (1998) good *Form* creates *Activity* and positive *Image* and together the three principles articulate strong sense of place. The setting lived in can influence accumulation of social capital, however, *Place* itself could also be considered a form of social capital. If the benefits gained through having social relationships is a broad summation of what underpins social capital, the benefits gained from person-environment fit and the intricate relationship of *Activity, Form* and *Image* combine to create a sense of place could also be considered to be a form of capital, a place-oriented capital or a capital of place that encompasses accessibility, image and perceptions, and essentially opportunities to engage in a way that suits – where the benefits measured are inherently linked to wellbeing.

This notion of 'capital of place' when applied to Bourdieu's or Putnam's definitions of social capital, could be defined as 'the features of place, such as physical design and form, the activity fostered or stimulated, the image or perceptions it musters and the reciprocal relationship it has with shaping and being shaped by its users, that combine to generate stronger attachment. These combine to stimulate greater benefits, to enhance the quality of places and the experiences of their users.'

8.4 Policy implications and recommendations

The findings of this research have been broad; they have revealed a number of place based or person-environment fit related barriers/facilitators of social wellbeing, under some key

emergent themes, the built/natural environment, services and facilities, and social and community engagement. As is the nature of this type of qualitative research, there are limitations to the conclusiveness of many of the key themes and findings. The strength of this approach, however, is that it enables a nuanced exploration of the issues and provides contextualised inferences. These subtleties provide more contextualised steps for moving forward with some strategies that may only be appropriate in certain settings and other strategies that can safely be considered universally applicable.

The following policy recommendations have emerged from complex considerations, some of which are new but most of which build on existing research. This highlights the importance of applying certain knowledge in a particular way, under certain circumstances to ensure that the right mechanisms are in place. The following policy recommendations have key implications for South Australian ageing policy moving forward:

- That Ageing policy agendas have a more contextualised focus. Every Local Government Area should develop an age-friendly strategy (informed by comprehensive consultation) that takes into account localised issues, the relationship between people and the private and public built environments they use the most and some of the socio-demographic characteristics that underline these.
- That State Government develop a 'whole of state' age-friendly transport strategy for South Australia. Options for decentralising transport networks in metropolitan Adelaide need to be explored to foster better connections across the suburbs for an ageing population. Such a strategy should monitor transport networks locally, but also consider the broader metropolitan Adelaide transport networks and the transport challenges for older rural South Australians.
- That State Government develop a 'whole of state' strategy to address loneliness and social isolation for South Australians. Social isolation and loneliness are highly prevalent, particularly among older people. Given the findings of the South Australian Mental Health Commission (2017) that demonstrated that loneliness and social isolation are prevalent among older South Australians, and this research, there should be a stronger policy focus to better evaluate and address loneliness and social isolation, among older South Australians in particular.
- Further exploration of the social implications of age-friendly built environments from a policy perspective. Poor built environment and transport options for older people have a significant impact on social outcomes. There is a need to measure and monitor these barriers and address the social implications of poor physical accessibility.

- The current national aged care reforms, including the Consumer Directed Care and My Aged Care portal rollout needs to be closely monitored and measured. It is important to evaluate the positive and negative outcomes of this approach to ensure that older people do indeed have improved access to adequate and appropriate services. My Aged Care needs to account for the diversity among our older population, and careful consideration should underpin its implementation as it may not be the appropriate model for every consumer.
- More 'out-of-hours' services and social opportunities need to be provided for older people. Older people want opportunities to access services and groups outside of regular business hours with supporting transport options at those times as well. It is recommended that programs are trialled to explore options for weekend and weeknight community/social groups for older people and weekend and weeknight volunteer community transport services and ride sharing services for older Australians. These should build on the successes of existing volunteer transport services, community hubs and places like 'men's sheds.'

8.5 Recommendations for future research

The results and findings of this study have uncovered some opportunities for further research to explore some emerging insights, particularly given that these have only been explored through the lens of a small qualitative participant sample. The following are identified as areas for future research:

- Creating an index of wellbeing related factors that incorporate built environment and place attachment domains. This could be measured on larger scale population samples in a variety of settings.
- Exploring rural issues for older Australians, particularly whether rural 'resilience' means that people's needs and preferences in rural settings are not being adequately assessed nor addressed.
- Exploring the impact of the natural environment and the amenity of certain natural settings, on wellbeing for older people, particularly blue spaces such as the ocean.

8.6 Conclusion

Wellbeing has always been, and will continue to be, challenging to define and measure. The ability to encompass somewhat diverse, interchangeable and sometimes ill-defined, sets of factors that influence a person's experience of quality of life is problematic. Certain factors for shaping wellbeing may be weighted more heavily for some people than others and these

factors are shaped by the complexity of individual life courses. Location and place can make a significant contribution to the wellbeing of older people, yet they are often not taken into the equation. Location and place include a combination of built environment dimensions, adequate services and facilities, opportunities for social and community engagement as well as a sense of autonomy, independence and a sense of belonging. These demonstrate the inherent relationship between people and place, that people shape the places they feel attached too, and that places shape the experiences and lives of the people that use them.

Loneliness and isolation have a negative impact on wellbeing among older people. Location, neighbourhood and housing design, private and public built environment, can all influence opportunities for accessing services and importantly opportunities to socialise, which in turn shapes experiences of loneliness and social isolation. Loneliness and isolation are intrinsically linked to social capital - the benefits that are gained by being connected with others. Not only does being isolated limit access to social capital, but communities where social capital is reportedly lacking can foster experiences of loneliness. The benefits of being socially engaged, and developing strong social capital are wide-ranging, but for older people incorporate experiences like learning new things from someone else in a Men's Shed, having opportunities to participate in new activities, a mutual 'looking out for each other' through casual surveillance in neighbourhoods, a lift to the shops or church, or sharing information about community groups and services.

Importantly, this study has highlighted that physical settings with high aesthetic appeal, such as seaside settlements, make great contributions to several wellbeing domains. In addition to this the study found that living in a central or more economically 'privileged' location was less important for social and community factors, with high satisfaction scores in both rural settings and the more socioeconomically disadvantaged settings. This underlines the value of a sense of belonging and the ability for older people to compensate for the tangible lack of resources in their communities by focusing on what they consider to be the assets. This highlights the importance of place as a form of capital.

This thesis set out to examine some context specific understandings of wellbeing for older people, to highlight the dynamic relationship between the social and physical/built environment and how these together contribute to experiences of wellbeing for older people. It is impossible to reduce this assessment to a 'tick box' list of factors to understand what a successful place for wellbeing in later life might include. Places for older people are about the diverse life-course experiences, the person-environment fit and the meaning attached to them

that may have motivated the individual to move there or stay there. These factors are also interconnected with the tangible or functional attributes of that place.

If the benefits gained through having social relationships is a broad summation of what underpins social capital, the benefits gained from the intricate relationship of *Activity*, *Form* and *Image* combined to create a sense of attachment to place and person-environment fit, could also be considered to be a form of capital, a place-oriented capital or a 'capital of place' that encompasses accessibility, image and perceptions, and opportunities to be socially engaged.

Experiences of wellbeing are inherently shaped by individual life course, innate personal characteristics and the settings in which life is lived and the way the environment enables people to engage with both physical and social environments. As our ageing population continues to grow, within a policy framework of ageing in place, these person- environment factors need to be linked more strongly to wellbeing outcomes to engender independence, create a sense of belonging and continue to foster strong social capital.

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APPENDICES

Appendix A - List of Australian Government –Department of Health aged care reforms as October 2016

- Streamlined access to entry-level support services for older people and their carers through the Commonwealth Home Support Programme and the establishment of the Regional Assessment Service.
- More support for older people to stay independent and in their own home through more home care packages to meet their needs.
- People have greater choice and flexibility for how they pay for accommodation and services, with 28 days to decide how they would like to pay.
- Transparent accommodation prices and services, with all residential aged care providers required to publish the maximum amount they charge for accommodation and extra services.
- A new means test in residential care to help determine a person's fair contribution, if any, to their care and accommodation. New means test arrangements also apply to home care.
- New capping arrangements help make the system more affordable overall for individuals.
- National Aged Care Reform Roadshow visited each state and territory in May and June 2014, and again in March and April 2015, to talk about the changes.
- A range of other activities has been conducted to provide further information to the sector, including presentations and fact sheets.
- Removal of the distinction between high and low care in residential care.
- Expansion of the National Aboriginal and Torres Strait Islander Flexible Care Program.
- Expansion of the National Care Advocacy Program.
- Expansion of the Community Visitors Scheme.
- Expansion of the National Respite for Carers Program and streamlined access through the CHSP.
- Expansion of the Assistance with Care and Housing for the Aged Program and streamlined access through the CHSP.
- All Home Care Packages delivered on a Consumer Directed Care basis – the Home Care Packages Program Guidelines are now available.
- New dementia and Veterans' supplements – the Dementia and Veterans' Supplements Eligibility Guidelines are now available.
- Introduction of the Homelessness supplement.
- Introduction and expansion of the My Aged Care website and contact centre, with increased functionality including central client records and portals for service providers, assessors and clients.
- Establishment and expansion of the Australian Aged Care Quality Agency.
- Establishment of the Aged Care Pricing Commissioner.
- Strengthened powers of the Aged Care Commissioner.
- The *Aged Care Act 1997* and the *Aged Care (Transitional Provisions) Act 1997* and supporting subordinate legislation came into effect on 1 July 2014.

Appendix B - List of core and supplementary indicators from the WHO's - Measuring the Age – Friendliness of cities: A guide to using core indicators

Available for download at http://www.who.int/kobe_centre/publications/AFC_guide/en/

The core (accessibility of the physical environment) indicators, include:

- Neighbourhood walkability
- Accessibility of public spaces and buildings
- Accessibility of public transportation vehicles
- Accessibility of public transportation stops
- Affordability of housing

The core (inclusivity of the social environment) indicators, include:

- Positive social attitude towards older people
- Engagement in volunteer activities
- Paid employment
- Engagement in socio-cultural activity
- Participation in local decision making
- Availability of information
- Availability of social and health services
- Economic security
- Quality of life

The supplementary indictors include:

- Accessibility of priority vehicle parking
- Accessibility of housing
- Participation in leisure time physical activity in a group
- Engagement in lifelong learning
- Internet access
- Public safety
- Emergency preparedness

Appendix C - Listing of suburbs in all case study areas

Playford

Andrews Farm, Angle Vale, Bibaringa, Blakeview, Buckland Park, Craigmore, Davoren Park, Elizabeth, Elizabeth Downs, Elizabeth East, Elizabeth Grove, Elizabeth North, Elizabeth Park, Elizabeth South, Elizabeth Vale (part), Elizabeth West, Evanston Park (part), Gould Creek (part), Hillbank, Hillier (part), Humbug Scrub (part), MacDonald Park, Munno Para, Munno Para Downs, Munno Para West, One Tree Hill, Penfield, Penfield Gardens, Port Gawler (part), Sampson Flat, Smithfield, Smithfield Plains, St Kilda (part), Uleybury (part), Virginia, Waterloo Corner (part) and Yattalunga (Profile.Id 2017b).

Holdfast Bay

Brighton, North Brighton, South Brighton, Glenelg, Glenelg (East, North and South), Hove, Kingston Park, Seacliff, Seacliff Park and Somerton Park.

Burnisde

Auldana, Beaumont, Beulah Park, Burnside, Cleland (part), Dulwich, Eastwood, Erindale, Frewville, Glen Osmond, Glenside, Glenunga, Hazelwood Park, Kensington Gardens, Kensington Park, Leabrook, Leawood Gardens (part), Linden Park, Magill (part), Mount Osmond, Rose Park, Rosslyn Park, Skye, St Georges, Stonyfell, Toorak Gardens, Tusmore, Waterfall Gully and Wattle Park.

Victor Harbor

Back Valley (part), Encounter Bay, Hayborough (part), Hindmarsh Tiers, Hindmarsh Valley, Inman Valley (part), Lower Inman Valley, McCracken, Mount Jagged (part), Victor Harbor and Waitpinga (part).

Appendix D – Recruitment poster

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- **RESEARCH INTO**
- **SOCIAL WELLBEING FOR OLDER INDIVIDUALS…..**
  - **Are you interested in taking part in some very valuable research for our ageing population?**
  - **If so, PLEASE read on and GET IN TOUCH!…**
- Beth Keough, a Phd Student at the University of South Australia is looking to recruit some research interviewees. Australia's Population is ageing and with this trend comes many implications. Maintenance of community connections among ageing population groups and the various factors that contribute to sense of community and social engagement in Australia is essential. Social isolation is prevalent among older people in the community and research suggests that social interaction is very beneficial for the health and well-being of older people. The social opportunities and potential for isolation of different areas can vary immensely and this research aims to present and investigation of the various issues and opportunities in a number of rural and metropolitan settings, along with some recommendations on how social engagement can be better facilitated in different settings.

Ageing Research Contact: **Beth Keough**	Ageing Research Contact: **Beth Keough**	Ageing Research Contact: **Beth Keough**	Ageing Research Contact: **Beth Keough**
Email: bethany.keough@mymail.unisa.edu.au	Email: bethany.keough@mymail.unisa.edu.au	Email: bethany.keough@mymail.unisa.edu.au	Email: bethany.keough@mymail.unisa.edu.au
Phone: [redacted]	Phone: [redacted]	Phone: [redacted]	Phone: [redacted]
Office: 08 8302 1236	Office: 08 8302 1236	Office: 08 8302 1236	Office: 08 8302 1236

Appendix E – Participant information sheet

UniSA Research and Innovation Services

Information Sheet

Beth Keough-PhD Research on ageing & social wellbeing

I would like to take this opportunity to express my gratitude to you for agreeing to participate in my doctoral research studies. To give you some background on the relevance of this research, in coming decades, a considerable shift will occur in Australia's age structure, with notably older people and less people in the workforce age cohort. The objectives of this research were developed from the review of studies revealing some room for inquiry around the maintenance of community connections among ageing population groups and the various factors that contribute to sense of community and social engagement in Australia.

Social isolation is prevalent among older persons and research suggests that social interaction is very beneficial for the health and well-being of older people. The social opportunities and potential for isolation of those in rural localities compared to metropolitan localities can vary immensely and this research aims to present and investigation of the various issues and opportunities, along with some recommendations on how social engagement can be better facilitated in different settings.

The following is a list of the Overarching Research Questions and Objectives for my study:

- What is well-being? How is it influenced by socialisation/isolation?
- Are loneliness and social isolation more prevalent in older people? What are the causes?
- How does the local physical environment influence social outcomes, in home and in the greater community? I.e. benefits of getting older in a rural and metropolitan locality?
- How does the level of remoteness contribute to potential social isolation and/or loneliness?
- How do factors such as family structure, gender and ethnicity influence the well-being of older people and potential isolation?
- Recommendations: How can these issues can be managed into the future for the benefit of Australia's ageing population?

As part of this research I will be interviewing:

- Older persons (aged 65 years and above), family members of some of those interviewees, aged care service providers and relevant government stakeholders (both local and state government)

To gain a broad perspective of various metropolitan and rural areas I will be targeting participants form the following areas or towns:

- Metro Areas: City of Holdfast Bay, City of Burnside, City of Playford.
- Rural/Regional Areas: Murray Bridge, Victor Harbor, Jamestown.

For the older participants, the interview will commence with a short demographic questionnaire, a short survey on loneliness, followed by a set of semi-structured interviews to

encourage participants to discuss their personal situations, their opinions about their local area and how it accommodates their needs. For family members, aged care services providers and government stakeholders, the questions will investigate their role in ageing and/or community policy, or the daily lives of older people.

The interview should take no longer than one hour, depending on how much you want to chat and how passionate you are about these issues, there is no time limit! Your participation in this research is voluntary and you may withdraw from the interview at any time if you wish.

The interview will be recorded but care will be taken to ensure that you cannot be personally identified in project outputs. The data that is recorded will be stored on a computer portable hard drive for 5 years in a lock up filing cabinet at my desk, my desk is in a locked office; Room BJ 2-53 at the City East campus of the University of South Australia. After 5 years the data will be destroyed. Only I and potentially my primary supervisor will have access to this data. Further to that, Pseudonyms will be used when reporting on the findings to ensure that no interview participant can be identified.

A copy of a summary of the findings of this research can be posted to you should you request it. The current expected time for publication of the final research findings and thesis is early 2017.

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.Allen@unisa.edu.au

If you have any further questions about the research in general please contact myself:

Bethany Keough
PhD Candidate (Doctor of Philosophy)
School of Art, Architecture and Design
University of South Australia, City East BJ 2-51

Ph: (08) 8302 1236 email: bethany.keough@mymail.unisa.edu.au

Or my Primary Supervisor:

Dr Alpana Sivam
School of Art, Architecture and Design
University of South Australia, City East BJ3-44
Ph: 08 8302 1263 email: alpana.sivam@unisa.edu.au

Appendix F – Basic demographic questionnaire

Participants name:……Participants ID:…

Beth Keough - PhD research on ageing and social wellbeing

BASIC DEMOGRAPHIC QUESTIONAIRE

To accurately consider the relevance of some of the issues we may discuss in this interview, it is important for me to gain some basic demographic information about you. I would appreciate you completing the following brief questionnaire.

1. What is your gender?

   Male Female

2. What is your current age? _____

3. What is your marital status?

   a. Now married b. Widowed c. Divorced

   d. Separated e. Never married

4. Have you completed higher education than high school? If so please describe your qualifications_____

   _____

   _____

5. What is your current work situation?

   a. Employed for wages
   b. Self-employed
   c. Out of work and looking for work
   d. Out of work but not currently looking for work
   e. A homemaker
   f. A student
   g. Retired
   h. Unable to work
   i. On a pension
   j. Other

   ……

   ……

6. Please describe your work…

7. Please describe your living situation….

    a. Your house is owned by you or someone in this household with a mortgage or loan
    b. You rent the house you live in
    c. You live in housing trust housing
    d. You live in an aged care facility
    e. Other (please describe)……..

8. Do you live with any other people
    a. Yes b. No
9. If yes….who do you live with (name your relationship with them)

    _____

    _____

    _____

10. Please select your household income?
    a. Less than $10,000
    b. $10,000 to $19,999
    c. $20,000 to $29,999
    d. $30,000 to $39,999
    e. $40,000 to $49,999
    f. $50,000 to $59,999
    g. $60,000 to $69,999
    h. $70,000 to $79,999
    i. $80,000 to $89,999
    j. $90,000 to $99,999
    k. $100,000 to $149,999
    l. $150,000 or more
11. Please describe your ethnicity or cultural background. I.e. where were you born, what is your first/native language?

    _____

    _____

    _____

    _____

Thank you for your time ☺

Appendix G – Loneliness Survey**LONELINESS SCALE**

Participant ID:…….. Date:……..

	Never	Rarely	Sometimes	Often	Everyday
1. How often do you feel that you lack companionship?					
2. How often do you feel alone					
3. How often do you feel left out					
4. How often do you feel that your relationships with others are not meaningful?					
5. How often do you feel isolated from others?					
6. How often do you feel you are part of a group of friends?					
7. How often do you feel you have a lot in common with people around you?					
8. How often do you feel close to people?					
9. How often do you feel that there are people to talk to or ask for help?					
10. How often do you feel friendly and outgoing?					

11. Please comment on how these feelings might have changed throughout different stages of your life and at different ages?

.....
.....

12. Do you feel lonelier as you grow older?

.....
.....

Appendix H – Consent form

UniSA Research and Innovation Services

CONSENT FORM

Beth Keough - PhD research on Ageing and Social Wellbeing

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee, Tel: +61 8 8302 3118; Email: Vicki.Allen@unisa.edu.au

Section 1: Contact and Project Details

Researcher's Full Name:	MISS BETHANY KEOUGH	
Contact Details:	**ph:** [redacted]	**email:** bethany.keough@mymail.unisa.edu.au
Supervisor's Full Name:	DR ALPANA SIVAM	
Contact Details:	**ph:** 8302 1850	**email:** alpana.sivam@unisa.edu.au
Participant ID:		
Project Title:	**The significance of social networks/interactions and locality for the wellbeing of older Australians.**	

Section 2: Participant Certification

in signing this form, I confirm that:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential. If other arrangements have been

agreed in relation to identification of research participants this point will require amendment to accurately reflect those arrangements.

- I understand that I will be audiotaped during the interview.
- I understand that the audio recording will be stored on the computer of the abovementioned researcher and will be used only for their personal research purposes and accessed by them and their supervisor alone. The recording with be destroyed within 5 years of the research submission.

Participant Certification		
Participant Signature	***Printed Name***	***Date***
Researcher Certification		
I have explained the study to subject and consider that he/she understands what is involved.		
Researcher Signature	***Printed Name***	***Date***

Appendix I – Older participant interview questions

Beth Keough - PhD research on ageing and social wellbeing

The older individual (metropolitan or rural):

The interview will commence with run through of the consent form and information sheet so the participant understands the purpose of the research entirely. Then they will be asked to compete a brief, demographically oriented questionnaire confirming their age, employment situation, income status, education history, living arrangements, ethnicity and family structure to gage the best possible illustration of the individual's life circumstances. This will be followed by a lengthy discussion guided by the following questions:

Current situation:
• What is your current living situation, i.e. where do you live, who do you live with and how long have you been in this situation? • Do you think this living situation is suited to your life at the moment in terms of the right access to services, family and friends, your current health status etc. • Do you perceive a need for this situation to change at any time in the near or distant future? • Are you happy with your current living situation in general?
Isolation and Loneliness:
• Do you consider yourself to be isolated in any way and if so can you define what that means to you? • Do you think social isolation is something that may become more apparent for you as you get older? • Are you at all concerned about your experience of loneliness and or isolation as you get older? • How much social interaction would you say you engage in on a weekly basis….i.e. - list what family members, friends, groups etc. Are seen regularly and what types of activities you may engage in with them. • Do you wish you had more interactions with family, friends, and community groups? • Do you feel lonely a lot or on occasions? • What does the word loneliness mean to you, can you describe how it makes you feel and any further negative repercussion's that flow on from that feeling of loneliness? • What sorts of situations trigger feelings of loneliness? • Do you currently have any solutions to your loneliness or is there something you think could be done to better improve your feelings of loneliness, i.e. more help from family.
Local Community and Environmental Factors:
• Do you feel positive about your local community and your involvement therein? • What community groups and activities do you engage in and how do you think they contribute to your social well-being? • Do you find there are good opportunities for social interactions in your local community? • Do you think your location contributes substantially to your social interactions? • Do you think the area you live in accommodates older people in the community well? • If not what would you like to see changed in your local community to accommodate the older generations and better facilitate social interaction? • What are your reasons for living in that local environment and what do you see as the major benefits and shortfalls of where you live?
Assistance:

- Do you receive any personal assistance with aged care, i.e. transport, in home help
- How does this assistance contribute to your social well-being?
- Do you think the way that this in home help is managed is helpful to you i.e. do you wish it were more or less?
- Do you have any suggestions about how this type of in home help could be better managed or improved to ensure that services best meet your needs?
- Do you like the idea of ageing in your own home for as long as possible?
- If so why and what do you think needs to be done to help facilitate this process.
- Do you seek informal assistance from family members?
- If so, does this involve more instrumental support, like assistance with daily tasks or things around the home?...Or emotional support through conversations in person or even from a long distance over the phone.
- How do these forms of support impact on your relationship with those family members?
- What do you think are the positives and negatives of ageing where you are and the services you can see that are available to you?
- Do you have any suggestions about how certain facilities, or services could be improved in your local community to better accommodate older people?

Appendix J – Aged care worker interview questions

Beth Keough - PhD research on ageing and social Wellbeing

Aged care service provider (metropolitan or rural):

The interview will commence with run through of the consent form and information sheet so the participant understands the purpose of the research entirely. This will be followed by a lengthy discussion guided by the following questions:

Current situation:
• What is your job role as an aged care service provider? • How many hours per week do you spend in this role and how many clients do you see? • Please describe in detail the types of services you and your organisation provide for the elderly. • Do you think more could be done or better services could be provided for elderly people to meet their needs, particularly for those you think might be marginalised in any way? • Do you think there are a lot of older people who miss out on receiving the correct age care services because they aren't aware of them or are reluctant to get help? • What are your opinions about why this might occur? • Do you think more could be done by your organisation, other organisations or government in general to improve the service provision situation for older persons.
Isolation and Loneliness:
• Do you think in general you visit a lot of clients that are experiencing a certain level of loneliness and/or isolation? • If so what do you perceive to be the main contributing factors to that loneliness and isolation? • From your observation does this seem to get worse as individuals get older? • How much social interaction would you say the average client has and how does your role in their life assist with that interaction? I.e. do you encourage them to engage in your organisations social groups or other social activities and does your organisation offer transport or anything along those lines to better facilitate access to such activities? • What do you think could be done to better improve social interaction/engagement amongst those who might be experiencing some isolation or loneliness? • What sorts of things have you seen individual clients do to help buffer their experience of social isolation and loneliness? i.e. do they rely heavily on friends and family to support them? • What other issues do you think impact on the well-being of the elderly from your observations? Whether it is within their private homes or in the greater community.
Local Community and Environmental Factors:
• Do you find there are a good amount of opportunities for social interaction for the elderly in the community that you work in? • Are you aware of any sorts of services that might be on offer to assist in the social wellbeing of the elderly? I.e. transport to community groups for those who might not be able to drive. • Do you think the community you work in accommodates older people well? • If not what would you like to see changed within the community to accommodate the ageing population and facilitate better interaction? • What does your organisation offer to contribute to this? How could this approach could be improved?

Appendix K – Community Development Interview Questions

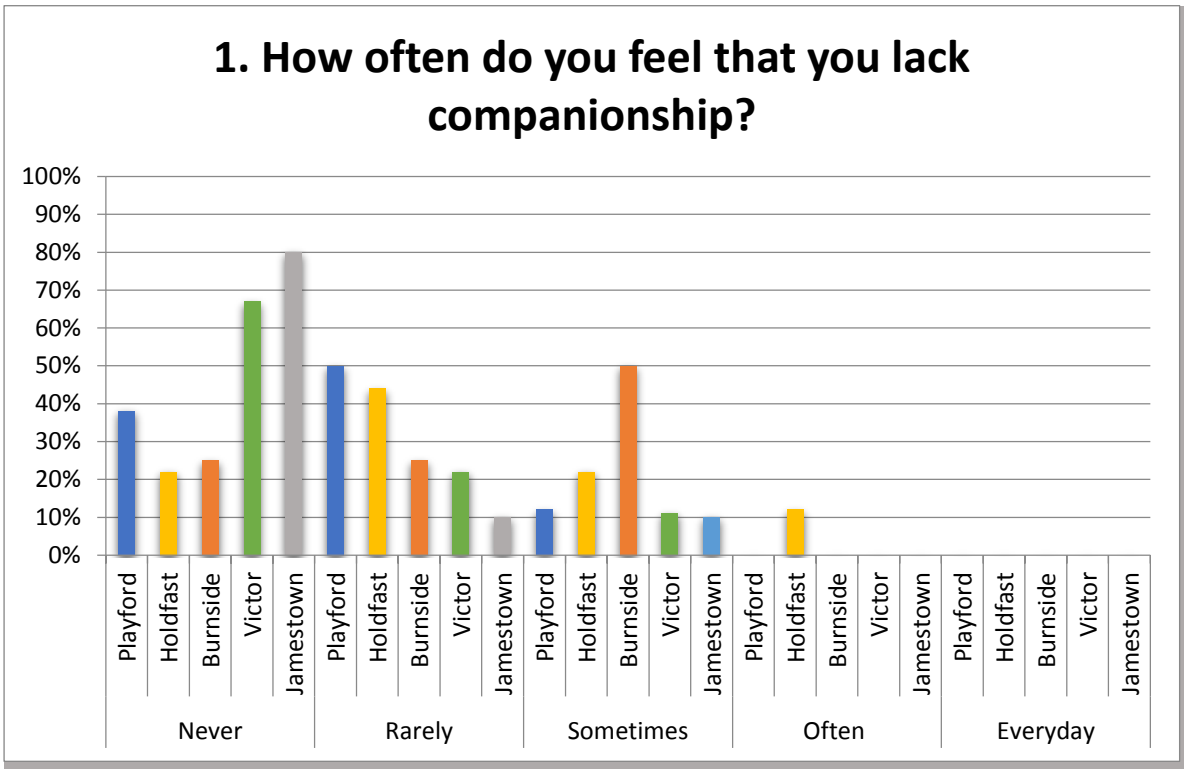
Beth Keough - PhD research on ageing and social wellbeing

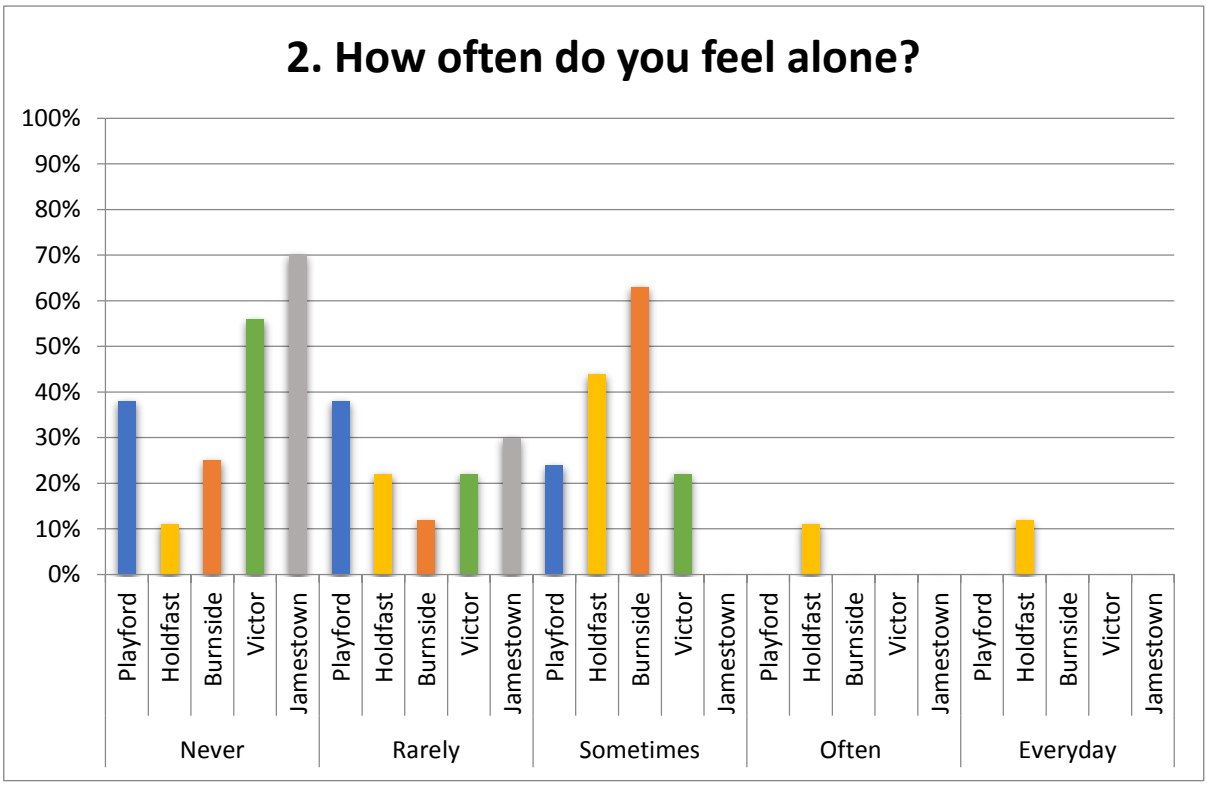
Community Development officer (metropolitan or rural):

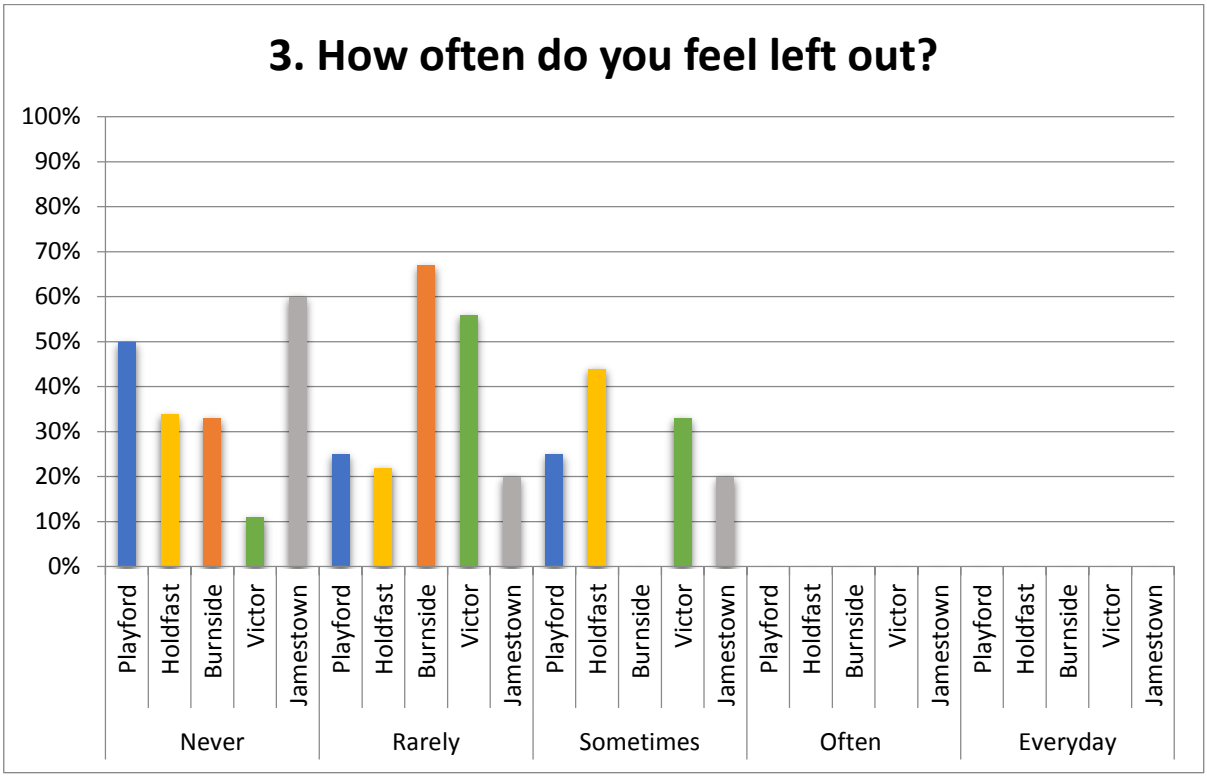
The interview will commence with a brief questionnaire confirming the participants' job role and description of the services provided by the organisation they work for to identify how they impact on the wellbeing and care of elderly citizens in their local community. This will be followed by a lengthy discussion guided by the following questions:

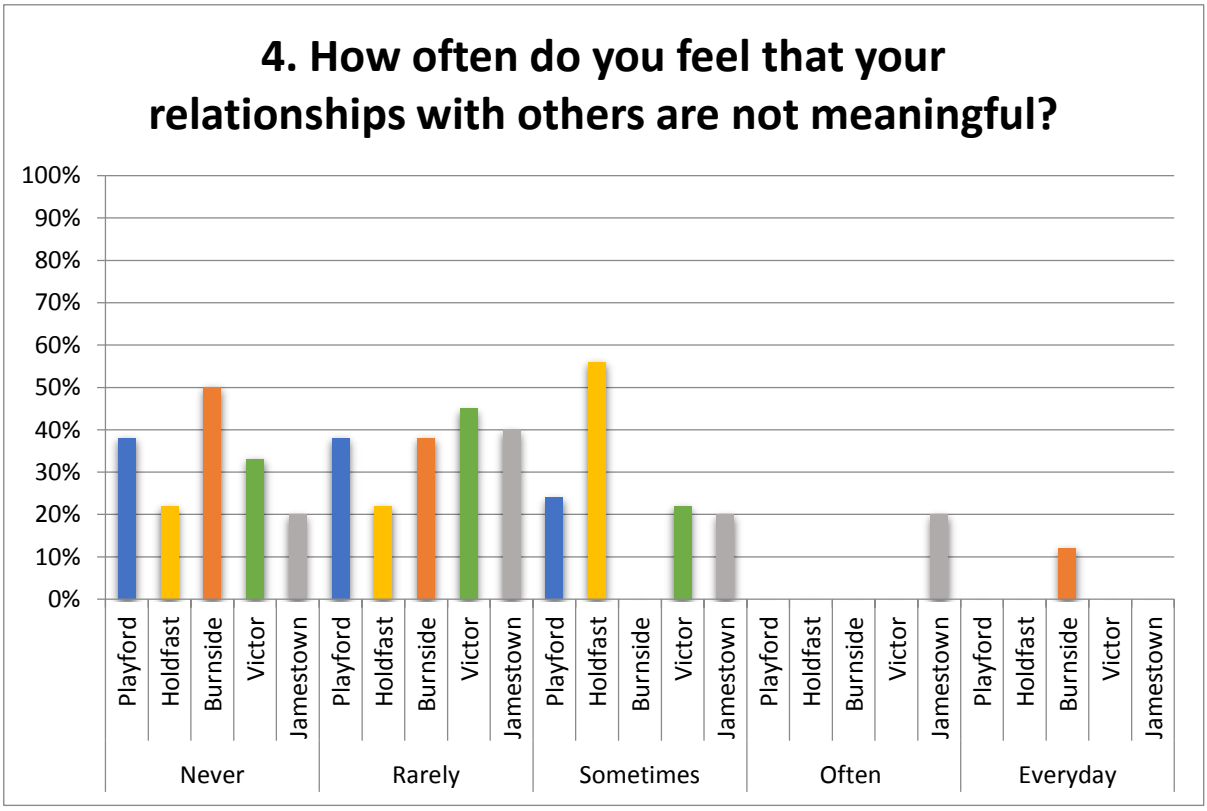
Current situation:
• What is your current position and for what organisation? • What does your organisation do in terms of social/community engagement, and from this perspective what do you view as the main issues for the ageing population?
Socialising and Age friendliness:
• What services and groups does your organisation currently have in place to facilitate community engagement with older persons and are they successful from your point of view? I.e. please list some organisations/groups/programs. • Do you think these are successful in engaging older people in varying circumstances (i.e. cultural, health, financial) and if not how could they be improved? • What do you see as the major issues and concerns for dealing with the ageing population? • Do you think there will be a shift in expectations for services as the Baby Boomer generation moves into older age, compared to previous older generations? • What sort of policies are currently in place to address the predominantly ageing population and what changes do you think need to be made for the future given that the ageing population will substantially grow in coming decades? • How do you think such changes could best be implemented? • Do you think the local environment is age friendly? • If so, what physical/community conditions make it age friendly? • Are older people generally engaged in civic activities and political endeavours locally? • Are you concerned about potential isolation/loneliness for older persons in the community? • Do you have any suggestions about how isolation/loneliness in older people could be better managed? • How do you think the nature of the local environment might contribute to isolation/loneliness i.e. city versus metropolitan versus rural living? • How do you think built form contributes to the experience access for older individuals? • What significance do you see in your own job role in terms of potential to influence and manage issues related to the ageing population? • Do you perceive the social well-being of elderly citizens to be a key issue for society as a whole and if so why?

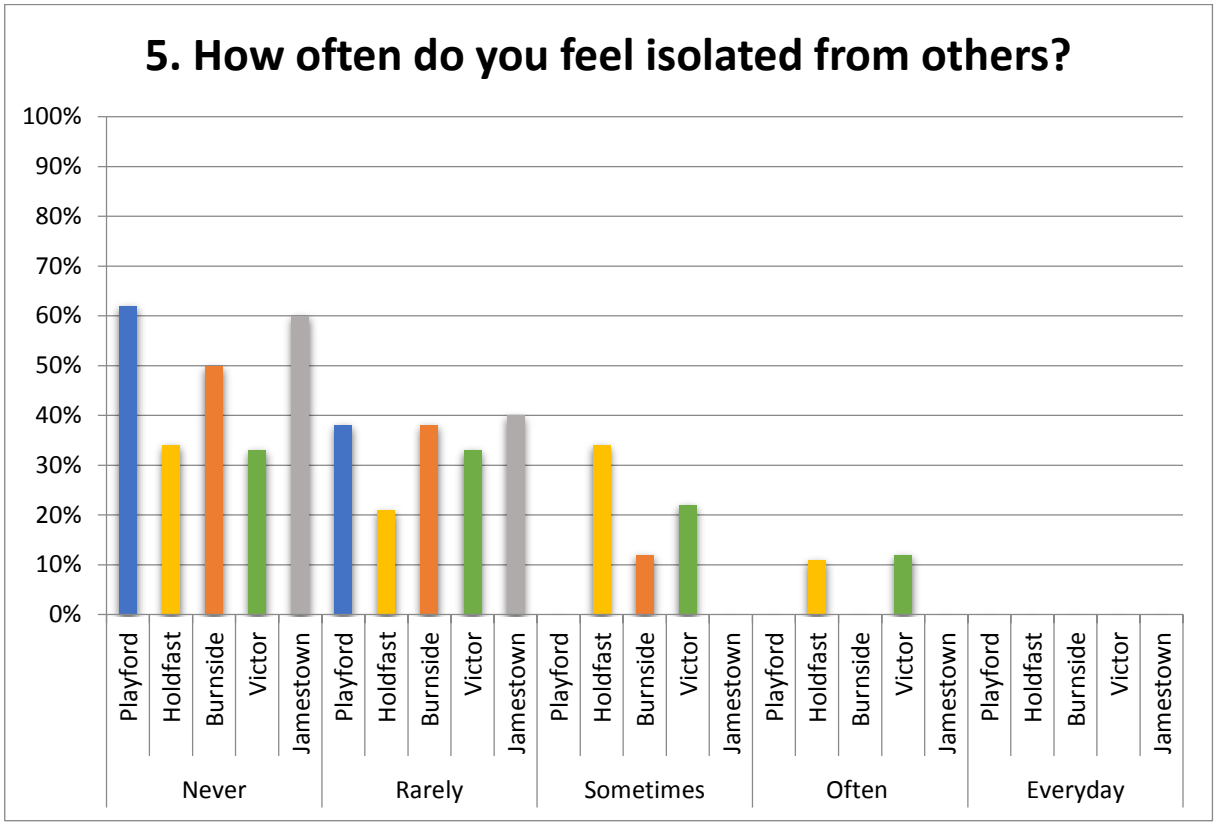
Appendix L - Responses to ten question Likert Scale Loneliness Survey (based on UCLA loneliness scale) for all case study areas

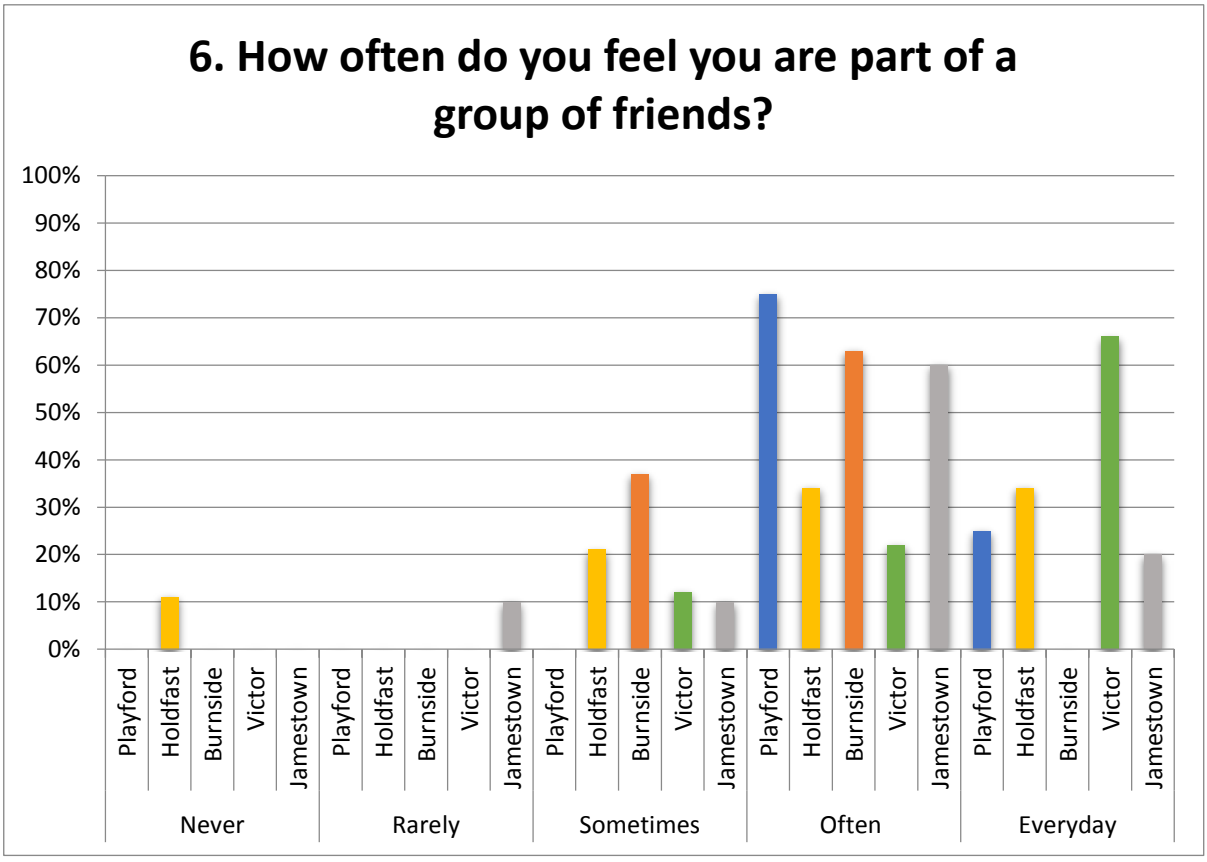


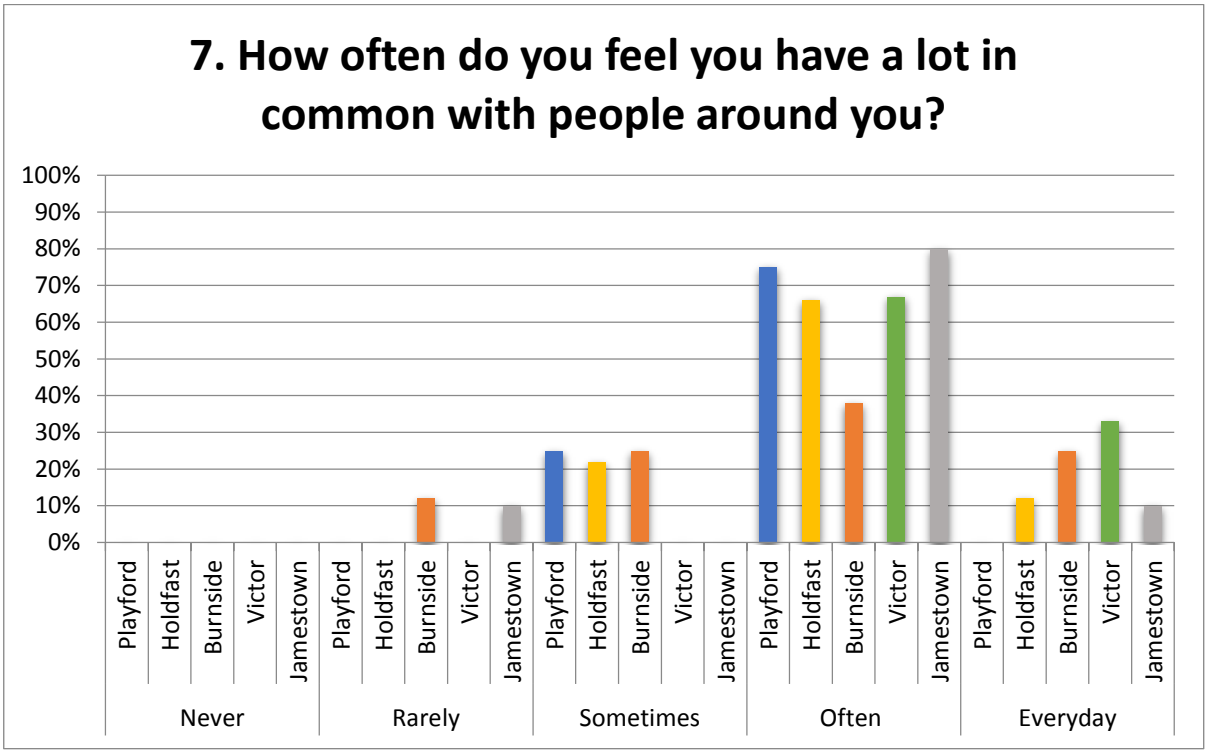


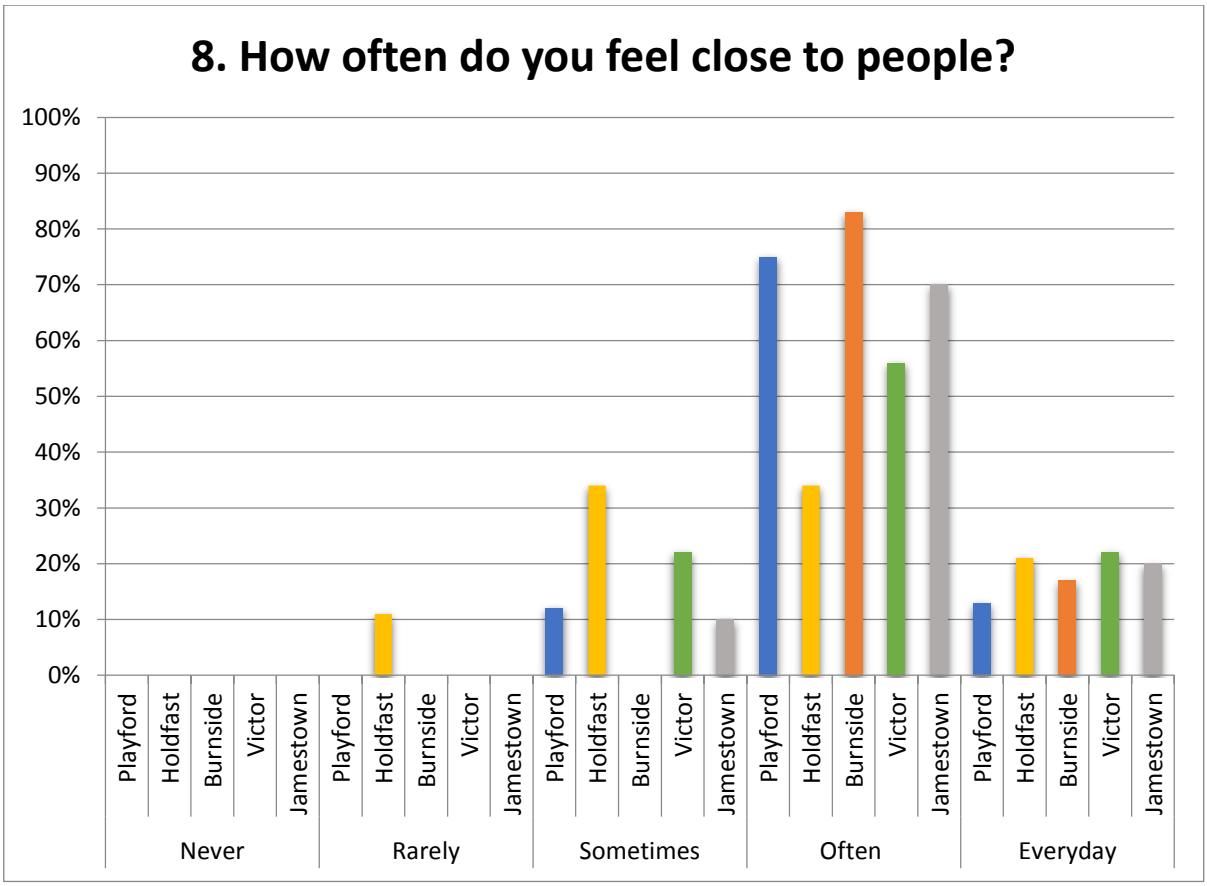

3. How often do you feel left out?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday

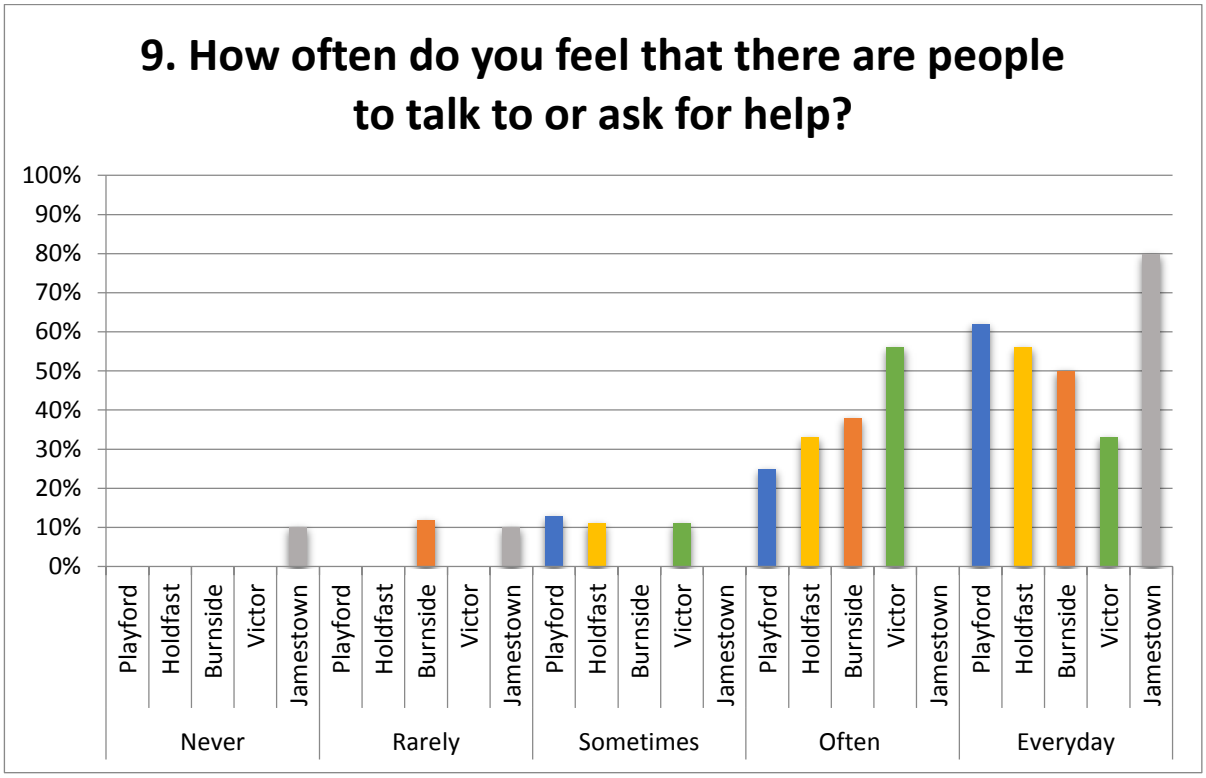

4. How often do you feel that your relationships with others are not meaningful?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday

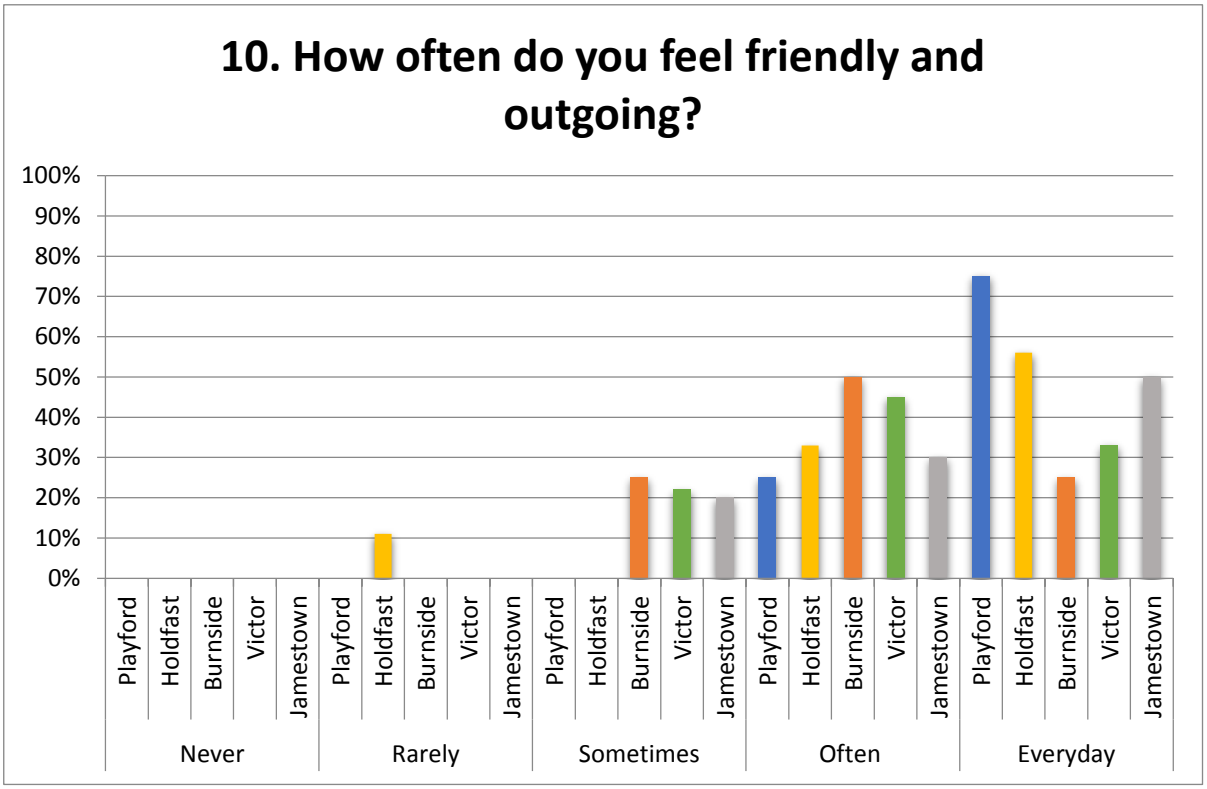

5. How often do you feel isolated from others?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday


6. How often do you feel you are part of a group of friends?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday


7. How often do you feel you have a lot in common with people around you?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday


8. How often do you feel close to people?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday


9. How often do you feel that there are people to talk to or ask for help?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday


10. How often do you feel friendly and outgoing?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Playford
Holdfast
Burnside
Victor
Jamestown
Never
Rarely
Sometimes
Often
Everyday