

AGEING IN COUNTRY SOUTH AUSTRALIA

Report of COTA SA's Country Listening Posts



ABOUT COTA SA

COTA (Council on the Ageing) SA is the peak body representing the rights, interests and futures of more than 633,000 South Australians aged over 50. We are an older people's movement, engaging with at least 100,000 older people every year.

COTA SA reflects the diversity of modern ageing, enabling the inclusion of older people in the life of South Australia and in the policies and decision-making of our State Government.

We are part of the COTA Federation comprising COTAs in each state and territory, along with COTA Australia based in Canberra. With our partner COTAs, we engage and influence locally and on a national basis.

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FOREWORD

Representing and responding to the changing – and growing – older population in regional and rural South Australia is a key focus for COTA SA.

Over the past five years, we have increased our efforts outside metropolitan Adelaide by extending existing programs and setting up new opportunities generally as trials and pilots. Over the past year we have increased the number of accredited regional Strength for Life providers to 23, provided Silver Rainbow training for almost 100 country aged care staff, recruited community visitors in the Fleurieu and Yorke Peninsulas, offered Advance Care Directive information sessions in the Mid North and Yorke Peninsulas, rolled out aged care navigation throughout the lower South East and offered support to link to My Aged Care across much of country SA. Our modern ageing festival, ZestFest, is increasing its focus on country SA and this year Beyond Bank will support us to take a series of seminars and workshops to Victor Harbor.

In undertaking this work, it became increasingly obvious that ageing in country SA presents a unique set of challenges often not experienced in metropolitan areas.

Yet there is a lack of comprehensive information about what the upsides and downsides of growing older outside the metropolitan region are, and the needs and opportunities that should drive government policy, investment and decision-making.

Establishing our Country Listening Posts in 2019 was an important step in not only allowing us to reach out and connect with older people in our regions, but to better understand the unique set of challenges that ageing in the country presents to many older South Australians.

We acknowledge the support of Resthaven Inc, whose generous financial contribution assisted us in undertaking this project.

COTA SA's Listening Posts recognises the significant number of older people living in country SA.

The generosity of people in talking about their lives and experiences enabled us to explore issues in some detail and we hope this report begins to do justice to those conversations.

In some instances, the findings of the Country Listening Posts were somewhat expected based on our past experience. This includes the feedback we got about the scarcity of transport options for people who do not drive, and the priority people give to their own health and their access to health services. In the case of transport, we heard frustration about the lack of progress.

In other cases what we learnt surprised us. We had not expected just how precarious the financial circumstances of many older people in country SA are and how much these financial considerations had driven original decision-making to live away from metropolitan Adelaide and other major centres.

It is clear from our discussions that there is a need to move older people living in country SA to centre stage in terms of their roles and futures.

There is an urgent need for a whole-of-government regional ageing strategy to be developed to ensure that our regions are adequately equipped to deal with the opportunities and challenges presented by their ageing demographics.

A strategy is an important step in enabling those in country South Australia to reap the benefits of living longer in our regions and to contribute to and be included in their communities.

Emeritus Professor Anne Edwards AO
President

Jane Mussared
Chief Executive



LEFT TO RIGHT:
ANNE EDWARDS & JANE MUSSARED

EXECUTIVE SUMMARY

633,000 South Australians are aged over 50 and more than a quarter (26%) of them live outside the metropolitan area. Many of our country communities have much higher age profiles than their metropolitan counterparts. This figure is likely to grow, as older people continue to seek a 'sea change', 'tree change' or 'affordability change' in their retirement, and younger people from the country move to metropolitan areas in search of work.

In some areas, such as Goolwa and Victor Harbor about 60% of the population is aged over 50. Similarly in areas including Moonta (56.7%), Peterborough – Mount Remarkable (54.8%) and Mannum (52.8%) the proportion of people aged over 50 is high, well above the state average of 36%.

Regional South Australia is facing a unique set of challenges as its population ages. Factors including loneliness and social isolation, higher unemployment, limited access to transport, health and aged care and lower digital literacy means that many of those in country South Australia are at a distinct disadvantage compared with their metropolitan counterparts.

There is a danger in assuming that those people ageing in regional areas do so on the same terms and under the same circumstances as those in the metropolitan area. Adequately responding to and supporting the more than 165,000 older people living in country South Australia to live and age well should be a key focus for governments.

In fact little is known about the experience of growing older outside Adelaide.

With this in mind, COTA SA undertook a series of Listening Posts in country SA in 2019 as the first step in understanding people's experience of ageing in country SA, and with a view to understanding better the priorities of our regional areas.

We set up a series of stalls in local shopping centres and libraries, speaking with 400 older people across 20 South Australian locations (see Appendix 1). We invited the

community to discuss their experiences growing older in country SA, aiming to find out what matters most to them and the barriers that prevent them from ageing and living well.

The older people we spoke to represented a wide cross-section of ages (50-94), cultural groups, income levels, health status, preferences and views. About 55% of the people we spoke to were women. The great majority of those we spoke to were Australian-born people of English-speaking backgrounds but our sample also included people who were Aboriginal, Greek, Dutch, Italian and Chinese.

An overwhelming theme from our Listening Posts was that people feel a deep connection with their location and a strong sense of community. This is a stronger sentiment than emerges in metropolitan areas. "I wouldn't live anywhere else" was a common expression. However, the positive sentiment also stood in stark contrast to many of the concerns reported – including widespread financial uncertainty, loneliness and isolation, limited mobility and transport options and concerns about aged care.

Several key themes emerged from our Listening Post discussions:

- Loving where you live
- Volunteers and community spirit
- Cost of living
- Employment
- Mobility and transport
- Health
- Loneliness and isolation
- Aged care
- The digital divide

This report cannot do justice to the diversity of the people we spoke to. Neither does it make any attempt to compare the circumstances of people in different country areas. Rather, it has been an opportunity to hear directly from older people and has enabled us to draw out the recurring themes that must become the platform for government and community action and investment.



LYNNE & GREG, ARDROSSAN



BETTY, GOOLWA



CHRISTINA, VICTOR HARBOR



GAIL, VICTOR HARBOR WITH COTA SA STUDENT, LARISSA



VOLUNTEER KEITH & JOHN, NURIOOTPA

I wouldn't live anywhere else.

A SNAPSHOT OF COUNTRY SOUTH AUSTRALIA

165,431 (more than 26%) of South Australians aged over 50 live in country SA



18% of people aged over 50 in country SA report being lonely

About 2,500 older person households in rural South Australia are experiencing housing stress



Only 3% of rental properties in regional SA were affordable to single age pensioner households



Digital inclusion is lowest for people aged 65+ and living in country SA

More people age 50+ living in country SA report having had two or more falls (25%) than in metropolitan Adelaide (19.5%)



People in country South Australia report higher rates of poor or only fair health



Between the 2006 and 2016 Censuses, rural and regional South Australia experienced an overall population loss and a significant gain in their older populations



People living outside metropolitan Adelaide are less likely to visit a dental professional or an after-hours GP



People in rural areas are more likely to volunteer than people in urban areas (21% compared with 18%)

OUR COUNTRY FOOTPRINT



My Aged Care

(funded by Country SA PHN)
Six COTA SA volunteer Aged Care Peer Champions living in the Fleurieu and Yorke Peninsulas, Murray Mallee, the Mid North and Lower Eyre Peninsula assist older people in their local community to navigate and engage with My Aged Care.

Aged Care Navigators

(funded by the Commonwealth Government)
COTA SA is delivering the Aged Care Navigators trial in the Lower South East. Eight COTA SA volunteers offer Information Hubs in Mount Gambier, Millicent, Robe, Kingston and Penola to assist local residents learn more about My Aged Care. An Aged Care Specialist Support worker provides intensive assistance to people struggling to connect with aged care.

Advance Care Directives

(funded by Country SA PHN)
COTA SA is sharing Advance Care Directive information to Community Groups in the Yorke Peninsula and the Mid North in a pilot project.

COTA Visitors

(funded by the Commonwealth Government)
13 volunteers visit older people in the Hills Mallee Southern region along with eight in the Mid North.

COTA SA in Victor Harbor

(with support from Beyond Bank)
In 2020 COTA SA will host a number of workshops and seminars for older people in Victor Harbor on a wide range of topics.

Silver Rainbow

LGBTI Aged Care Awareness Training was delivered to 94 people from 39 organisations in Berri, Murray Bridge, Karoonda, Mt Gambier, Naracoorte and Port Lincoln in 2019.

Maximising My Independence

(funded by the Commonwealth Home Support Program)
Adelaide-based volunteer peer educators travel throughout the state to deliver information sessions.

ZestFest

COTA SA's annual festival of modern ageing, includes an increasing number of events in country SA.

Strength for Life

(funded by SA Health) has 23 accredited Providers in regional areas - in the South East, Fleurieu, Mid North, Whyalla, Riverland, Eyre Peninsula, Kangaroo Island and Barossa Valley.

The Plug-in

COTA SA's 50+ market insights social enterprise, The Plug-in engages regularly with hundreds of older people in country SA.

DEMOGRAPHICS

The age profile of country SA is older than metropolitan Adelaide. As at the 2016 Census there were 633,777 people aged 50 years and over living in South Australia and 165,431 (more than 26%) live outside greater Adelaide¹. In addition, our rural communities are ageing significantly faster than metropolitan Adelaide. The SA regions with the highest proportions of people over 50 are:

RANK	REGION	50+ AS % OF TOTAL POPULATION
1	Goolwa – Port Elliot	61.5
2	Victor Harbor	59.8
3	Yorke Peninsula – South	59.4
4	Yorke Peninsula – North	57.8
5	Moonta	56.7
6	Yankalilla	56.0
7	Walleroo	55.5
8	Peterborough – Mt Remarkable	54.8
9	Quorn – Lake Gilles	53.6
10	Mannum	52.8

Some of these are the larger, high amenity ‘sea change’ or ‘tree change’ locations where health and related services are likely to be concentrated. However, some smaller regions including the Yorke Peninsula and the Mid North have very high proportions of older people. These areas also have a higher proportion of people 70+ in the towns, as older people move from farms and smaller outlying hamlets.

The age profile of populations in South Australia’s regional and rural areas has changed at a much faster pace than in greater Adelaide. Many rural and regional areas are experiencing the double impact of ageing baby boomers coupled with the departure of younger people. Between the 2006 and 2016 Census periods, most regional and rural locations experienced overall population loss but significant gains in their older populations. For example:

AREA	POPULATION CHANGE 2006-2016	POPULATION CHANGE FOR 50+ YEARS 2006-2016
Port Lincoln	+458	+1168
Limestone Coast	-212	+1148
Loxton-Waikerie	-126	+955
Port Augusta	-63	+938
Yorke Peninsula	-132	+912
Berri-Barmera	-390	+800
Renmark	+23	+705

1 Bordered by Gawler to the north, Birdwood to the East and Aldinga to the South.

METHODOLOGY

COTA SA’s Country Listening Posts were devised to ‘pop up’ in rural shopping centres and libraries and initiate conversations with older people in the local community about their experience of growing older.

Conversations were based around the following topics:

- **What is working/not working for older people in their community**
- **What matters most to them and their peers**
- **The most important things the State Government could do to support older South Australians.**

Based on individual circumstances, we also explored other topics, including:

- **Housing status - own home, private rental, social housing, other**
- **Income – age pension, Newstart, self-funded, other**
- **Internet use**
- **How people get about – car, local transport options**
- **Local health services – availability and adequacy**
- **Social engagement – what people do, how much loneliness they experience or see.**

Importantly the Listening Posts also provided opportunities for people to get information on topics of interest including elder protection, the new Adult Safeguarding Unit, the Knowing Your Rights booklet and COTA SA programs.

On the back of research by the Hugo Centre for Population and Migration Research at the University of Adelaide, Business SA and the Country Women’s Association (SA), and in consultation with the COTA SA Policy Council, we identified the regions to target and when, and which locations in those regions would provide a diverse sample.

We did not undertake formal Listening Posts in the South East of SA as we have been establishing Aged Care Navigation trial information hubs in Penola, Kingston, Mount Gambier, Millicent, Robe and Naracoorte. Where possible, staff and volunteers distributed written surveys in these towns.

Mostly the conversations were one-to-one, but we complemented these with group conversations in Kapunda, Wudinna, Moonta and Kadina. We distributed surveys to older people in areas we did not get to and to people who wanted to express their views but didn’t have time for an individual conversation.

We also arranged meetings with stakeholders including the Aboriginal Health Service in Port Lincoln, the Berri Barmera and Loxton Waikerie Councils, Yorke Peninsula Community Transport and Senior Citizens Clubs in Wudinna, Moonta and Berri. We liaised with COTA SA’s Peer Educators in Moonta, Kadina and Murray Bridge.

It is important to note that the Country Listening Posts were conducted in the middle of an official drought which had been declared a year before², with the upper Eyre Peninsula, Murray-Mallee, upper North and the pastoral district the worst affected areas. The Bureau of Meteorology declared the first 9 months of 2019 the driest on record³. This undoubtedly influenced our conversations with the community, with evident concern about the impact on local economic conditions and the long-term impacts this may have on local viability.

2 <https://www.abc.net.au/news/rural/2018-09-28/south-australia-government-officially-acknowledges-drought/10317002>

3 <https://www.abc.net.au/news/rural/2019-10-10/south-australia-government-considers-council-rate-relief/11586906>



DEAN & SHARON, LOXTON



PETER, VICTOR HARBOR



VOLUNTEER JULIE, ARDROSSAN



KADINA CONVERSATION GROUP



PHILLIP, PORT LINCOLN



LOUCA & RAY, BERRI



RON, MOONTA



Images courtesy



PAMELA, MOONTA



WUDINNA SENIOR CITIZENS CLUB



GERALDINE, NURIOOTPA



HELEN, VICTOR HARBOR

FINDINGS

LOVING WHERE YOU LIVE



If there was an overwhelming sentiment expressed by almost all we spoke to it was that they would not live anywhere else. The words they used to describe this varied but there were 4 dominant themes:

- The sense of community - the opportunity to get involved, to belong, to contribute, to participate and to give and get help from "neighbours" was greatly valued
- The natural environment and open space – the opportunity for space and time to enjoy natural landscapes, wildlife and "green" space
- The lifestyle – the opportunity to pursue hobbies and interests
- The freedom – the opportunity to prioritise things that matter, to opt out of complication and red tape, to join in as much or as little as required and to avoid a sense of constantly being "busy".

People had not always lived in their current community. Some had made a considered choice to leave a busy city life to achieve the sense of quiet and community they had previously experienced on a holiday. Some were drawn to an area because of a job opportunity or because housing was affordable. Some were returning to areas where they had lived many years ago. Still others had always lived in country areas and could not imagine living anywhere else. This strong sense of community pride and enthusiasm for the environment that

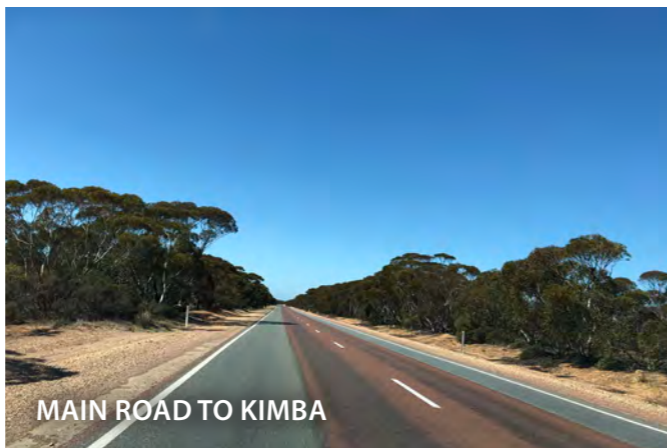
surrounds them has not been as evident in equivalent conversations with older people in Adelaide.

However, there was a pervasive consciousness about the vulnerability of rural towns with particular reference to the drought, economic downturn, movement of younger people to the city and the loss of employment options.

All people indicated an unwavering loyalty to local business and to the local community with 'shop local' sentiments running strong. For many, a high priority influencing the 'shop local' sentiment was the opportunity to support employment for younger generations including children and grandchildren. There was a direct association made to the future viability and strength of their community if they supported activities and initiatives in their town. This extended to people attending arts and community events even when they did not match personal interests, to shopping locally even when the price may be higher or the range may be more limited and to preferring services that resided locally to those that drove in and drove out. Indeed, there was a trust attached to local services that was not evident with out-of-town brands. This was evident for example in conversations about aged care providers even where standards may not have been met or about transport services managed by Red Cross compared with local transport operators.



MURAL, PORT PIRIE



MAIN ROAD TO KIMBA

Coming here changed my life for the better. I lost weight and I am much fitter from walking.

FEMALE, KAPUNDA

I love my garden and the native lizards and birds in my garden

FEMALE, VICTOR HARBOR

There is no opportunity for young people to get work here.

MALE, KIMBA

I love hearing the birds, especially the kookaburras.

FEMALE, TANUNDA

"I like living here because it is quiet!"

MALE, KAPUNDA

I love the fishing. I am here for the fishing.

MALE, ARDROSSAN

My husband loves trains. It was the obvious place to move to.

FEMALE, PETERBOROUGH

Shops in the main street are closing down.

FEMALE, JAMESTOWN

My biggest concern is for the next generation.

FEMALE, BERRI

VOLUNTEERS & COMMUNITY SPIRIT

In each of the communities we visited much of the activity, support and connecting relied upon generous voluntary contributions, many of which came from older people. This did not mean that younger generations did not contribute. However, among the people we spoke to, almost all contributed many hours of volunteering and other unpaid support across multiple roles, organisations and responsibilities including local government, welfare, craft and sporting clubs.

Many of the people we talked with are involved in formal volunteering. This includes as drivers for appointments and events, practical assistance especially through medical or other emergencies or supporting local organisations such as sports and craft clubs, service organisations, Meals on Wheels and other not for profit groups.

Importantly the conversations were with people going in and out of shops rather than with a volunteer or community group and so this donation of time and effort to a local cause or causes appeared to be the default position for most older people.

Well beyond formal volunteering, there would seem to be an extraordinary level of informal support exchanged between neighbours and friends. Examples included help to modify a mobility scooter to accommodate a walking frame, provision of meals after an emergency or bereavement, regular driving and visiting to keep people in touch with a church or community group and support with household repairs or maintenance.

It was a significant concern for those we spoke to that there weren't obvious replacements for them in these formal and informal volunteering roles or, indeed, in terms of a next generation to support current populations of older people when they need it.

“ My neighbour brought meals to me every day for 6 months after my accident. FEMALE, NURIOOTPA

“ I drive a lot of other people around but when I cannot do that I don't know who will drive me around. FEMALE, WAIKERIE

“ Older people here look after each other. FEMALE, WUDINNA

COST OF LIVING

We met a large number of people whose financial circumstances were precarious and whose decision to live in country SA was, to a large degree, driven by the need to reduce expenses, undertake irregular work to supplement pension income, follow an employment opportunity or find housing that was reasonably stable and affordable.

These people included:

- A woman in her 70s who had previously owned a house in Adelaide, took out a \$20,000 loan to make some repairs but was then unable to service the loan. She elected to sell her house, rent in a country area and now uses the capital from the sale of her home to supplement her income.
- A couple who lost their superannuation and savings in a failed rural business now relocated to live in a house belonging to one of their children.
- A couple in their 50s living in a low cost private rental in a small rural town reliant on Newstart plus a few hours per week of casual cleaning about 20 kilometres away.
- A man in his early 70s, renting a house privately and working up to 5 hours per week, in part he says because his employer appreciates his work but also because he finds his Age Pension inadequate to meet his costs.
- A couple who sold a house in Broken Hill then retired and settled in Peterborough, which was the only place in SA they could afford to buy a house.

We met some people who had found the availability of secure rental through the Housing Trust near to facilities a godsend a decade or more ago. We also heard of people in public housing feeling trapped in neighbourhoods that did not feel safe or that were a long way from the services they need as they age.

More often others we met had decided to live away from major centres including Adelaide in pursuit of affordable private rental housing. We heard often that people worried about the high cost of their housing and wondered whether their rental would see them through the rest of their lives.

While some people had secured housing through a son or daughter or a friend, most of those who did not have public housing or own their own home lived in privately rented homes. The cost of living in country areas came in for some comment in terms of food being more expensive, access to social housing being limited and private rental being hard to get and expensive.

In a couple of instances single people shared housing with friends but most of the single people we talked with lived alone. We met several people who had lost a long-term partner and this had created considerable cost pressure in affording rent on their own.

“ We live in a small community that is dying but the housing is cheap. MALE, RED HILL

“ Going into Housing Trust accommodation is the best decision I have made in my life. FEMALE, KAPUNDA

“ We need to be very careful with our spending on Newstart but here we have our own house. FEMALE, PETERBOROUGH

“ We always have to be careful with money. FEMALE, KAPUNDA

EMPLOYMENT



In every community, we met people aged in their 50s and 60s who were reliant on Newstart. This group particularly referred to very tight budgets, concern about the cost of living and their need to move to a place where it was possible to get affordable rental housing.

Some reported working a few hours a week or on a seasonal basis and all had moved to their country location either in pursuit of work or to find affordable housing.

The burden of being unemployed or underemployed was a regular theme for people in receipt of Newstart. Issues included:

- The travel requirements for regular interviews as an unreasonable expense burden
- Following an employment opportunity that subsequently folded (e.g. the closure of Viterra in one area)
- Loss of employment hours
- The failure of a partner to get or keep work in the area
- Lack of access to the internet
- Discrimination in competing for jobs
- Inability to get a Disability Support Pension despite considerable physical limitations
- The trade-off between secure affordable rental and insecure employment elsewhere.

“ I am 61 years old and can't get a job. Newstart is horrendous. I am worried about my future. FEMALE, HAMLEY BRIDGE

“ I volunteer locally because I can't get a job. I am on Newstart but could not survive on it without other resources behind me. FEMALE, GAWLER EAST

“ We moved here from Adelaide when my husband was made redundant and I got sick. FEMALE, WALLAROO

“ Newstart exploits older people. Job providers say I cannot work but I still can't get a disability pension. I drive to Yorketown every four weeks to see the job provider who says the same thing. There is no reimbursement for that trip. MALE, MINLATON



MOBILITY & TRANSPORT



The need to stay active and be independent often requires older people living in country South Australia to be inventive if they are to maintain their mobility. Many people told us that they were reliant on driving and had no idea what they would do if they could no longer drive.

Many people spoke of their concern were they to give up a driver's licence. Some referred to their next renewal point as worrying them and thinking through strategies to maximise their chances of keeping their licence as long as possible. Few people had developed alternatives, or saw that there were any alternatives. In most smaller towns it would mean they would be reliant on either a local transport service or on family and friends. Many people reported moderating their own driving in a variety of ways including not driving big distances, not driving at night or no longer driving to Adelaide.

People who could no longer drive and needed to travel to shopping, medical and other appointments, and social events were heavily reliant on mobility scooters or on community transport programs.

Mobility scooters are beginning to proliferate in most of the communities we visited. Scooters gave people who no longer drive or who are reducing their driving an opportunity to move about their towns with more freedom. Many however cited physical barriers – unpaved footpaths, busy streets without safe crossing places, stairs without ramps – as limiting their free access. Scooters were also of limited value to those people who lived outside town boundaries or who were trying to get to a nearby town. We also heard about the high purchase price of scooters as being a barrier.

We generally heard that people were able to source repairs and modifications to mobility scooters (e.g. to allow a walking frame to be attached) at local garages or through the labours of friends. One mobility scooter user however had just been advised that they could no longer bring their scooter to Adelaide on the local bus service for repairs.

Local public transport was commonly very limited or non-existent and taxi services had ceased operation in some areas severely limiting options. Ride share options – Uber and the like – do not service country areas and rely on the use of apps on a smartphone, which many older people said they were not comfortable with.

The future sustainability of community transport was a key concern both for people who relied on those services to conduct their lives and for those who volunteer with those services. The perception was that the funding is continually under threat and that individualised aged care and disability funding made it more difficult for local community transport schemes to be viable and competitive, threatening long established and trusted local transport infrastructure.

“ A group of us blokes in our 70s share a house and we also share a mobility scooter between us. MALE, WHYALLA

“ A friend helped me build this bracket on the back of my scooter to hold my walking frame. MALE, GOOLWA

“ It seems frivolous to get a community car to go shopping or socialise. FEMALE, KAPUNDA

“ I hate the thought of not being able to drive. FEMALE, WAIKERIE

“ There is no public transport to get around town. MALE, BERRI



HEALTH

Health was a very high priority for all of the people we spoke to. It was an overwhelming priority that they be able to access a local GP who was trusted and reasonably available.

There was some variation between people about whether they preferred accessing specialists in Adelaide or in regional centres. Those preferring Adelaide did so because of existing relationships with specialists, the availability of family members to join the appointments and the opportunity to undertake other errands while attending a health appointment. Those wanting a local service indicated a distinct preference not to have to go to Adelaide and a desire to shop, consult and transact business locally wherever possible.

There was a strong feeling among the older people we spoke to that they need to be responsible for their own health and take direct action to maintain good health including regular walking and attending exercise classes. This was partly for their own wellbeing and partly due to recognition that health services in the areas where they live are very limited.

We heard about some local hospital services where perceptions were that they were not in touch with what local people want and need, and were therefore underused and understaffed resulting in people having to travel to Adelaide for treatment. We also heard that GPs are overstretched and that there are long waits for specialist appointments. The presence of a local GP was greatly valued although we did hear some examples of conflict with the only local GP.



The Patient Assistance Scheme (PATS) came in for a lot of criticism including:

- The requirement to pay up front before getting the reimbursement which is unaffordable for some.
- Reimbursements being refused for essential treatment recommended by GPs requiring them to weigh into advocacy for PATS.
- Patient guilt about wasting busy GP time in order to get PATS reimbursement or support to challenge rejected claims.
- Unreasonable attitude by PATS towards what should be straightforward processing of claims.

People reported resorting to informal networks – friends and relatives – for essential medical transport because many found the PATS scheme unaffordable, limited and difficult. Typical stories we heard included:

“PATS does not work well. I went to Adelaide for an operation on my arm. We tried to claim expenses from PATS but they said I could have got the surgery in Wallaroo but there is not an orthopaedic surgeon in Wallaroo.” Female, Kadina.

“We had our cataracts done in Adelaide two years ago. The wait in Wallaroo was 12-18 months but it was preventing us from driving. Both our doctors had signed the PATS claim form saying we needed the surgery urgently but PATS still would not pay.” Male, Moonta.

“We know we need to be responsible for our own health so we go to the gym regularly.”

FEMALE, PORT RICKABY

“Having a GP makes a big difference!”

MALE, KIMBA

“The medical services are good here.”

MALE, PETERBOROUGH

“We are lucky to have a doctor 3 days a week!”

FEMALE, KIMBA

“If we had health issues we would go back to Whyalla to live.”

FEMALE, MINNIPA

“Don't get sick in the country after 3pm on a Friday. There are no hospitals open!”

FEMALE, WALLAROO

“Strength for Life has made a huge difference to my life.”

FEMALE, LOXTON

LONELINESS & ISOLATION

Inevitably the age profile of people in country areas means that many are spending the last part of their lives living alone having lost a spouse or partner. The trend for younger people to move away means that having family nearby is no longer a given and the support of friends becomes even more important.

We heard from many people that a distinct downside of living in rural South Australia was the separation from children, grandchildren and great grandchildren. Increasingly the opportunity to catch up with family was limited. Barriers included a lack of manageable, accessible or affordable transport, increasing difficulty in driving long distances and the spread of family to many different locations.

People whose family had moved to the city missed them and were particularly mindful that limitations in their own driving meant their contact with them diminished. By contrast those whose family members had returned to live nearby reported high satisfaction with those arrangements, frequent contact and support exchanged with family members across a range of things like childcare, home maintenance, financial help and driving.

We met several groups of friends – mixed and all male or all female – in some regional shopping centres who meet once or twice a week for a coffee. In every instance they were able to get there independently by car or mobility scooter.

For older people without families and with increasing physical limitations there was a high reliance on neighbours, friends and local services.



“ Older single women rely on each other and look after each other.
FEMALE, PORT LINCOLN

“ There is not a lot to do here.
MALE, KAPUNDA

“ Lots of the people both living on farms and in towns are lonely.
FEMALE, KIMBA

“ Being alone is hard.
FEMALE, KAPUNDA

“ Sometimes I feel lonely but I am thankful my sister and friends are here.
FEMALE, PORT LINCOLN



MAIN STREET, YONGOLA

AGED CARE

The most predominant themes in relation to aged care was the long wait for home care packages, the inflexibility of home care, the lack of coordination between NDIS and aged care and the inadequacy of staffing levels in residential aged care.

For those with direct experience of residential aged care, the lack of staffing was seen to be compromising the quality of care and, in one case, was blamed for the closure of a local facility. There was considerable sympathy and support for small local providers of aged care and there was a view that new rules and bureaucracy are making it difficult for local providers to stay open. People expressed a preference for services and staff from the local area who they generally regarded as being more trustworthy and in tune with needs.

Local residential aged care is in short supply in some areas.

We also heard about a highly competitive environment between aged care providers vying for business and adopting business models that discouraged their clients from using services other than those provided by their aged care provider. This meant not buying from the local community transport services, not referring to local community visitors and not encouraging access to alternative or independent information about services.

Some people accessing home care packages complained that there was no real choice between providers because they all offered the same thing or had rules or conditions that stopped them from including services from another supplier as part of their package. We also heard feedback that home care services were inflexible, and that people were not able to get the services they believed would help them most.

We heard several instances of people caught between two systems - NDIS and aged care - particularly in smaller communities. This includes:

- A woman in her 50s supported through NDIS no longer able to access bus trips and social opportunities available through My Aged Care even though this had been part of her previous routine.
- A woman in her 60s who had chosen NDIS because of the more generous services available but now is apparently ineligible for community transport funded through My Aged Care. She is not able to source usable alternative transport through NDIS.

My Aged Care received mixed reviews, being described variously as “great” and “works well for us” to comments about lack of availability for people who have higher care needs forcing them into residential aged care, and the long waiting list for any level of home care. We also met people with no knowledge of aged care options and not at all sure where they would start to ask about it. One man, a gardener, preserves maker and self-confessed hoarder, was told that home care services would be unlikely to support such hobbies and lifestyle and could only provide for conventional care needs.

In a couple of cases we heard excellent examples of intermediary services that greatly assisted initial access to My Aged Care – in one case an Aboriginal Controlled health service and the other a local GP clinic.



DEL, KIMBA



“ I waited 18 months to get my Level 3 package and before that 18 months for my Level 2. FEMALE, VICTOR HARBOR

“ I don't have the internet and I don't know what I am entitled to. FEMALE, BERRI

“ In principle the services are good but the providers are milking it. I can't understand the statements and the fees are ridiculous. MALE, MINLATON

“ There is a minimum 12 month wait. People deteriorate while they wait. FEMALE, WAIKERIE

THE DIGITAL DIVIDE



Perhaps a quarter of the people we talked to were reasonably proficient across a range of digital platforms and transacted regularly online including for banking and bill paying, information, utilities, retail and social purposes. Most were self-taught or learned the fundamentals while working. Almost all keep up to date largely through their own efforts and experimentation. Among the couples we spoke to, it was common for only one of them to be digitally competent and active while their partner was not.

Another quarter of the people we spoke to had some familiarity with one or two digital applications - email, phone function only, Skype or games were the most common - but otherwise did not use a digital device.

But a significant number of the 400 people we met were not online at all and found online interactions with My Aged Care, MyGov and other government agencies impossible to manage. People reported feeling marginalised by their inability to use online systems and frustrated that they should be expected to.

In the absence of access to technology - whether through inability to use and/or unaffordability - the local shop window, library, hospital and council were valuable sources of information about the local community and we heard frequent expressions of appreciation for those services. Newsletters, produced locally advertising events and activities and providing information about local people, were also valued.



“ We are not on computers.
MALE, WHYALLA

“ I don't use a computer. Tech Savvy
Seniors didn't work for me.
FEMALE, KAPUNDA

“ I am not on the internet but my husband
is and he pays our bills online.
FEMALE, VICTOR HARBOR

“ My wife is reasonable at computers
but I am not interested. MALE, KIMBA

“ We do a lot online including banking.
MALE, JAMESTOWN

“ I don't know where to go for information
or what I am entitled to because I don't
use a computer. FEMALE, BERRI

IMPLICATIONS & NEXT STEPS

A STRATEGY FOR AGEING IN COUNTRY SA

There has been little specific policy action or planning that addresses the unique challenges of ageing in regional South Australia. Indeed there has also been little attention to the contributions and opportunities offered in regional areas by people as they age.

A few regional councils have attempted or talked about attempting ageing strategies of their own, an approach which is both progressive and constructive. However, the capacity, efficacy and thoroughness of such projects to engage broadly and deliver positively varies between local government areas.

There is a need for a regional ageing strategy to be developed to ensure that our regions are adequately equipped to deal with the opportunities and challenges presented by their ageing demographics.

COTA SA urges the State Government to develop an inclusive state-based strategy that allows those in country South Australia to enjoy the benefits of living longer and to access opportunities to contribute to, and be included in, their communities.

The strategy should focus on priority areas based on the issues that older people across SA have indicated are important to them:

- Creating inclusive communities
- Cost of living
- Health and wellbeing
- Employment
- Housing
- Transport and mobility
- Digital inclusion.



NICOLA THURSTON FROM COTA SA IN MINLATON



SU BELL FROM COTA SA IN MINLATON



JOHN, GOOLWA



ANNE, PORT PIRIE



GWEN, WAIKERIE



GARNET, NURIOOTPA



RONALD, WHYALLA

RECOMMENDATIONS

Beyond the development of a regional ageing strategy for South Australia, there are additional and very practical measures or commitments that could occur immediately to ease the pressures on older people in regional areas, increase their involvement in local communities and improve their access to services.

COTA SA particularly proposes that:

The State Government prioritises housing for disadvantaged older people – with specific reference to those in regional South Australia – and sets targets to meet their needs as the *Our Housing Future 2020-2030* strategy is rolled out.



An immediate review of the viability and ongoing funding requirements of current community transport providers be undertaken, exploring solutions that include NDIS and My Aged Care customers, to safeguard and build on existing infrastructure and initiatives.



Funding in rural South Australia recognises higher travel and other costs, longer set up times and the need to move away from short term pilots to support capacity building and longer term commitments.



A project is funded in regional South Australia to engage older workers and employers to discover and trial new opportunities for mature employment and enterprise in country areas. This project should also investigate the work required to support the upskilling, reskilling and workplace flexibility to create proactive employment opportunities for older people.



A review of transport options is undertaken in country South Australia in conjunction with the SA Community Transport Association, focused on the design of options to enable the growing population of older people living in country areas to travel within and between local communities safely and with autonomy.



PATS is reviewed to better reflect principles of patient choice, respect for local GP recommendations about where a patient should have a procedure or treatment, the timeliness of treatment and the simplicity, transparency and certainty of the scheme.



Urgent work be done to design and adequately fund specialist rural models of both residential and home-based aged care, including adequate attention to attracting and retaining a local workforce.



A technology inclusion plan for South Australia be developed and include funding for people to get help, learn, update and stay in touch with technology as they age, including one to one support.



Rural local councils prioritise streetscapes that promote intra-town travel for people not able to drive that are accessible and amenable to mobility scooter use.



An investigation of the levels of loneliness and isolation among older people living in country SA is undertaken and that solutions based on best practice and innovation elsewhere are trialled.



New models of country aged care include consideration of better integration of workforce and infrastructure between NDIS and aged care.



VENUE & DATES

REGION	VENUE	2019 DATES & TIMES
Mallee	Murray Bridge Library	Wednesday 25 July, 9am - 12pm
Eyre Peninsula	Port Lincoln Library	Monday 9 September, 9am - 12pm
	Wudinna outside Foodland	Tuesday 10 September, 9am - 11am
	Kimba outside IGA	Tuesday 10 September, 1pm - 3pm
	Whyalla Westland Shopping Centre	Wednesday 11 September, 9am - 12pm
Riverland & Barossa	Kapunda Public Library	Tuesday 17 September, 10am - 12pm
	Waikerie Library and Visitor Centre	Tuesday 17 September, 2pm - 4pm
	Berri Riverland Central Plaza	Wednesday 18 September, 9am - 12pm
	Loxton Library	Wednesday 18 September, 2pm - 4pm
	Nuriootpa Co-op Shopping Centre	Thursday 19 September, 9am - 12pm
	Lyndoch Library	Thursday 19 September, 1:30 - 3:30pm
Mid North	Port Pirie Shopping Centre	Monday 23 September, 1pm - 4pm
	Peterborough outside Foodland	Tuesday 24 September, 9am - 12pm
	Jamestown Community Library	Tuesday 24 September, 2pm - 4pm
Yorke Peninsula	Ardrossan outside Drakes Supermarket	Tuesday 1 October, 10am - 12pm
	Minlaton outside Foodland	Tuesday 1 October, 2pm - 4pm
	Kadina Community Library	Wednesday 2 October, 9am - 11am
	Moonta outside Drakes Foodland	Wednesday 2 October, 1pm - 3pm
Fleurieu Peninsula	Victor Harbor Shopping Centre	Wednesday 16 October, 9am - 12pm
	Goolwa Shopping Centre	Wednesday 16 October, 1pm - 3pm

PLACES VISITED





The Plug-in. ZEST FEST

 Strength for Life

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