



# Breaking Down the Wall

## Barriers to social inclusion amongst older Australians

**A REPORT BY NORTHSIDE COMMUNITY SERVICE CANBERRA A.C.T. May 2010**

---

## **TABLE OF CONTENTS**

List of Figures	3
List of Tables	3
<b>EXECUTIVE SUMMARY</b>	<b>4</b>
<b>INTRODUCTION</b>	<b>5</b>
Background - An Ageing Population	5
Objectives	6
<b>METHODOLOGY</b>	<b>6</b>
Volunteer Recruitment and Training	7
Research Methods	7
Literature Review	7
Consultation with Older Community Members	8
Survey	8
Ethical Considerations	9
<b>LITERATURE REVIEW</b>	<b>10</b>
Defining Social Inclusion and Exclusion	10
Barriers to Social Inclusion	11
<b>FINDINGS</b>	<b>14</b>
Demographics	14
Social Interactions	16
Extent of Social Exclusion	20
Barriers to Social Inclusion	24
Health and Disability	25
Marital Status	27
Retirement	28
Income	29
Transport	31
Housing and Infrastructure	32
Access to Information and Staying Informed	33
Community Connections	35
Being a Carer	37
Being Culturally and Linguistically Diverse	39
Aboriginal and Torres Strait Islander People	41

<b>WHAT THE COMMUNITY WANTS</b>	<b>44</b>
Principles to Consider when Developing Projects	44
Needs and Desired Assistance	45
Increased knowledge about social and community activities	45
Information Technology	46
Community participation and social networks	46
Transport & Infrastructure	46
Support for single and widowed people	47
Encouraging independence and perceptions of older people	47
Pre-retirement planning	48
<b>REFERENCES</b>	<b>49</b>

## LIST OF FIGURES

Figure 1: Identity	15
Figure 2: Marital Status	15
Figure 3: Main Source of Income	16
Figure 4: Living Arrangements	16
Figure 5: Types of Social Activities	17
Figure 6: Frequency of Attending Social Activities per Fortnight	17
Figure 7: Interactions with Family and Friends	18
Figure 8: Desire for Increased Interaction with Family and Friends	18
Figure 9: Ways of Keeping in Touch with Family and Friends	19
Figure 10: Self-perceived Level of Social Exclusion	20
Figure 11: Self-perceived Concern for Future Social Exclusion	23
Figure 12: Summary Barriers to Social Inclusion	24
Figure 13: Experience of Age Related Disability	26
Figure 14: Social Exclusion by Marital Status	27
Figure 15: Desired Support in Pre-Retirement Planning	29
Figure 16: Main Mode of Transport	31
Figure 17: Difficulty with Transport	31
Figure 18: Internet Usage	33
Figure 19: Desire for Increased Internet Usage	34
Figure 20 : Barriers to Internet Usage	34
Figure 21: Being a Carer by Social Exclusion	37
Figure 22: Effect of Caring for Someone on Social Participation	38
Figure 23: Summary of Barriers to Social Inclusion amongst CaLD Persons	39
Figure 24: Social Exclusion amongst CaLD Participants	40
Figure 25: Barriers to Social Inclusion amongst Indigenous Persons	42

## LIST OF TABLES

Table 1: Gender by Age	14
Table 2: Frequency of Attending Social Activities by Gender	18
Table 3: Social Exclusion by Interaction with Family and Friends	19
Table 4: Social Exclusion by Gender	21
Table 5: Social Exclusion by Age	22
Table 6: Social Exclusion by Identity	23
Table 7: Self-perceived Health by Social Exclusion	25
Table 8: Social Exclusion by Age Related Disability	26
Table 9: Social Exclusion by Income Source	30
Table 10: Perceptions of Local Community	35
Table 11: Social Exclusion by Time to Respond to Personal Needs	37
Table 12: Carers Support Received	38
Table 13: Indigenous Community Perceptions	43

## EXECUTIVE SUMMARY

This research project 'Breaking Down the Wall: Barriers to Social Inclusion amongst Older Australians' commenced in April 2009. This community research project was undertaken by Northside Community Service (NCS) with the objective of exploring the key factors that affect and prevent social and community participation of older people living in the inner North of Canberra.

NCS has long recognised the vital role that older people play as active participatory citizens and the significant contribution to many aspects of our communities' prosperity, by providing an abundance of knowledge, skills and experience.

Australia has a rapidly ageing population, with 13% of Australia's population aged over 65 years and projected to double by 2050. This staggering figure will have serious implications on local ACT policy, resource distribution and service provision to ensure the social inclusion of older people.

In response to this and with the aim of better serving and engaging with older people, over the past 12 months NCS have been conducting a research project aimed at identifying the barriers to social inclusion amongst older Australians in our service area. Furthermore, NCS is committed to building a stronger community, responding quickly and effectively to the changing and diverse needs of the communities in which we work.

The research project was undertaken with the following objectives in mind:

- To provide improved quantitative and qualitative data about social inclusion among older people in the Inner North, to inform policy development.
- To explore and develop more appropriately targeted strategies to enhance current service provision to older people in the inner North by non-government and government agencies.
- To increase community connectedness among the volunteer researchers.
- To increase the self-esteem among the volunteer researchers.

These results and the associated research will provide vital input into future programs directed at increasing participation by older members of Canberra's Inner North community. While they are specific to Northside's jurisdiction the results may also provide useful input for other community sector organisations and government in developing responses to the challenge of social isolation.

Finally, I would like to acknowledge that the successful completion of this project is attributed to the participation and cooperation of community members and community elders. Our sincere thanks go to the respondents and the volunteers who gave of their time. In addition I would like to recognise the efforts of Northside staff in their conduct of the research and production of this report.

### **Adele Chadwick**

Chief Executive Officer  
Northside Community Service  
May 2010.

## INTRODUCTION

The issue of social inclusion and its inverse social exclusion, amongst older people in Australia now features prominently in ageing strategies at all levels of government.

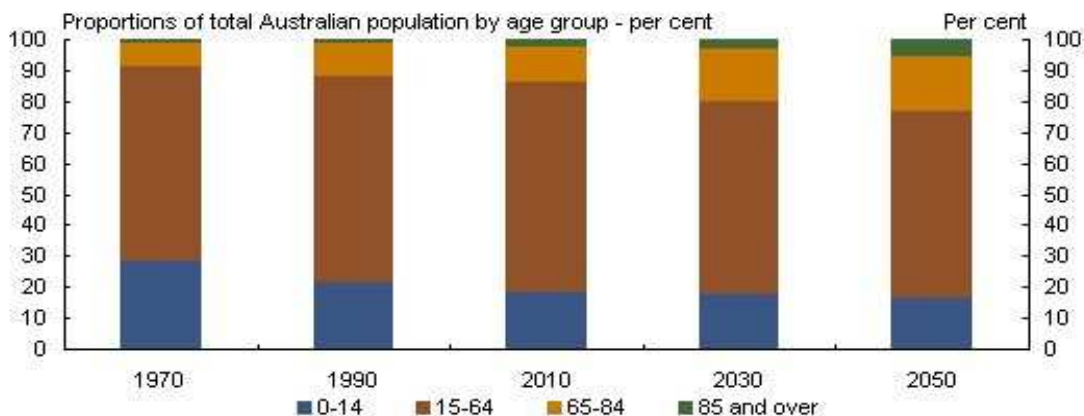
At Territory level, the ACT Government in its five (5) year plan on healthy ageing 'The ACT Strategic Plan for Positive Ageing 2010-2014' (Department of Disability, Housing and Community Services (DHCS), 2010) has stated that social inclusion, participation and self-fulfilment are fundamental to overall quality of life. As such, the ACT Government has made these issues key priorities for the next 5 years.

This community project funded by DHCS was developed in response to the ACT's ageing population and to explore the key factors that prevent social and community participation of older people living in the Inner North of Canberra.

### An Ageing Population

Australia has a rapidly ageing population which is expected to more than double by 2050. Currently, older people (65 to 84 years) represent approximately 13% of Australia's population. This is largely due to the declining birth rates and the ageing of the 'baby boomer' generation. It is projected that the proportion of the population who are aged over 65 years will increase to 23% by June 2050.<sup>1</sup>

#### Proportions of total Australian population in different age groups



Source: Intergenerational Report 2010, Department of Treasury, Canberra: Commonwealth of Australia, Chart 1.6

Similarly, within the ACT it is expected that the population of people aged 60 years and over will increase from 15.8% in 2010 to 22% by 2030.<sup>2</sup>

These estimates hold considerable social and economic implications for Australians of all ages. Significant changes are needed in local ACT policy, resource distribution and service provision to ensure the social inclusion of older people.

<sup>1</sup> Intergenerational Report 2010, Department of Treasury, Canberra: Commonwealth of Australia

<sup>2</sup> ACT Auditor-Generals Office, 'The Aged Care Assessment Program and The Home and Community Care Program' *Performance Audit Report*, Canberra, ACT, 2007, p.2.

The issues of social inclusion and experience of social exclusion are not unique to older people; they affect people of all ages. However, the occurrence of social exclusion is a particularly important issue in the later years of life as several key life events and various factors can impact on the social participation of older people, thereby influencing an older person's chance of becoming socially excluded. Such factors and events include, but are not limited to; bereavement, living alone, health problems, being a carer, transport, housing, income, access to services, social support and networks.

Within the Inner North there is great diversity within the older population in regards to cultural heritage, life experiences, lifestyle and well-being. It is important to recognise the vital role that older people play as active participatory citizens, and the abundance of knowledge and skills that can be utilised within the local Inner North community.

NCS will continue to work towards supporting older people to optimise their autonomy live independently in their homes, so they can lead full and active lives, participating in all aspects of the local and wider community.

## **Objectives**

The objectives of this study were to:

- Provide improved quantitative and qualitative data about social inclusion among older people in the Inner North, in order to inform policy development;
- Explore and develop more appropriately targeted strategies to enhance current service provision to older people in the Inner North by non-government and government agencies;
- Increase community connectedness among the volunteer researchers;
- Increase the self-esteem among the volunteer researchers.

## **METHODOLOGY**

A Participatory Action Research (PAR) approach was utilised in this study. The PAR approach was selected for its strength in engaging community members, as co-researchers and active participants in contributing to the outcomes through their own research experience. The aim is to involve relevant parties to examine current action (in this case, the issue of social inclusion) in order to improve it.

By involving the relevant parties, it removes the bias of one group of people imposing on another group what is thought to be best for them. The process encourages involvement by those who are affected to further understand the issue and work toward their own solutions. For this purpose, volunteers were recruited from the community of older Canberrans residing in the Inner North.

## **Volunteer Recruitment**

Four (4) volunteers were recruited through two (2) main sources:

- Existing NCS client base; and
- Local Inner North media outlets.

Applications were received for the volunteer positions very soon after the advertisement was placed, indicating significant interest amongst older people within the Inner North.

The volunteers participated in all aspects of the research project and facilitated the community consultations. They were trained to develop and apply survey tools, and to collect and collate data. Throughout the project the volunteers were involved in regular meetings and evaluation of the research methods used. Furthermore, they assisted with the compilation of the project report and presentation to stakeholders.

## **Research Methods**

The PAR approach employed three (3) methods of research:

- Review of both local and International literature on social inclusion amongst older people,
- Consultations and interviews with 63 older community members,
- Survey completion by 220 older members of the community.

All participants in this study were recruited from the community of older Canberrans living in the Inner North.

## **Literature Review**

A review of local, National and International literature was carried out in order to provide a greater understanding of the dimensions of social inclusion, and its inverse, social exclusion.

More specifically, the literature review provided background information on:

- Commonly adapted definitions of the terms 'social inclusion' and 'social exclusion'
- Key risk factors to social exclusion
- The consequences and dangers of becoming socially excluded amongst older people
- The effects of longer term social exclusion
- The extent of social inclusion (and its inverse exclusion) amongst older people

The findings from the literature review formed the focus of the community consultations and survey.

## **Consultation with older community members**

The community consultations acted to elicit the views of older community members living in the Inner North, capturing the experiences and issues they faced regarding social inclusion and social participation.

The consultations involved both one-on-one interviews and focus group discussions. These two (2) methods were used in order to allow participants greater autonomy in choosing the type of participation they wished to engage in, so as to avoid discomfort due to the sensitive nature of the topics discussed. The consultations were facilitated by the volunteer researchers.

The discussions gave participants an opportunity to express their views in an open forum and participate in providing their opinions about program development.

To obtain an even cross section, the study aimed to represent the diversity of people living in the Inner North including people from Culturally and Linguistically Diverse (CaLD) or Indigenous backgrounds, people with a disability, primary carers, low income earners, and people residing in public housing. The target group also included a mixture of 'younger old' and 'older old' participants, and those who received community and government services.

The consultations and interviews were semi-structured with a list of guiding topics and questions; however participants were encouraged to discuss the issues that were most important to them. They explored their perceived level of social connectedness, social exclusion and any barriers they experienced to social participation. The key topics discussed included; current health and wellbeing, work and retirement, marital status, housing, social support and networks, current social interactions, community participation, community connectedness, access to information and services, barriers to accessing mainstream services, and desires around social inclusion and community projects.

Participants were recruited through a variety of networks, clubs, groups and community organisations providing services throughout the Inner North. Particular attention was paid to identify respondents who were more at risk of experiencing barriers to social inclusion and low social participation.

## **Survey**

A survey was developed to complement the consultations and to provide quantitative data in support of the discussions. It also allowed for a greater overall response to the social issues that affect older people in the Inner North. 220 people living in the Inner North completed the survey.

In line with the consultations, the themes discussed in the survey covered health and wellbeing, work and retirement, social support and networks, social interactions, community participation, community connectedness, barriers to social participation, and desires around social inclusion and community projects.

As the volunteer researchers were from the age demographic being surveyed, they were able to effectively contribute to the development of the survey, and in identifying respondents. The survey was then tested on 10 community members over the age of 60 years. The participants provided comments on the structure, content and wording of the survey, as well as its practical application. The survey was then reviewed and adjustments made accordingly.

The survey was advertised through a variety of networks, media outlets, clubs, groups and community organisations throughout the Inner North. Particular attention was paid to identify respondents who were more at risk of experiencing barriers to social inclusion and low social participation. To ensure the successful response from community members who were at risk of social exclusion and those who were not connected to clubs, social groups or community organisations, the survey was also advertised at the Dickson shopping precinct.

Volunteer researchers set up a stall at Dickson Shops on three (3) occasions advertising the survey. People were informed about the research project and were able to either complete the survey on the spot or take it home and post it back. This method of data collection was found to be highly successful with 50% of respondents completing the survey through this promotional tool.

### **Ethical Considerations**

This research project meets requirements of the National Statement on Ethical Conduct in Human Research 2007. NCS determined that this project is categorised as *negligible risk research*, and is ethically acceptable.

## LITERATURE REVIEW

Ageing is a complex and multifaceted journey that can take many different directions and experiences. It is well known that social inclusion and social participation are fundamental components of quality of life, however the extent and nature of it varies with each individual. This literature review provides an overview of the underlying issues of social inclusion.

### Defining Social Inclusion

The term social inclusion has taken on many different definitions over time, and has encompassed a range of ideas and policy objectives.

The Australian Government considers being socially included as, *'ensuring people have the resources (skills and assets, including good health), opportunities and capabilities they need to: learn, work, engage and have a voice.'* (Australian Government Social Inclusion Unit, 2010)

The UK development Trusts Association define Inclusion as *'a process involving a range of policies aimed at promoting equality of opportunity, maintaining social cohesion, building social capital and minimising social exclusion.'*

Moreover, the UK Social Exclusion Taskforce have adopted the following definition of social exclusion amongst older people:

*'a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown' (United Kingdom's Cabinet Office)*

*Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al. 2007).*

The European Union Eurostat Taskforce on Social Exclusion and Poverty Statistics define social exclusion as:

*'Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from jobs, income and education and training opportunities, as well as social and community networks and activities. They have little access to power and decision-making bodies and thus feel powerless and unable*

*to take control over the decisions that affect their day-to-day lives.’(European Union’s Taskforce on Social Exclusion and Poverty Statistics, 1998)*

Additionally, through conducting research several other associated terms were identified such as social isolation, community participation, social capital and social cohesion; all of which are separate yet closely related issues.

Despite the myriad of definitions there is no single absolute definition of social exclusion. The problem with defining and measuring social exclusion lies in the determination of which barriers are considered as risk factors of social exclusion and how they can be related to one another.

## Barriers to Social Inclusion

Social exclusion is a complex and multidimensional issue of which the extent varies with key life changes and experiences. It extends the concept of inequality and is the result of a build up of problems across several aspects of life. Older people can face a range of risk factors that can lead to social exclusion, for example, age, health, mobility, low income, being a carer, limited contact with people, transport difficulties and cultural background. (Age concern, 2009)

Increasing age has been identified as a risk of social exclusion from social interactions, service provision and material consumption. Exclusion from services and material consumption have shown a strong relationship in people aged over 80 years. Studies have suggested that almost one third of people aged over 80 years were found to be excluded on basic services in comparison to only one in 20 amongst people aged 50-59 years. Social exclusion from personal relationships also demonstrated a strong association with increasing age, as a quarter of people aged over 80 years experience this barrier in comparison to only 9% amongst people aged 50-59 years (Naughtin 2008). Further studies have identified a cumulative trend in social exclusion amongst older people. The experience of social exclusion in the later years of life can be quite acute and it is extremely difficult to break the cycle of social exclusion amongst the ‘older old’ and may worsen. It was shown that people on low income, living alone, and suffering from depression were more likely to experience multiple dimensions of social exclusion (Scarf *et al.* 2005).

Key life changes or loss can also lead to social exclusion and isolation. The loss of health is an important factor in determining social exclusion, with older and frail people more at risk. The loss of health can arise through increased disability and falls, loss of hearing and eyesight and loss of mobility. Other forms of loss include the loss of personal relationships such as the loss of a partner, loss of children and relocation (Findlay and Cartwright 2002).

Having easy access to transport be it private or public, is extremely important to a person’s ability to access services and participate in social activities. (Office of the Deputy Prime Minister, 2006) A lack of transport can also impact on a person’s independence, choice and feelings of self-worth. Deteriorating health status limits a

person's choice of transport options and difficulty accessing appropriate transport options can be a major cause of social exclusion. (Kimberly and Simons 2009) Difficulty getting on and off public transport, due to poor lighting and high steps may result in older people avoiding public transport options due to fear of falls and safety.

Income has long been identified as an important factor necessary to meet basic human needs and successful social integration. Financial stress is strongly linked to lower levels of social participation as it often prevents people from participating in social activities that bring pleasure. Financial restrictions are strongly associated with limited mobility and transport, one of the defining factors propagating social exclusion (Waterhouse and Angley 2005). It is also important to note that amongst older people who are not in the paid workforce, social relationships and support networks are fundamental components of social participation.

Social relationships and participation are important for the social inclusion of older people. The frequency and quality of contact with family and friends can determine one's quality of life, affect self confidence and lead to depression. The level of social participation and community engagement amongst older people depends on numerous factors including health, mobility, transport, safety, access to services and information and geographical location (Kimberly and Simons 2009) Active social involvement can lead to better health outcomes, as those who are engaged in their community are healthier and may have a lower risk of entering aged care (House of Representatives Standing Committee on Health and Ageing, 2005).

People who are single, divorced or widowed or have never had children are at a higher risk of social exclusion. Living alone has also been identified as a risk factor for social exclusion (Wegner *et al.* 1996). However, it is important to note that low levels of social networks and connectedness do not always result in social exclusion as some people prefer lower social contact levels (Waterhouse and Angley, 2005). The ability to access information and general literacy are important components of a person's ability to participate in their community and have a positive impact on the quality of life of older people. The use of technology can help people stay in touch with family and friends; enable them to learn new skills; remain independent and take an active role in their community (Age Concern 2009).

Other factors that can have a negative effect on a person's ability to be socially active include safety, gender, attitudes towards seniors and being a carer. A feeling of lack of safety can lead to social exclusion as many older people do not leave their homes at night, due to fears of attack and assault. The relationship between gender and social exclusion is one of debate. Gardner *et al.* (1998) found that men were more likely to experience isolation, whereas Kunugi (1989) suggested that due to a women's longer life expectancy they are more likely to experience social isolation. Attitudes towards older people can deter a person from participating in social activities and prevent them from having meaningful relationships and interactions with their community.. Being a carer can also be a significant factor affecting a

persons' ability to be socially engaged they often feel exhausted and do not have time to socialize. (Cultural and Indigenous Research Centre Australia 2009)

It is also important to note that many risk factors can actually act as protective factors at the same time such as social networks, health, and income. For example adequate income can promote higher levels of social interaction whereas inadequate incomes pose a risk.

## FINDINGS

A number of key themes emerged consistently across the participant responses and have been organised as far as possible into these corresponding groups. However, from consultation with community members such a division is artificial, as the factors affecting social inclusion are complex and often interconnected.

It is also important to note that all questions in the survey were completely optional. In total 220 respondents participated in the study, and although participants were encouraged to complete all questions the extent of response varied. Due to this variance, although statistical comparisons will be made, percentages may not represent the same participants.

### Demographics

The demographic data describes the characteristics of the ageing population in the Inner North. In total, 220 people over the age of 60 years (over 45 years for Aboriginal and Torres Strait Islander people) participated in the study.

#### Gender and Age

Women constituted a large percentage (69.5%) of responses, while 30.5% were from men. The participants were spread across all age groups with the majority (45.6%) aged between 80 and 89 years. Furthermore, 25.1% were aged between 60 and 69 years, 38.6% between 70-79 years, and 2.3% over the age of 90 years. 4.7% of participants were aged between 45 and 59 years (exclusively Aboriginal and Torres Strait Islander participants).

Table 1: Gender by age

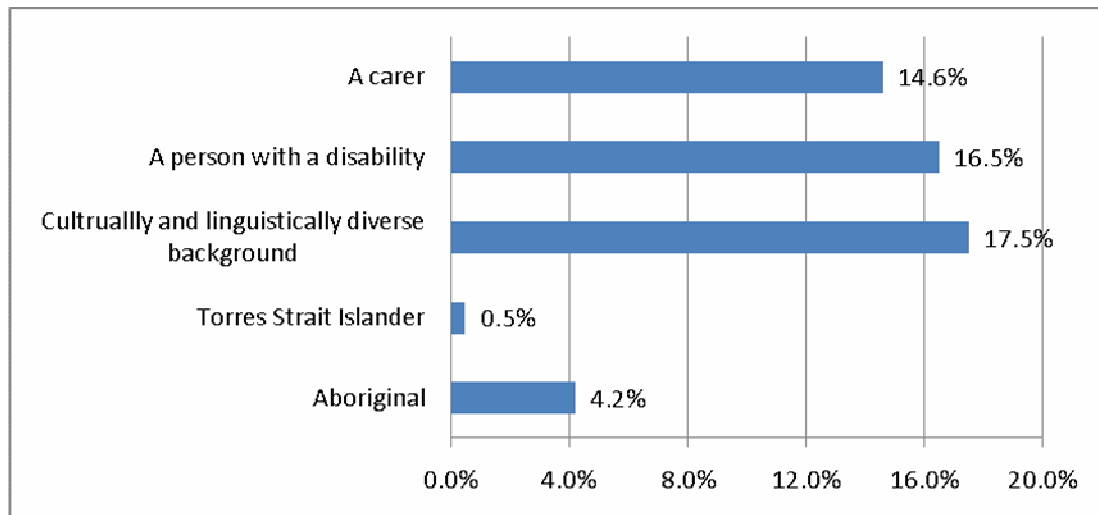
Age (years)	Gender		Total
	Male	Female	
<b>Percent of older Australians</b>			
45-49 *	1.5%	2.1%	1.9%
50-59 *	3.0%	2.8%	2.8%
60-69	30.3%	23.8%	25.1%
70-79	<b>39.4%</b>	<b>36.4%</b>	38.6%
80-89	24.2%	32.2%	<b>45.6%</b>
90+	1.5%	2.8%	2.3%

\* Aboriginal and Torres Strait Islander people only

## Identity

The Indigenous and CaLD populations were well represented with 4.2% identifying as Aboriginal, 0.5% as Torres Strait Islander and 17.5% as a 'a person from a culturally and linguistically diverse background'. Furthermore 16.5% identified as 'a person with a disability' and 14.6% as 'a carer'.

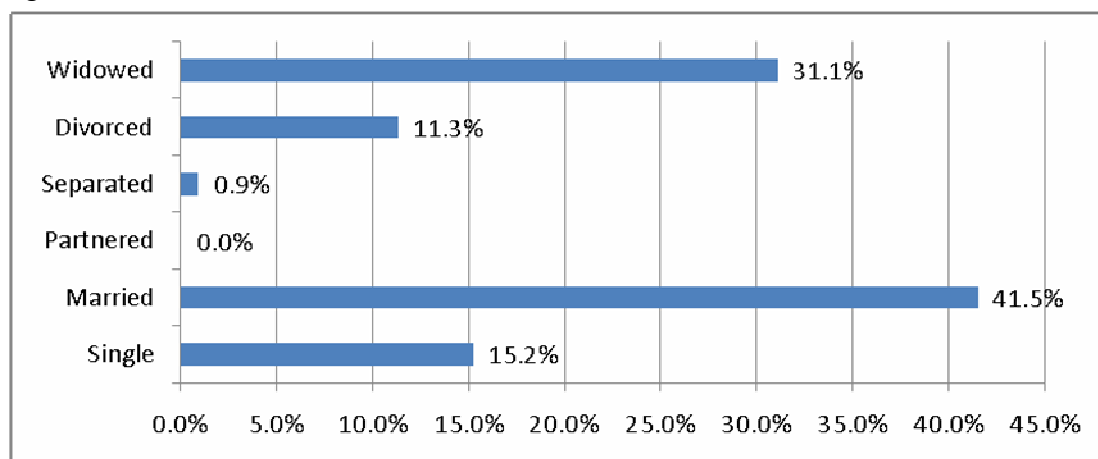
Figure 1: Identity



## Marital Status

The majority of respondents (41.5%) identified as being married, followed by 31.1% identifying as widowed. The other participants identified as being single (15.1%) divorced (11.3%) or separated (0.9%).

Figure 2: Marital status

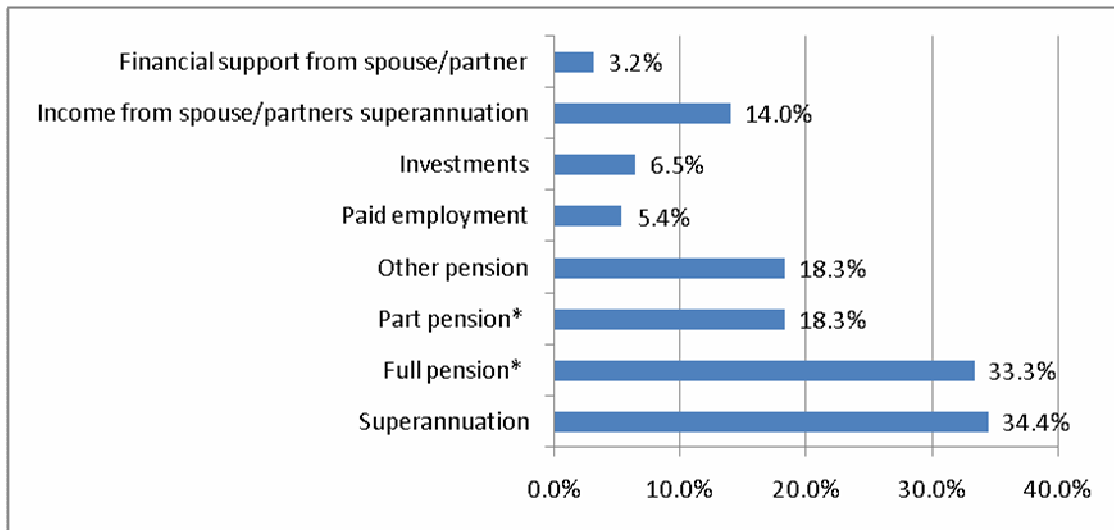


## Source of Income

Superannuation was the main source of income for 34.4% of respondents. The full and part pension contributed to participant's main source of income for 33.3% and 18.3% of respondents respectively. The other most common sources of income

included other pension (18.3%), income from spouse/partner (17.2%), investments (6.5%) and income from paid employment (5.4%).

**Figure 3: Main source of income**

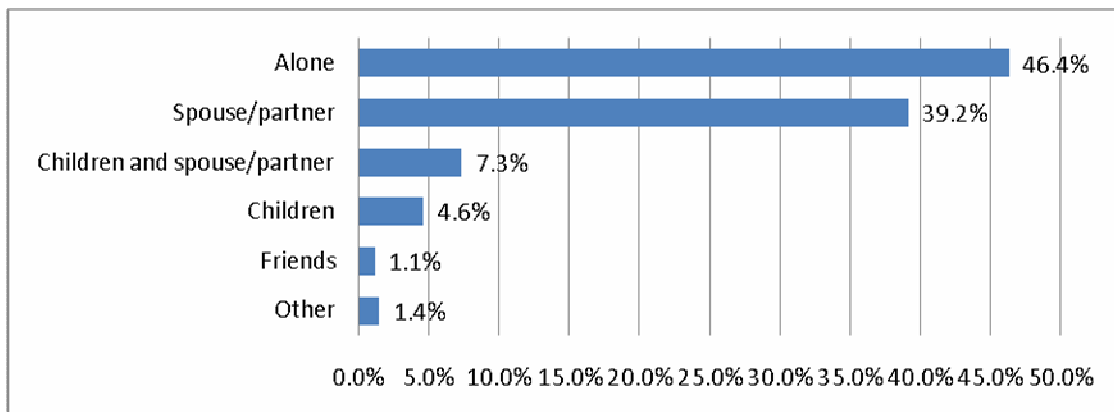


\*including age and disability

### Living Arrangements

For the scope of this project only people living independently in their own homes were surveyed. The most common living arrangements were those living alone (46.4%) and with their spouse/partner (39.2%). The rest of the participants lived with their children and spouse/partner (7.3%), children (4.6%), friends (1.1%) and other (1.4%).

**Figure 4: Living arrangements**

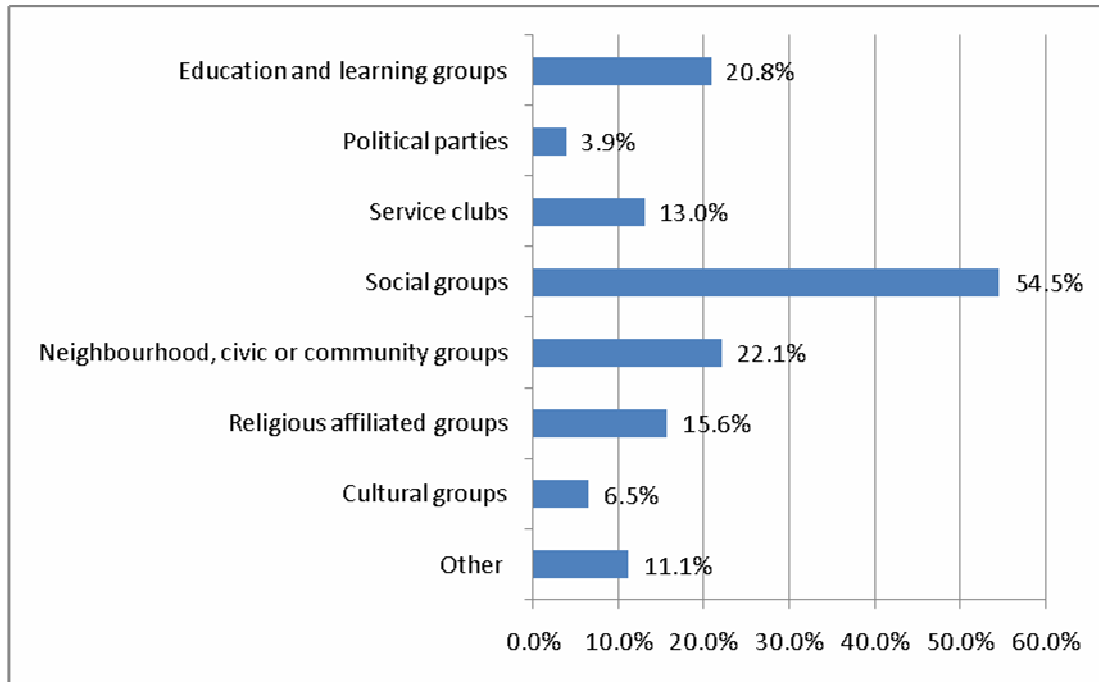


### Social Interactions

#### Social Activities

The majority (80.3%) of participants were regularly involved in groups, clubs or programs within their local community. Participation in social groups was the most common activity across all age groups and gender (54.5%), followed by education and learning groups (20.8%) and neighbourhood or community groups (22.1%).

**Figure 5: Types of social activities**

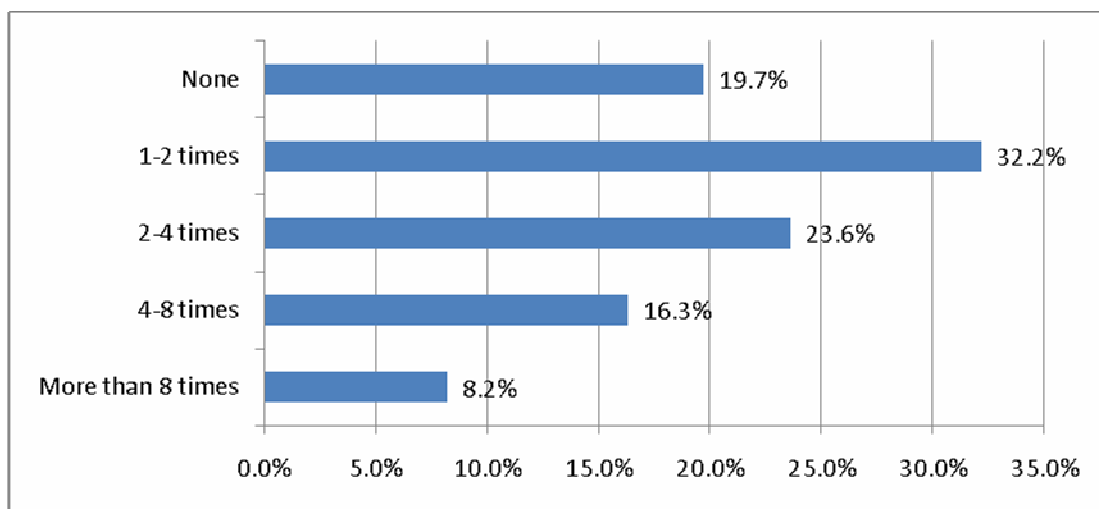


**Involvement in social activities**

The most common level of social interaction among participants per fortnight was 1-2 times (32.2%). 23.6% indicated being involved in social activities 2-4 times per fortnight, 16.3% were involved in social activities 4-8 times, and 8.2% participating more than eight (8) times per fortnight. Notably, 19.7% of participants indicated they were not involved in any social activity.

Women (43.4%) were more likely to participate in social activities 1-2 times per fortnight, whereas among men (26.6%) the most common level of social interaction was 2-4 times per fortnight.

**Figure 6: Frequency of attending social activities per fortnight**



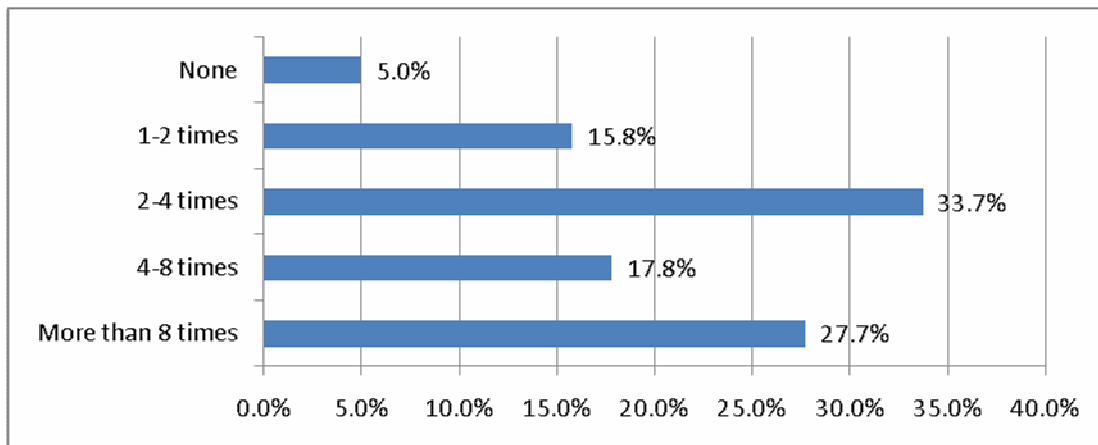
**Table 2: Frequency of attending social activities by gender**

Attendance (per fortnight)	Gender		
	Male	Female	Total
None	17.2%	22.1%	19.7%
1 -2 times	23.4%	<b>43.4%</b>	<b>32.2%</b>
2 – 4 times	<b>26.6%</b>	22.8%	23.6%
4 – 8 times	20.3%	14.0%	16.3%
More than 8 times	14.1%	5.1%	8.2%

**Interactions with family and friends**

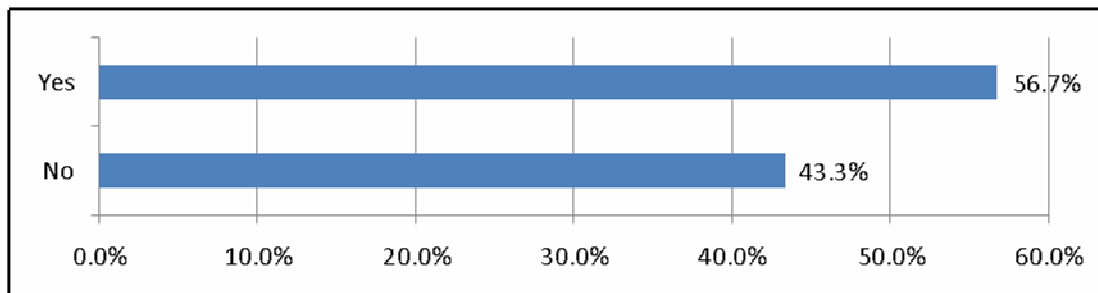
The majority of participants (95%) interacted with family and friends in the average fortnight. The most common level of interaction with family and friends amongst both males and females was 2-4 times (33.7%). This was followed by 27.7% interacting with family and friends more than eight (8) times in a fortnight. Only 5% of participants reported not interacting with family or friends.

**Figure 7: Interactions with family and friends**



Over half of the participants (56.7%) indicated they would like to interact with family and friends more often.

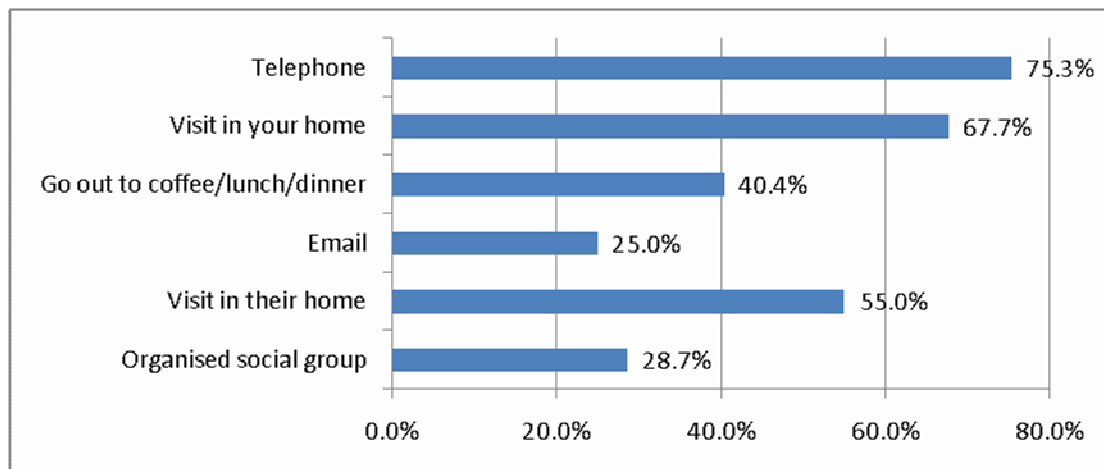
**Figure 8: Desire for increased interaction with family and friends**



The majority of respondents kept in touch with family and friends by telephone (75.3%) or by having them visit at their home (67.7%). 55% of participants visited

family and friends in their home. Email contact (25%) was the least common method of contact.

**Figure 9: Ways of keeping in touch with family and friends**



Some participants valued the importance of social relationships and support more than others. The results indicated that people who had little or no contact with family and friends experience higher levels of social exclusion. Of the 5% of participants who had no contact with family and friends, 60% identified as feeling socially excluded very frequently. Some participants had limited to no contact with family and sought social support from neighbours and friends. In general, as the level of interaction with family and friends increased the frequency of social exclusion decreased. In addition, even for those participants that had regular contact with family members, social support and contacts they had developed through organised social groups and other services played an important role in their lives.

**Table 3: Social exclusion by interaction with family and friends**

Level of Social Exclusion*	<u>Interactions (per fortnight)</u>				
	None	1-2 times	2-4 times	4-8 times	>8
	<b>Percent of older Australians</b>				
Very frequently	<b>60.0%</b>	13.3%	0.0%	0.0%	0.0%
Frequently	0.0%	13.3%	10.7%	6.3%	3.8%
Occasionally	20.0%	<b>46.7%</b>	<b>28.6%</b>	31.3%	26.9%
Rarely	20.0%	26.7%	<b>28.6%</b>	<b>37.5%</b>	11.5%
Very Rarely	0.0%	6.7%	25.0%	0.0%	7.7%
Never	0.0%	0.0%	7.1%	25.0%	<b>50.0%</b>

\*self perceived level of social exclusion

It is important to note that low levels of social interaction do not necessarily result in social exclusion. Some participants indicated that they actively chose not to be involved in social activities, as they did not enjoy the company of other people.

*'I am a loner, I always have been. I have never felt socially excluded because I do not enjoy the company of other people. I am happy with the way things are'*

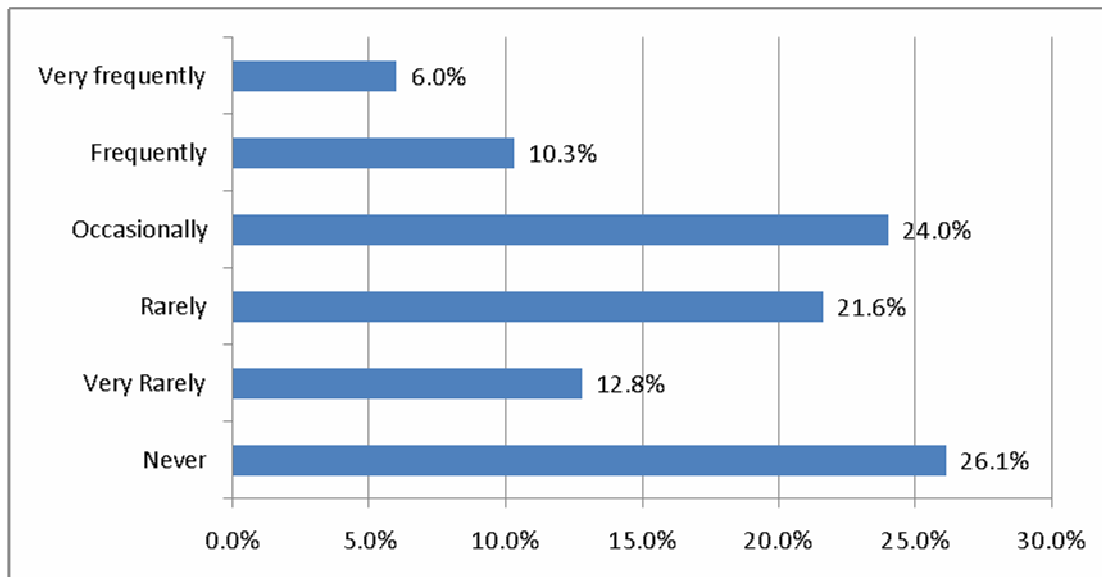
*'I do not actively seek the presence of other people. I find them tiring'*

*'I have never been a social person and I prefer to keep to myself''*

### **Extent of Social Exclusion**

The majority (73.9%) of participants indicated that they experienced social exclusion on some level. 6% felt excluded 'very frequently', 10.3% felt excluded 'frequently' and 24% felt excluded 'occasionally'. 21.6% of participants 'rarely' felt excluded, and 12.81% 'very rarely excluded'.

**Figure 10: Self-perceived level of social exclusion**



Females tended to feel socially excluded more than males. 21.8% of females experienced social exclusion 'very frequently' and 'frequently', as opposed to 8.2% of males. The most common (36.1%) feeling of social exclusion among males was 'rarely', whereas among females it was 'occasionally' (27.8%).

**Table 4: Social exclusion by gender**

Level of Social Exclusion*	Gender		Total
	Male	Female	
	<b>Percent of older Australians</b>		
Very frequently	1.6%	8.3%	6.2%
Frequently	6.6%	13.5%	10.8%
Occasionally	13.1%	<b>27.8%</b>	23.2%
Rarely	<b>36.1%</b>	15.0%	21.6%
Very Rarely	14.8%	12.0%	12.9%
Never	29.5%	24.1%	25.8

\*self perceived level of social exclusion

The participants (6%) who ‘very frequently’ experienced social exclusion were involved in two (2) or less social interactions per fortnight. 90% indicated they ‘very frequently’ were concerned about social exclusion in the future and would like to participate in social activities more often.

The most common barriers to social inclusion experienced by the participants were:

- Lack of knowledge of services and social groups
- Lack of confidence
- Transport problems
- No-one to go out with

The most common areas they wanted assistance with were:

- Improving access to services and social groups
- Developing social support networks and contacts
- Locating community organisations
- Improving knowledge of services and social groups

Increasing age did not seem to be a factor that affected participants’ self-perceived level of social exclusion, with 60% of participants aged over 90 years indicating they ‘very rarely’ experienced social exclusion.

The most common level of social exclusion amongst participants aged between 60-69 years was ‘rarely’ (32%), ‘never’ (36.7%) for people aged between 70-79 years, and ‘occasionally’ (25.4%) for people aged between 80-89 years.

**Table 5: Social exclusion by age**

Level of Social Exclusion*	Age				
	45-59**	60-69	70-79	80-89	90+
	<b>Percent of older Australians</b>				
Very frequently	0.0%	6.0%	6.3%	5.1%	0.0%
Frequently	0.0%	10.0%	8.9%	15.3%	0.0%
Occasionally	<b>75.0%</b>	18.0%	20.3%	<b>25.4%</b>	20.0%
Rarely	25.0%	<b>32.0%</b>	15.2%	20.3%	20.0%
Very Rarely	0.0%	10.0%	12.7%	13.6%	<b>60.0%</b>
Never	0.0%	24.0%	<b>36.7%</b>	20.3%	0.0%

\*self perceived level of social exclusion

\*\* Aboriginal and Torres Strait Islander people

The self-perceived level of social exclusion also varied among personal identities. None of the participants who identified as Indigenous experienced social exclusion 'very frequently' or 'frequently'. 25.7% of participants identifying as 'a person with a disability', 37.2% of CaLD and 32.3% of carers identified as experiencing social exclusion 'very frequently' and 'frequently'.

**Table 6: Social exclusion by identity**

Level of Social Exclusion*	Identity			
	Indigenous**	Disability	CALD***	Carer
	<b>Percent of older Australians</b>			
Very frequently	0.0%	11.4%	8.6%	20%
Frequently	0.0%	14.3%	<b>28.6%</b>	6.7%
Occasionally	<b>75.0%</b>	<b>34.3%</b>	17.1%	<b>26.7%</b>
Rarely	25.0%	17.1%	8.6%	13.3%
Very Rarely	0.0%	8.6%	14.3%	6.7%
Never	0.0%	14.3%	22.9%	<b>26.7%</b>

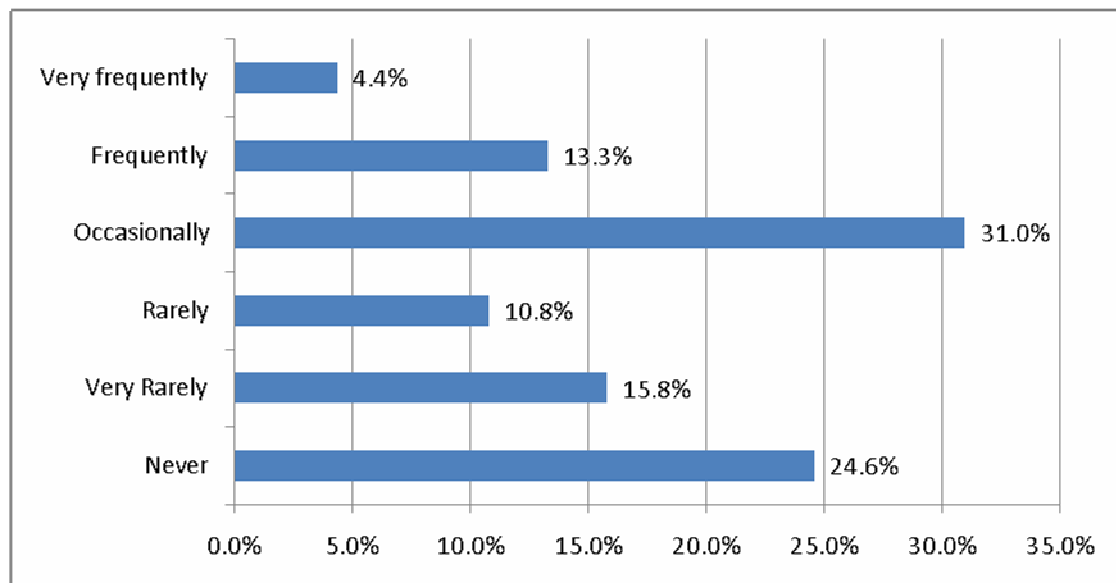
\*Self perceived level of social exclusion

\*\* Includes Aboriginal and Torres Strait Islander

\*\*\* Culturally and linguistically diverse

Additionally, 75.4% of respondents reported having some concern about social exclusion in the future, with 4.4% ‘very frequently’ concerned, 13.3% ‘frequently’ concerned, and 31.1% concerned ‘occasionally’. 24.6% indicated that they were ‘never’ concerned.

**Figure 11: Self-perceived concern for future social exclusion**

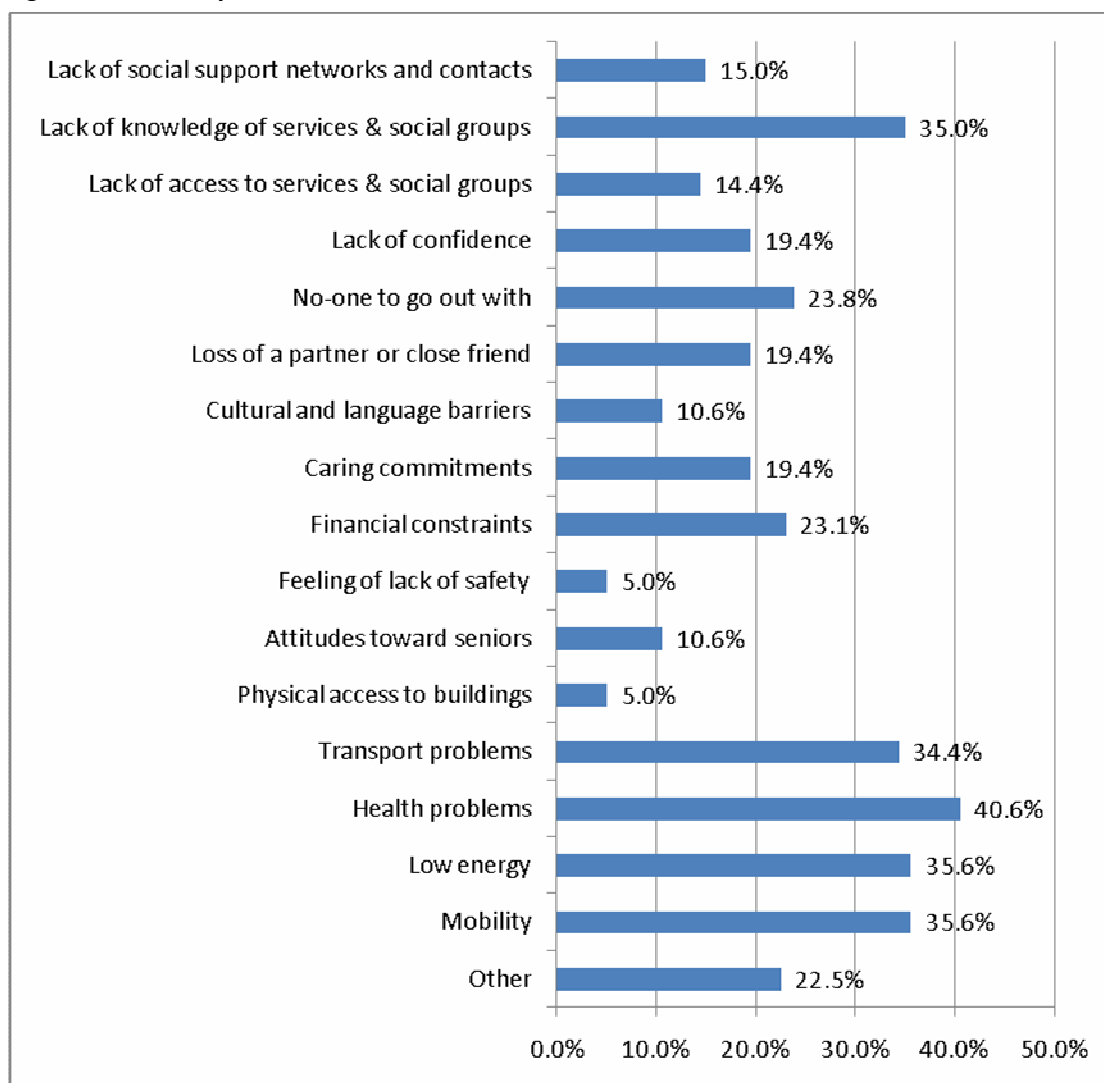


## BARRIERS PREVENTING SOCIAL INCLUSION

The risk of becoming socially excluded is not evenly shared across the general population, as different life experiences and exposures affect people in different ways. In order to address the issue of social exclusion, the focus should be placed upon removing the barriers preventing social inclusion. That is, to provide people with the choice and means to engage in social activities.

The most common factors that limited participants' ability to be engage in social activities were health problems (40.6%), low energy (35.6%), mobility (35.6%), lack of knowledge of services and social groups (35%) and lack of transport (34.3%).

**Figure 12: Summary of barriers to social inclusion**



## Health and Disability

The importance of good health (both physical and mental) was a common theme for many participants. Health issues were identified as a barrier to social inclusion amongst 40.6% of participants. Low energy and mobility issues (35.6%) were also common barriers to social inclusion amongst participants. Furthermore, independence was an important aspect of life amongst all participants and many felt that their independence was adversely effected by their health problems.

Table 6 shows that as health status deteriorates the level of social exclusion tends to increase. The greatest difference is observed between those who reported excellent health and those who reported poor health. The most common level of social exclusion amongst people who reported excellent health was 'rarely and very rarely' (20.7%), whereas people reporting 'below average' or 'extremely poor' health experienced social exclusion 'very frequently or frequently' 33.3% and 16.7% respectively.

**Table 7: Self-perceived health by social exclusion**

Level of Social Exclusion*	Health				
	Excellent	Above Average	Average	Below Average	Extremely Poor
	<b>Percent of older Australians</b>				
Very frequently and frequently	0.0%	8.3%	41.7%	<b>33.3%</b>	<b>16.7%</b>
Occasionally	7.1%	<b>32.1%</b>	35.7%	21.4%	3.6%
Rarely and very rarely	<b>20.7%</b>	20.1%	51.7%	3.4%	3.4%
Never	0.0%	5.0%	55.0%	15.0%	<b>25.0%</b>

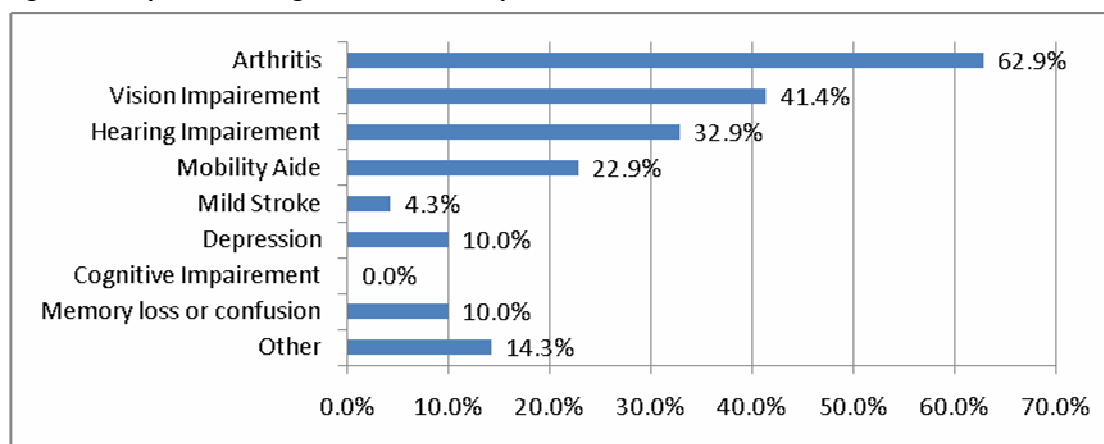
*'I do not have the energy to socialise a lot. It is hard to move around so I choose to stay at home'*

*'I do not let my health problems completely stop me from getting about, but it definitely makes things harder'*

*'I know my limitations and I do things within them'*

Most of the participants indicated that they experience an age related disability. The most common age related disability experienced amongst participants was arthritis (62.9%), followed by vision impairment (41.4%), hearing impairment (32.9%) and mobility aide (22.9%).

**Figure 13: Experience of age related disability**



The experience of age related disability showed to have a significant impact on the experience of social exclusion with 24.4% of people with arthritis indicated they ‘very frequently and frequently’ experienced social exclusion. A further 24% of people with visual impairments and 26.7% of people with mobility issues experienced social exclusion ‘very frequently and frequently’.

**Table 8: Social Exclusion by age related disability**

Level of Social Exclusion*	<u>Age related disability</u>							
	Arthritis	Vision Impairment	Hearing Impairment	Mobility Aide	Mild Stroke	Depression**	Cognitive Impairment	Memory loss or confusion
<b>Percent of older Australians</b>								
Very frequent/frequent	24.4%	24.0%	9.0%	26.7%	0.0%	<b>50.0%</b>	0.0%	0.0%
Occasional	26.8%	<b>48.0%</b>	18.2%	<b>46.7%</b>	<b>66.7%</b>	<b>50.0%</b>	0.0%	57.1%
Rare and very rare	<b>31.7%</b>	24.0%	<b>50.0%</b>	20.0%	<b>66.7%</b>	0.0%	0.0%	0.0%
Never	19.5%	8.0%	22.7%	13.3%	0.0%	0.0%	0.0%	42.9%

\* self-perceived level of social exclusion

\*\*measured self-perceived depressive symptoms which may include clinical depression

Amongst participants who identified as experiencing depression, 50% felt socially excluded ‘very frequently and frequently’ while the other 50% felt social exclusion occasionally. Additionally, participants who had suffered a mild stroke, or experienced mobility issues or visual impairments identified higher levels of social exclusion.

*'I used to drive everywhere now I can't. This took away my independence away which is depressing'*

*'Hearing loss is not catered for in public areas, nor does it receive support'*

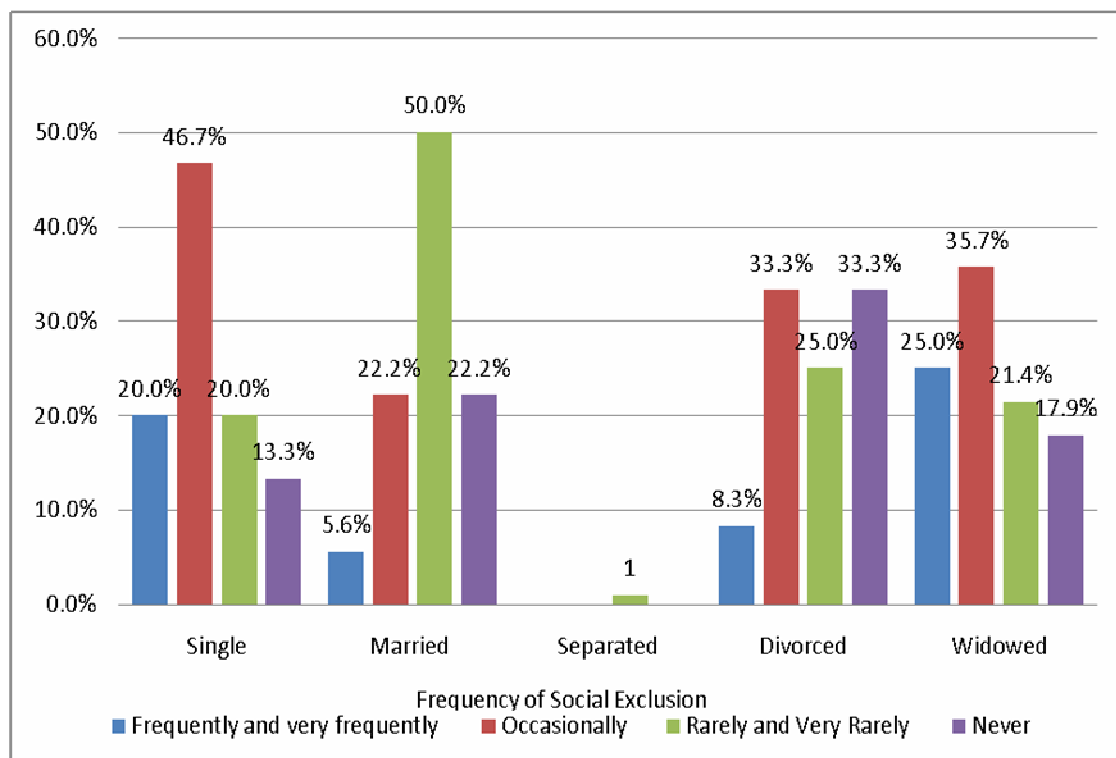
*'As my eye sight and health problems get worse, I do not go out as much as I used to. As a result my social contacts have decreased and no one contacts me anymore. I feel depressed and feel like I am put on the rubbish tip'*

## Marital Status

Older people who were widowed and single were much more vulnerable to social exclusion than those who had been married or divorced.

One quarter (25%) of participants who were widowed and 20% of single participants were identified as experiencing social exclusion 'frequently and very frequently', in comparison to only 5.6% of married and 8.3% of divorced participants. Furthermore, 50% of married people identified as 'rarely and very rarely' experiencing social exclusion. Only one (1) participant identified as separated and they reported rarely experiencing social exclusion. This trend could be because having contact with a partner is often older people's key social contact and support network.

**Figure 14: Social Exclusion by marital status**



Overall 19.4% of participants identified the 'loss of a partner or a close friend' as a barrier to participating in social activities. Participants who had experienced the loss of a partner or friend indicated that it had a great affect on their social participation. Many widowed participants lived alone and indicated that they had experienced difficulty socialising as a result of the loss. For some, widowhood also meant losing their transport options.

*'My wife died last year and I now live in our house alone. My children come visit me when they can, but it is very lonely'*

*'Since my husband died it has been more difficult to participate in the community. I used to volunteer with the theatre but don't anymore as I cannot drive'*

*'I live alone and do not have a partner; it gets lonely in my house. I suffer from PTSD and do not deal well with strangers so I would like the support of a partner sometimes'*

*'Initially it was hard to socialise once my husband passed away. I felt like I didn't have the confidence to approach new people. You get used to doing things with the one person, and when they pass you are at a loss. I would recommend that people do things separate from their partners so you can maintain your social skills outside of them'*

## Retirement

The experience of retirement and issues surrounding income varied amongst the participants. 93.3% of participants identified as being retired. Overall retirement was seen as a positive experience, with 87.4% of participants indicating that it enabled social inclusion and participation.

Common responses included:

*'Since retiring I have more free time and I find myself travelling a lot more'*

*'I have a lot more time to socialise now but it's different. When you retire you lose a lot of your social networks that existed with your job. Work was a social event for me.'*

*'I have more time, but it took a while to set up connections and find things to do with my time, so it was a little lonely and isolating at first'*

*'My social participation has improved. We have more time to socialise now'*

12.6% of participants, indicated retirement had a negative impact on social participation and inclusion.

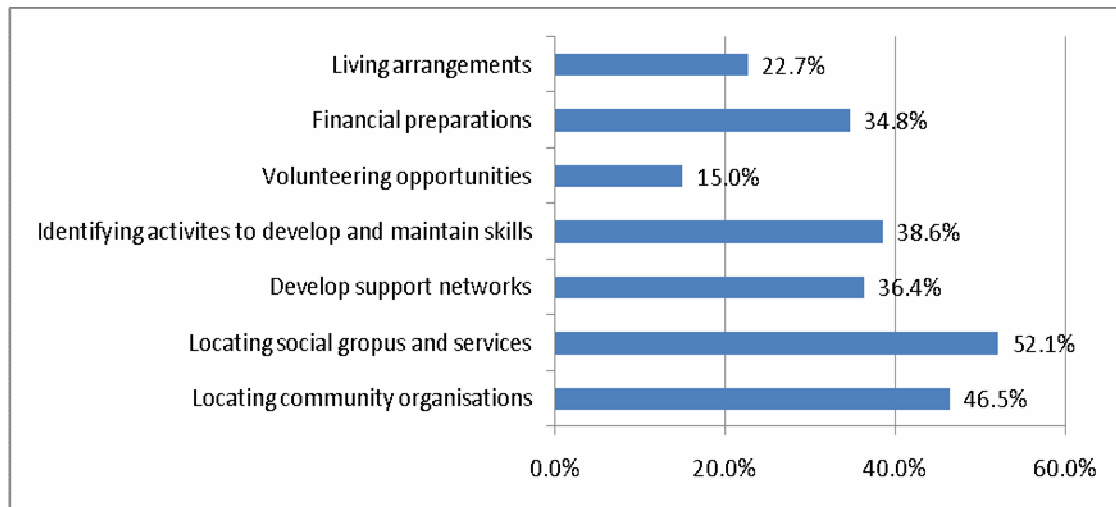
Issues they experienced included:

- Forced retirement
- Felt that their skills were no longer valued
- Felt that people stopped listening to them

The value of pre-retirement planning and how it related to social inclusion and participation was also investigated. Overall, 69.9% of participants indicated that they were satisfied with the level of support they received when preparing for the transition into retirement. Over half (52.1%) of participants indicated they would

have liked more support locating social groups and services and 46.5% of participants wanted more support locating community organisations.

**Figure 15: Desired support in pre-retirement planning**



Furthermore, of the 30.1% of participants that indicated that they would have liked more support and assistance with pre-retirement planning, they would have liked to receive:

- More assistance with locating community organisations, social groups and services (94%)
- More assistance developing support networks (72.2%)
- More support identifying activities to develop and maintain skills (76.5%)
- More assistance with financial preparations (66.7%)

*'I would like to know more about what support services community organisations offer to the aged'*

*'I would like more support for ongoing retirement'*

## Income

Many participants did not directly disclose information about their income. Instead they focused on the problems they experienced in daily life – many of which stemmed from financial constraints. 28.1% of participants indicated that their income level was a barrier to participating in social activities.

The impact of retirement income on quality of life was observed in participants whose main source of income was either the full pension or part pension. 14.3% of participants receiving the full pension experienced social exclusion 'frequently and very frequently', and 42.9% indicated they 'occasionally' felt socially excluded.

Table 9: Social exclusion by income source

Level of Social Exclusion	Income Source					
	Full pension*	Part pension*	Other pension**	Paid employment	Superannuation	Spouse/partner superannuation
	Percent of older Australians					
Very frequent and frequent	14.3%	13.3%	6.7%	0.0%	3.4%	0.0%
Occasional	<b>42.9%</b>	26.7%	33.3%	25.0%	24.1%	27.3%
Rare and very rare	10.7%	20.0%	<b>46.7%</b>	<b>75.0%</b>	<b>55.1%</b>	<b>36.4%</b>
Never	32.1%	<b>40.0%</b>	13.3%	0.0%	20.7%	<b>36.4%</b>

\* including age and disability

\*\* including public service

No participants that were still employed or receiving superannuation or financial support from spouse/partners, had experienced social exclusion 'very frequently and frequently'. This suggests that income sources that are known to be low, such as the pension, have a significant impact on one's ability to be socially involved.

*'They [pensions] do not increase the same way that living expenses are increasing, my bills keep going up and I don't know how I can afford it all'*

*'I cannot afford all my bills and medical bills let alone think about attending all the social activities that I would like to'*

*'Some participants indicated that they had accepted their financial constraints, and adapted their lives to suit'*

*'I guess you make do with what you have, you adjust your social outings. My generation came out of the depression so we know how to stretch our money'*

*'I can make ends meet but I don't get to buy little luxury items like going out to dinner, travel, going to the theatre. I miss that'*

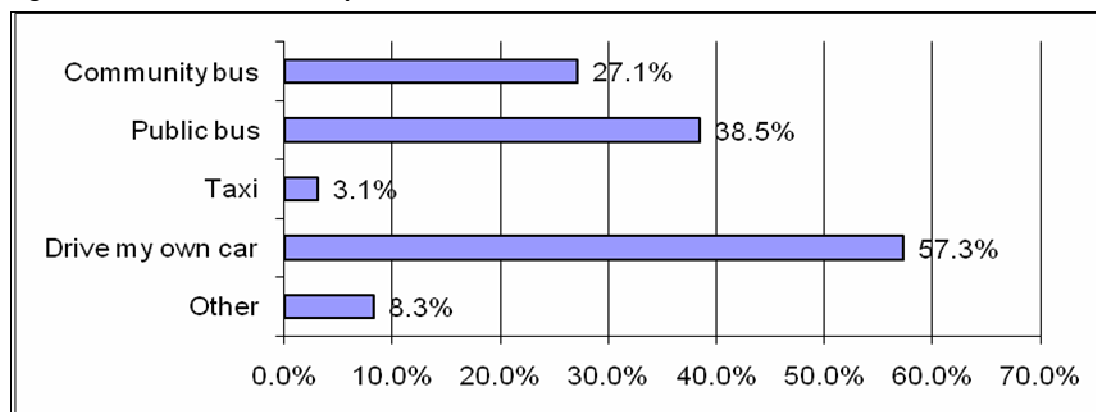
*'It gets me down a bit, it affects my self-esteem but I manage'*

## Transport

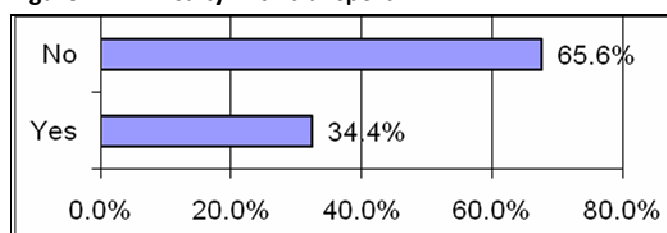
Participants were clear that adequate access to transport options were essential to social inclusion and their quality of life.

Over half (57.3%) of the participants still owned and drove their own cars, 38.5% used public transport, and 27.1% used community buses as their main mode of transport. Only 3.1% of participants used taxis, and 8.3% indicated other means of transport such as friends and family driving them.

**Figure 16: Main mode of transport**



**Figure 17: Difficulty with transport**



34.4% of participants indicated that they had difficulty with transport. The main modes of transport amongst this group were public and community buses.

Participants noted:

*'I don't drive anymore and so I rely on buses, I need to be in an area that has easy access to buses ... right now I don't so I find it hard to get to places'*

*'I stopped driving a couple of years ago because of my poor eyesight. This took away a lot of my independence. I now rely on my husband to drive me places'*

*'Not satisfied with public transport.'*

*'It [not driving] can be isolating at times. I can't go where I want when I want to anymore. I have to wait for the buses, often I have to catch 2-3 buses to get to a friends house at the other side of town. Travel takes up most of my time'*

*'Bus timetables change too often and they do not come often enough'*

*'I used to have a lot of problems with getting to my medical appointments, but now I use the community bus. I am very grateful for the community buses'*

Despite these difficulties, participants generally were positive about transport with 67.6% indicating they had no difficulties.

*'We live in the Inner North, everything is so close and easy to get to'*

*'Driving in the city is difficult, there is too much traffic and parking is too expensive. I prefer to catch the bus'*

*'My house is just off Northbourne Avenue so buses come all the time. I think that older people should live near frequent bus routes. It makes getting out and about easier'*

## Housing and Infrastructure

The issue of appropriate housing and local infrastructure was a concern for some participants. These participants indicated that there were insufficient housing options near local shops and transport routes. Some participants also noted dissatisfaction with appropriate public housing options for older people. Some participants felt that they lived in housing which was inappropriate. Some lived in units that were too big, on high levels, and others lived on the ground floor which made them feel unsafe in their area.

*'I live on the second floor and find it difficult'*

*'I live in a two bedroom unit and do not need the space. It is too big and I find it difficult to clean and maintain'*

Two (2) participants felt vulnerable and unsafe in their public housing unit. One participant had ongoing fears for their safety, as they had a fear of crime including drinking, drug use, robbery and assault in their area.

Furthermore, some participants noted that the local community did not have adequate age friendly infrastructure. They indicated a desire for more shaded seating options in parks, shops and the city. They also indicated a need for improved footpaths as many frail older community members were at risk of falls.

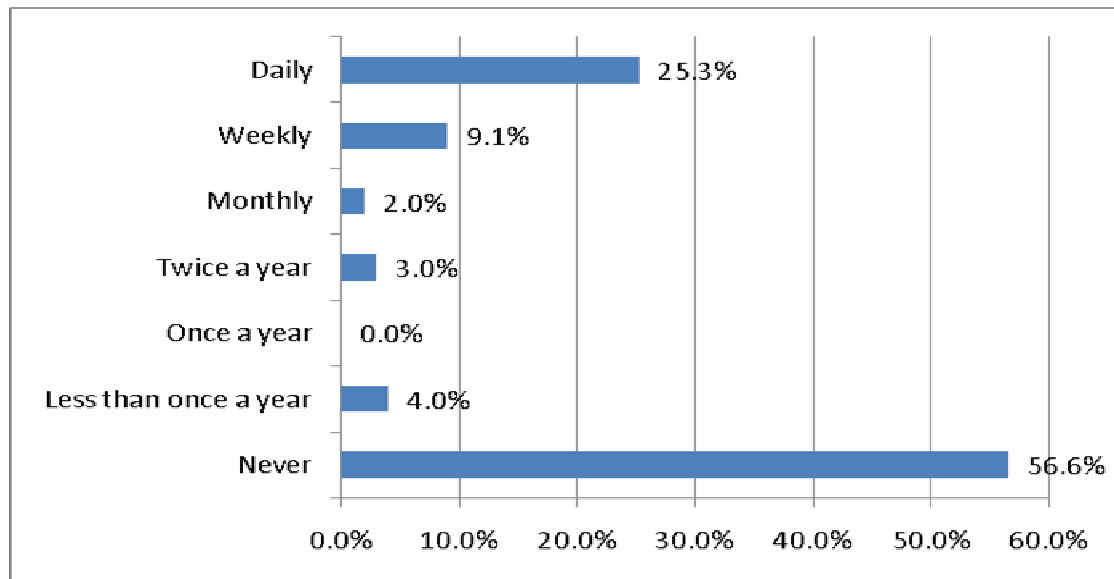
*'The lack of footpaths is a limit. Where there are footpaths to begin with, they often suddenly disappear. This makes it very hard to pull a shopping trolley laden with groceries home'*

*'The footpaths in my suburb are broken and uneven. I am afraid of falling so I avoid them and as a result walk longer distances to get to the shops'*

## Access to information and staying informed

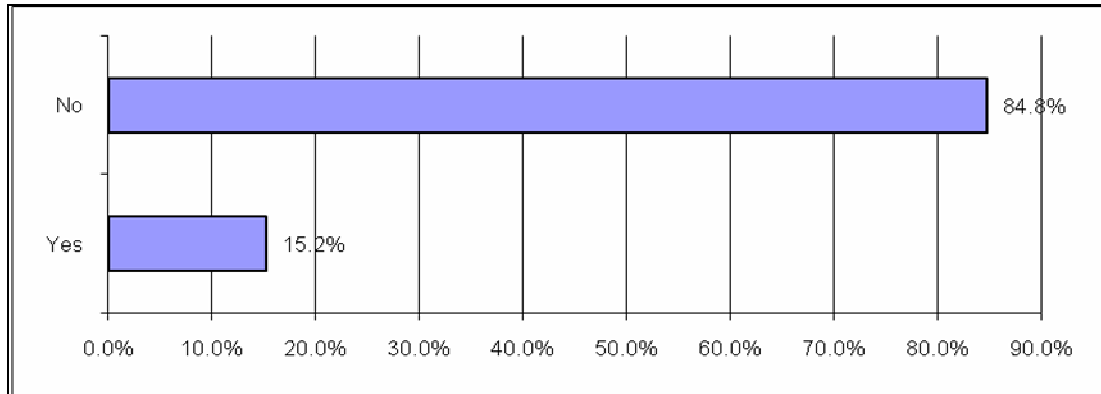
Figure 12 indicates a lack of knowledge of services and social groups (35%) and lack of access to services and social groups (14.4%) as barriers to social inclusion. Many respondents indicated that they were not satisfied with the amount of information available to them about services and social activities. Some indicated that they did not know where to start looking if they needed information and that they found information hubs overwhelming at times.

**Figure 18: Internet usage**



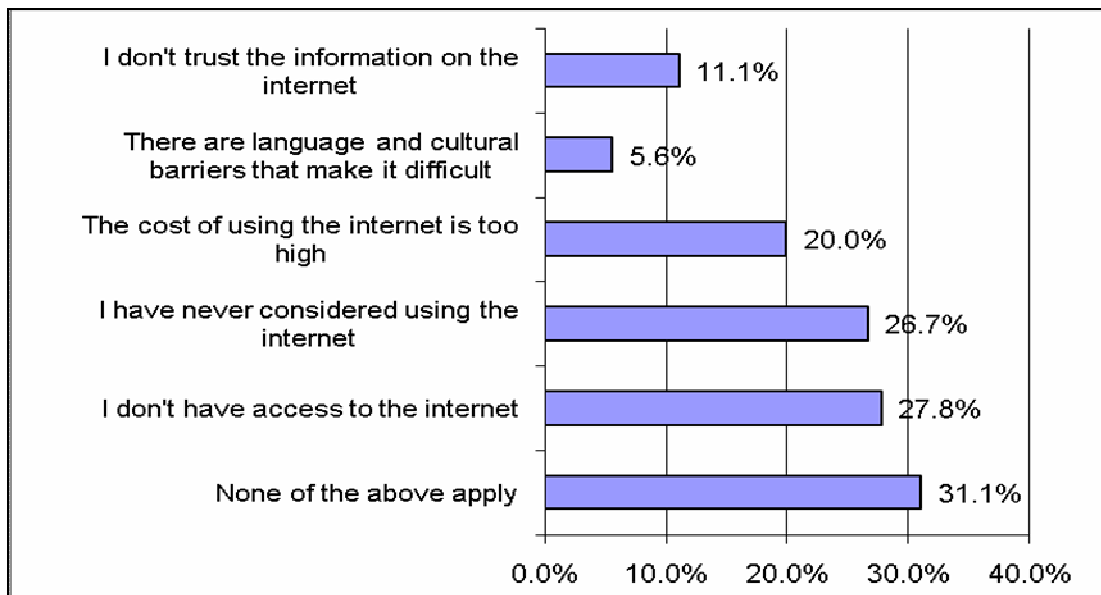
Most notably, over half of respondents (56.6%) reported never using the Internet. The next highest response (25.3%) equating to one quarter of responses was of 'daily' usage. This illustrates two (2) main groups: those that use it daily or not at all.

**Figure 19: Desire for increased internet usage**



For most respondents (84.8%), there was no desire to increase the level of current usage.

**Figure 20: Barriers to internet usage**



Almost half (47.8%) of the respondents indicated not using the Internet being due to external barriers; either not having access to the Internet or the cost of use being too high. These limitations are worth further consideration if access remains the major determinant in not using the Internet. For the other known responses (43%), there is the consideration of general promotion and providing more information so that the Internet is viewed as an attractive and useful resource for older people.

The information would need to take into account that people:

- Are distrusting of information on the Internet in general;
- Identify language and cultural barriers; and
- Have relatively minimal knowledge of the Internet.

*'I am not aware of the facilities available for senior citizens. I need more information'*

*'I cannot find activities or groups which share the same interests as I do'*

## Community Connections

Strong connections with the local community can often prevent social exclusion. When asked if participants felt that they were part of their local community and if they felt connected, the most common response was ‘neutral’ with 33.7% and 35.2% respectively of participants responding. There appeared to be no correlation between the experience of social exclusion and a feeling of connection to the local community. This could be due to the high percentage of participants who felt neutral about their community.

**Table 10: Perceptions of local community**

Perceptions of community	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	<b>Percent of Older Australians</b>				
My local community is a friendly place to live	22.9%	<b>45.8%</b>	26.0%	4.2%	1.0%
I feel safe in my community	22.4%	<b>41.8%</b>	24.5%	9.2%	2.0%
My local community is friendly to new comers	16.3%	26.1%	<b>46.7%</b>	9.8%	1.1%
I feel that I am part of my local community	22.8%	32.6%	<b>33.7%</b>	8.7%	2.2%
I feel connected to my community	18.7%	31.9%	<b>35.2%</b>	13.2%	1.1%
I feel like a valued member of my community	19.8%	23.1%	<b>38.5%</b>	16.5%	2.2%

*‘It’s lovely. I have lived here for 40 years and have known my neighbours for a long time. We have a street Christmas party every year’*

*‘I take care of my neighbours and they take care of me. If I am out at an appointment they pick up my meals on wheels for me’*

*‘People don’t talk to people anymore. I don’t know the people on my street, they are all younger’*

*‘...need to invigorate neighbourhood activities. My area is increasingly rental housing for groups and young people with no community commitment’*

While only a small percentage (2%) of participants ‘strongly disagreed’ with the statement ‘I feel safe in my community’, and 9.2% ‘disagreed’ with the statement, safety was a recurring theme in the discussions. Participants indicated that they were cautious of robbery and violence, and at the very least they acknowledged the

importance of taking care while out of the house. Furthermore, 5% (figure 12) of participants indicated that the feeling of lack of safety acted as a barrier to social inclusion.

*'I don't go out at night. It is too dangerous and I get tired. I make sure everything gets done before the sun goes down'*

*'I feel safe in my neighbourhood but my home has been burgled two times now. I make sure that I am home at night so that they can't break in'*

*'I don't carry much money with me when I go out, you never know what could happen'*

*'Crime is something everyone needs to look out for. I don't feel vulnerable because I am old'*

19.8% of participants felt that they were a valued member of their community. The most common response to this statement was 'neutral' with almost two fifths (38.5%) of participants responding. Additionally, 10.6% (figure 12) of participants felt that attitudes towards seniors were a barrier to social inclusion.

*'It feels like people stop listening to you once you pass 60 years. I am not senile yet, I am old'*

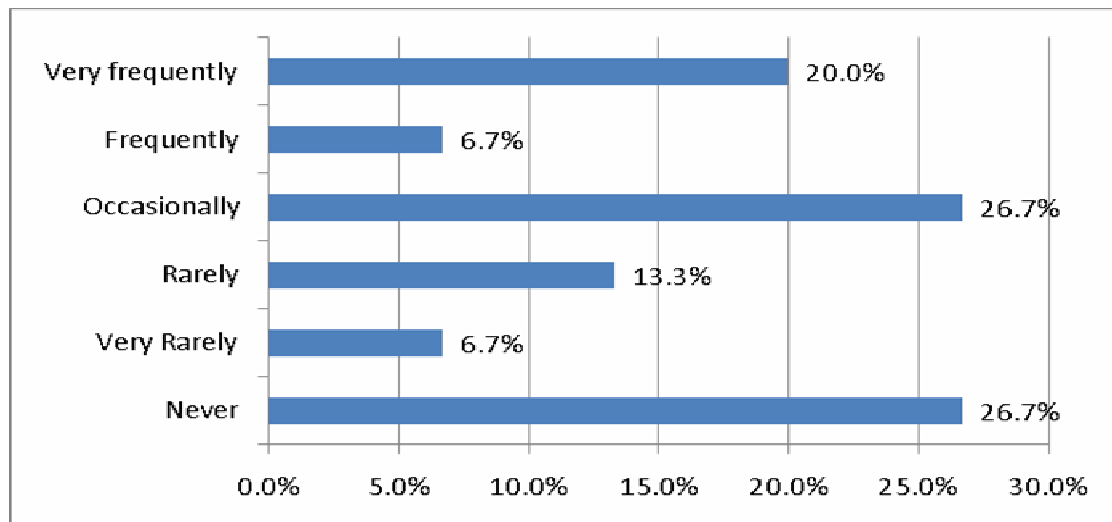
*'People do not respect older people, makes me feel like my opinion is no longer worth something'*

*'Younger people think that we do not have valuable insight or opinions. Just because we retire, we don't lose our mind'*

## Being a Carer

14.6% of participants identified as being a carer. Among these participants there is a strong relationship between social exclusion and caring for someone. 20% of carers 'very frequently' felt socially excluded, 6.7% 'frequently', and 26.7% 'occasionally'.

Figure 21: Being a carer by social exclusion



26.7% of carers had never felt socially excluded. This can be attributed to the higher level of support they received from family and friends, and the more time they had to respond to their personal needs. As the time the carers had to respond to their own needs increased, the level of social exclusion decreased.

Table 11: Social exclusion by time to respond to personal needs

Level of Social Exclusion	Time to respond to personal needs					
	Very frequently	Frequently	Occasionally	Rarely	Very rarely	Never
	<b>Percent of Older Australians</b>					
Very frequently	0.0%	0.0%	0.0%	0.0%	<b>75.0%</b>	0.0%
Frequently	0.0%	0.0%	0.0%	<b>33.3%</b>	0.0%	0.0%
Occasionally	0.0%	33.3%	<b>33.3%</b>	<b>33.3%</b>	0.0%	0.0%
Rarely	0.0%	0.0%	0.0%	<b>33.3%</b>	25.0%	0.0%
Very rarely	0.0%	0.0%	<b>33.3%</b>	0.0%	0.0%	0.0%
Never	<b>100.0%</b>	<b>66.7%</b>	<b>33.3%</b>	0.0%	0.0%	0.0%

The level of support carers received varied, with the most common levels of support being from family and community organisations. Friends and people in the community provided the least support to carers.



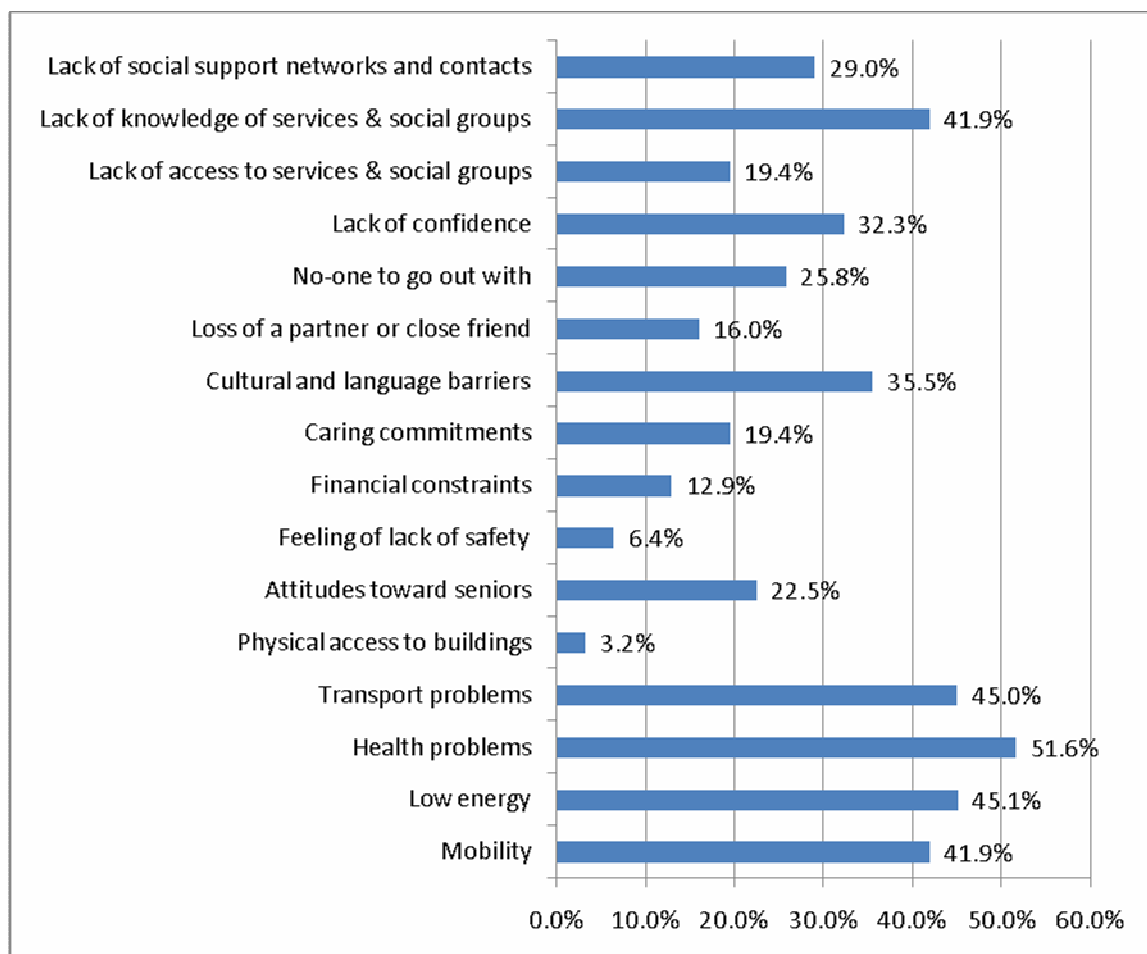
*'Respite is not enough. I don't drive and so rely on buses. Since the buses don't come often enough I lose a lot of time in transport.'*

## Being Culturally and Linguistically Diverse

Of the total survey respondents, 17.5% identified as from a CaLD background, this being nine males and 30 females.

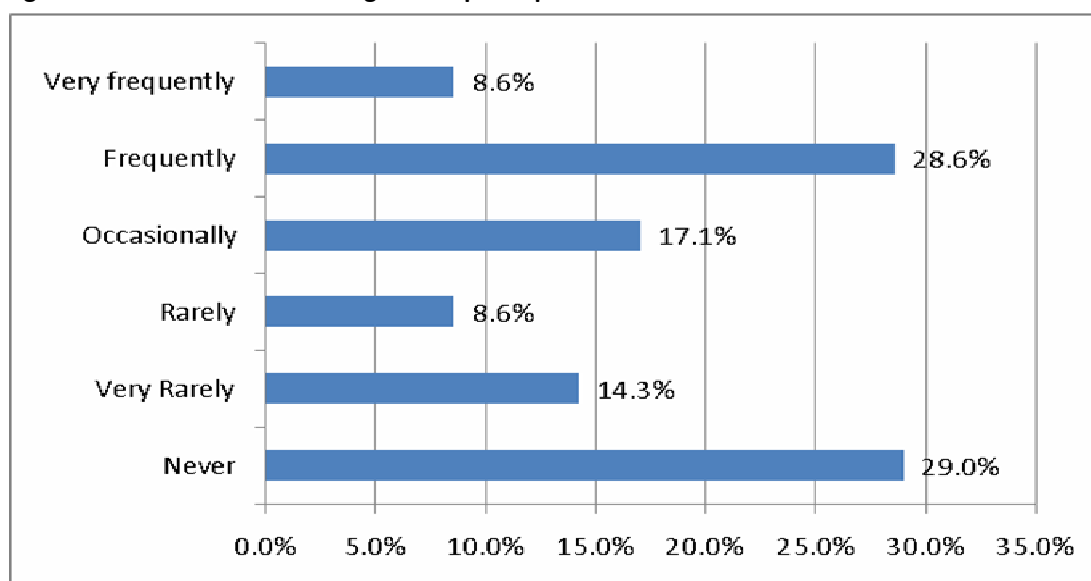
Many of the barriers to social inclusion identified amongst the CaLD participants were similar to that of the general community such as; lack of knowledge of services and social groups, transport problems, health, low energy, mobility, loss of a partner or close friend and attitudes towards seniors.

**Figure 23: Summary of barriers amongst CaLD persons**



In terms of social exclusion, the highest ratings amongst CaLD participants were 'never' (29%) and 'frequently' (28.6%). In addition, the equal lowest ratings were 'rarely' and 'very frequently' (8.6%) Within the Identity Grouping (Table 6), the CaLD group rated the highest in combination of 'very frequently' and 'frequently' with 37.2%, followed by the Carer group (26.7%) and Disability group (25.7%).

**Figure 24: Social exclusion amongst CaLD participants**



68.8% of CaLD participants identified they would like to be more involved in social and community activities.

A major issue for people from CaLD backgrounds is the language barrier (35.5%). Many do not speak English and of those that can, many are shy and lack confidence in their English proficiency. Furthermore, when attempting to access services the language barrier prevented some participants from seeking services as they could not understand what they were being told, leading to confusion and frustration.

Lack of confidence and inability to approach new people was a key barrier to social inclusion (32.3%). Participants felt that it was hard to form friendships with their neighbours and people in the general community. It was suggested that connecting people from the same cultural and language background would be a starting point to increase the confidence and social skills of CaLD people.

It was also noted that not all CaLD people were linked to their cultural community, with some women reluctant to attend culturally similar groups because it has been so long since they had participated in social activities outside of their family. The primary role of many CaLD women has always been as a carer for their family. As they age, they are no longer required in this role, and they begin to experience feelings of loneliness, loss of confidence and depressions. Some CaLD women indicated that they would like to participate in social activities outside of their family environment, and would like to learn new skills and activities.

Currently, 41.9% of CaLD participants felt that there was a lack of information on services and social groups in their area, with the majority (80%) of participants indicating they would have liked more pre-retirement support in locating community organisations, social groups and service providers. This can be attributed to the language barriers when accessing services.

Some participants indicated there was a need for more information about services in their own languages and it is believed that interpreters are scarce and not easily accessible. Participants indicated they would like more ethnic specific services and social options.

*'People do not talk to me and I cannot speak English very good, so my husband and I do things together'*

*'Many of my friends do not speak English and do not socialise with people outside of my community. They only stick to themselves'*

*'I would like to make new friends and meet new people outside of my community and maybe learn something new like knitting'*

*'It [English] is hard for me, but I know I have to speak it otherwise I would not be able to get help'*

*'It would be easier for me if I had someone to translate. I do not understand everything'*

*'It is hard for me to understand English so my children do everything for me'*

## Aboriginal and Torres Strait Islander people

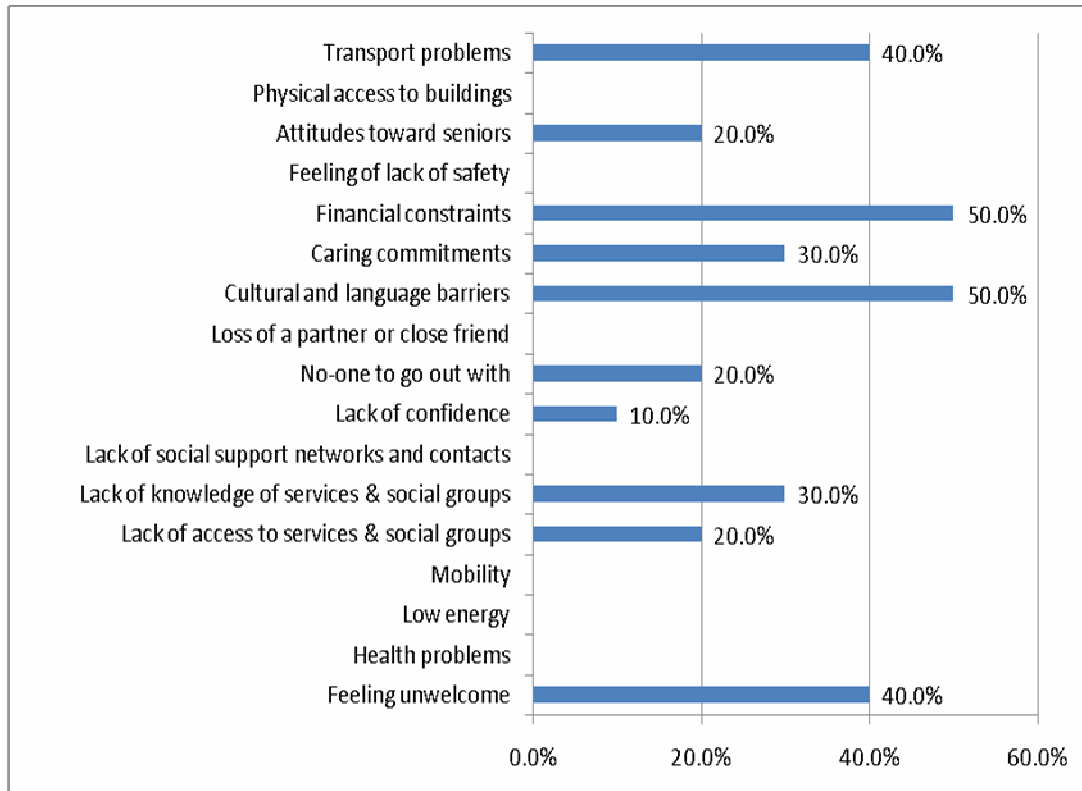
The ACT has the smallest population of Indigenous Australians when compared to other regions of the country. According to the 2006 Census there are 56 Indigenous people over the age of 45 years living in the Inner North of Canberra, comprising 1% of the total Inner North population (ABS 2007).

Ten (10) older Indigenous community members, seven (7) females and three (3) males, aged between 45 and 64 participated in this study. This is not an adequate sample to derive conclusive results, and further exploration of the issues should be conducted.

Many of the barriers to social inclusion identified by the Indigenous participants reflected those of the general community such as; lack of knowledge of services and social groups, lack of access to services and social groups, transport issues, financial constraints, caring commitments, attitudes toward seniors and a lack of confidence.

Half of the participants felt that cultural and language barriers prevented social participation, indicating that services needed to improve their capacity to cater for Indigenous cultural needs. Furthermore, four (4) of the participants identified a feeling of being unwelcome in their local community as a barrier to social inclusion. One (1) participant indicated that *'being Aboriginal'* in itself was a barrier.

**Figure 25: Barriers to social inclusion amongst Indigenous persons**



A low level of social exclusion was observed with no participants experiencing social exclusion 'very frequently' or 'frequently'. The majority (75%) of participants indicated that they 'occasionally' experienced social exclusion, while the other 25% indicated they 'rarely' felt excluded. This can be attributed by the high level of interaction with family and friends, and a strong sense of community amongst indigenous populations.

All participants indicated that they were satisfied with their level of social participation and indicated they saw their family and friends more than eight (8) times per fortnight. Furthermore, a strong sense of community connectedness was present in the Indigenous community, with majority of participants having positive community experiences (Table 13). It was also noted that common barriers such as; financial constraints, transport and attitudes impacted on their ability to socialise outside of their local community.

**Table 13: Indigenous community perceptions**

Community Perceptions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	<b>Percent of Older Australians</b>				
My local community is a friendly place to live	<b>100.0%</b>	0.0%	0.0%	0.0%	0.0%
I feel safe in my community	<b>80.0%</b>	0.0%	20.0%	0.0%	0.0%
My local community is friendly to new comers	<b>80.0%</b>	0.0%	0.0%	20.0%	0.0%
I feel that I am part of my local community	<b>100.0%</b>	0.0%	0.0%	0.0%	0.0%
I feel connected to my community	<b>80.0%</b>	0.0%	20.0%	0.0%	0.0%
I feel like a valued member of my community	<b>80.0%</b>	20.0%	0.0%	0.0%	0.0%

Participants indicated that future projects and services should target key areas of need such as; improving access to services and social groups, addressing cultural and language barriers, and financial security. It was also noted that more information on services and support options were needed, and for service providers to come to them.

Further exploration of the needs of older Indigenous people and their satisfaction with current services to assist them to increase social inclusion is required.

## WHAT THE COMMUNITY WANTS

Participants were asked to consider what gaps in services prevented them from being socially included, what assistance they needed, and what future strategies and programs agencies should focus on.

### Principles To Consider When Developing Projects

Several common themes on how to better interact with older people and to address the issue of social exclusion arose.

1. When developing projects to reduce social exclusion, it is important to take the time to understand the extent of exclusion of the individual and the factors that personally affect them.
2. Services and social support need to be flexible and patient with older people. Services that are inflexible and impatient are ineffective as socially excluded people need time and support to regain control of their lives.
3. Assumptions should not be made that all older people have a desire for increased social participation in community life and activities. This is not always the case and people who do not participate in community life do not always feel isolated or excluded.
4. For some older people who seek new contacts, simply bringing them together in structured groups is not sufficient to alleviate the feeling of exclusion. Some older people expressed that although they met new people through groups or activities, they developed few friendships.
5. Forcing people into social groups may cause further social exclusion. Initially, frequent short visits may be more beneficial to get them used to social interactions.
6. Often socially excluded people are not aware of services and social support. Older people who do not receive support from family or case managers often do not know how to seek out assistance or social support.
7. Older people who are prone to or are already socially excluded may not:
  - a. Have the skills or knowledge to ask for help;
  - b. Be comfortable in accepting services or visits or assessments from professionals.
8. Older people should be engaged in the planning and implementation of projects, rather than have them chosen for them.
9. Older people need to be provided with a simple entry point to services and help, preferably with one (1) point of contact. For example, in having a contact person they know prior to joining a social group.

10. Older people need to feel empowered to make decisions about their lifestyle, social participation and the services they access. Services should be flexible to the needs and desires of older people.
11. The time of day the social activity is held is important:
  - a. It is important to have activities run during the day as transport can be a limiting issue.
  - b. Some older people living alone feel more excluded and lonely in the afternoon, early evening and on holidays. Thus, activities run in the afternoon and on holidays would be beneficial.
12. Low cost social options should be provided. It is important to remove any financial barriers for low income earners.

## **Needs and Desired Assistance**

Participants were asked to identify what areas they thought should be the focus of interventions to address social inclusion. It should be noted that this list is not comprehensive and may not include all of the needs of older people. Further exploration of the individual barriers to social inclusion and how to meet the needs of the older community members in the Inner North is needed in order to develop effective approaches to the issue of social inclusion.

## **Increased knowledge about social and community activities**

Many participants indicated they would benefit from improved information and better access to support services and social and community groups. They felt that there is a need for better coordinated provision of information. Information on social and community activities should be able to be accessed at one central point, creating a hub of information provision for the Inner North. This point should also include information on transport options.

Additionally, information explaining how to get involved in the community in a variety of ways such as volunteering, involvement in decision making bodies such as committees, and education courses should be made more readily available to people. Many participants indicated that they would like to get more involved however lacked the knowledge of how to do so.

Information should be made available to older people in a variety of formats such as advertising in local newspapers and magazines, newsletters, phone services and the Internet. Some participants who are volunteers in various social groups felt that there should be more free advertising options made to these not-for-profit programs.

Participants also felt that there is a need for increased outreach by service providers and government to engage socially excluded and isolated people, rather than expecting them to approach the service providers. This involves increased coordination between services such as case managers, HACC services, health care

providers and other community contacts to identify people who may be socially excluded. Language barriers should also be accommodated for by ensuring the provision of information in various languages and translator options.

## **Information Technology**

Interventions should overcome the cultural barrier to access that stereotypes older people as technically incompetent. Participants felt that there needs to be increased access to easy-to-understand learning materials and courses on computer usage. They indicated there should be increased access to computers for seniors such as walk-in centres where seniors can access computers at any time free of cost.

Of the participants that had attended computer courses, many indicated that they were unsatisfied with the current courses offered to seniors. They felt courses should be structured with more flexibility and support, and having a person on hand who could assist them to navigate through the Internet. They also felt that regular short courses with refresher training were a preferred mode of learning.

## **Community participation and social networks**

For many older participants with transport or mobility issues, it was important to have resources that were close to home in order to make them more accessible.

Many participants expressed a need for increased support for the development of neighbourhood and local community strategies such as street parties, neighbourhood coordinators, and the expansion of neighbourhood and community centres within the Inner North.

Education was identified as an important area of social participation. Several community members spoke highly of the University for the Third Age (U3A) and felt there should be more support for the expansion of education and skills development courses. Some participants also indicated they would like to be more involved in cultural, community and volunteer opportunities. This would allow them to utilise their skills and to feel a sense of value and usefulness.

Participants who felt excluded and lacked personal relationships expressed a need to assist them to develop quality social support which provides regular contact in order to assist them to form social networks and high quality relationships.

## **Transport & Infrastructure**

The majority of participants felt that there is a need for increased access to affordable, regular and accessible transport options. An improved regular and accessible public transport system would address many of the transport difficulties experienced by older people, and would increase their ability to be socially active.

Participants felt there should be more frequent buses especially on the weekends and evenings, as many seniors expressed fears for their safety in the evenings and

cannot stand for long periods due to mobility issues. Additionally, participants felt that buses should be more accessible for seniors with mobility problems, expressing a desire for more buses that are wheelchair accessible, as most seniors that indicated mobility issues did not use buses due to fears of falls or an inability to physically access the bus.

Taxis were the least common transport option, and were often only used in emergencies as they were too expensive. Participants felt there should be a more affordable option for seniors.

Participants also expressed a strong desire for increased community transport options for mobility-impaired, non-car owners and those with general transport problems, as they offered convenient pick up services to and from participants' homes.

It was also felt that there is a need for improved planning of local environments, to ensure continued mobility of older people such as improvements to footpaths and seating along with increased bus stops, shelters and lighting.

### **Support for single and widowed people**

The impact of being single or widowed on social exclusion was a common theme brought up in discussions. Participants who identified as widowed or single felt there was a need for more programs that involve single, divorced and widowed people in social activities. Many indicated that they have decreased social support and networks and tend to feel socially excluded from many activities. Participants indicated they would benefit from more support groups which would help to re-build the confidence and self-esteem of widowed people to encourage them to develop new social networks.

Participants also indicated there should be increased support for recent widowers suffering from depression, grieving and loss.

### **Encouraging independence and perceptions of older people**

Many participants were dissatisfied with their local communities' attitudes towards older people. They indicated that future interventions should address this issue by incorporating and encouraging positive views about ageing.

Another common theme that arose in discussions was the importance of older people maintaining their independence. All participants in the study were living independently in their own homes, and indicated a strong desire to remain in their own homes as long as possible. Many indicated that there is a need for more services that visit people in their own homes to assist with social support. Older participants also indicated they would like more assistance with household maintenance and improvements.

## **Pre-retirement planning**

Many participants indicated they would have appreciated more pre-retirement planning to assist with the transition into the later years of life. The most common forms of support they would have liked were locating social groups and community organisations. This suggests many participants were unable to access or find support options when needed, and the risk of social exclusion in later years of life could be prevented through adequate pre-retirement planning.

They felt there should be more information around healthy ageing and options for community engagement, pre-retirement seminars or information evenings in order to assist with preparations for retirement, and information on community organisations, government departments and service providers available to seniors.

## REFERENCES

1998 European Union's Taskforce on Social Exclusion and Poverty Statistics, viewed 14 October 2009.

ABS, 2007, 'Basic Community Profile: North Canberra',  
<http://www.censusdata.abs.gov.au/ABSNavigation/prenav/ViewData?&action=404&documentproductno=80505&documenttype=Details&tabname=Details&areacode=80505&issue=2006&producttype=Community%20Profiles&&producttype=Community%20Profiles&textversion=true&navmapdisplayed=true&breadcrumb=PLD&&collection=Census&period=2006&producttype=Community%20Profiles&#Basic%20Community%20Profile> viewed 14 October 2009.

Age Concern (2009) Social Inclusion and Communities ,  
[http://www.ageconcern.org.uk/AgeConcern/social\\_inclusion\\_what.asp](http://www.ageconcern.org.uk/AgeConcern/social_inclusion_what.asp),

Australian Government Social Inclusion Unit, Social Inclusion,  
<http://www.socialinclusion.gov.au/Pages/default.aspx> Viewed 10 February 2010.

Cultural & Indigenous Research Centre Australia (2009), Comparative Social Isolation amongst older people in the ACT, Department of Disability, Housing and Community Services, ACT.

European Union's Taskforce on Social Exclusion and Poverty Statistics. 1998, viewed 14 October 2009.

Findlay, R & Cartwright, C (2002), Social Isolation and Older People: A Literature Review, Report for the Seniors Interest Branch and Ministerial Advisory Council on Older People, Australasian Centre on Ageing, University of Queensland, Brisbane.

Gerdner, I & Brooke, E & Ozane, E. & Kendig, H (1998), Improving social networks: A research report. Lincoln Gerontology Centre. La Trobe University.

House of Representatives Standing Committee on Health and Ageing 2005, Future ageing: report on a draft report of the 40<sup>th</sup> Parliament : inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years, HRSCHA, Canberra, ,  
[http://www.aph.gov.au/house/committee/haa/strategies/reprt/chapter\\_2.pdf](http://www.aph.gov.au/house/committee/haa/strategies/reprt/chapter_2.pdf), viewed February 25 2010.

[http://www.ageconcern.org.uk/AgeConcern/Documents/AA\\_2008\\_Social\\_Inclusion.pdf](http://www.ageconcern.org.uk/AgeConcern/Documents/AA_2008_Social_Inclusion.pdf) Age Concern UK, viewed 14 October 2009

Kimberly, H & Simons, B (2009), The Brotherhood's Social Barometer: Living the second fifty years, Brotherhood of St Laurence.

Kunugi, T. (1989), Women and population ageing, *Asia-Pacific Population Journal*, 4(2), 75-79.

Levitas, R & Pantazis, C & Fahmy, E & Gordon D & Lloyd, D & Patsios, D (2007), *The Multidimensional Analysis of Social Exclusion*, Bristol, University of Bristol.

Scarf, T & Davidson, C & Smith, AE & Kingston, P (2002), *Growing older in socially deprived areas: social exclusion in later life*, Help the Aged, London.

Scarf, T & Phillipson, C & Smith, A (2005), *Multiple Exclusion and Quality of Life amongst Excluded People in Disadvantaged Neighbourhoods*, Social Exclusion Unit, Office of the Deputy Prime Minister, London.

Social Exclusion Unit (2006), *The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA)*, Office of the Deputy Prime Minister, London.

Social Exclusion Unit (2005), *Excluded older people: Social Exclusion Unit Interim report*, Social Exclusion Unit, Office of the Deputy Prime Minister, London.

United Kingdom's Cabinet Office,

[http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx), viewed 14 October 2009.

Waterhouse, C. & Angley, P (2005), *Social Exclusion among older people, A preliminary study from inner-city Melbourne*, Brotherhood of St Laurence.