

2021 LISTENING POSTS

Insights from older people across South Australia



ABOUT COTA SA

COTA SA is an older people's movement representing the rights, interests and futures of more than 630,000 older South Australians. COTA SA reflects the diversity of modern ageing and connects with thousands of older people each year throughout South Australia. Our policy and advocacy are informed by the COTA SA Policy Council made up of older South Australians from diverse backgrounds, along with a number of advisory groups. COTA SA's social enterprise, The Plug-in conducts regular research and gathers insights into the lived experience of older South Australians in addition to its work facilitating access to older people for organisations, researchers and service providers. COTA SA is part of the COTA Federation with independent COTAs in each state and territory along with COTA Australia.

Acknowledgement of Country

We acknowledge and pay our respects to the Kaurna people, Ngarrindjeri people, Bindjali people, Narungga people and Boandik people, as the traditional custodians of the lands where we held our listening posts. We also acknowledge all Aboriginal nations throughout South Australia. We honour Aboriginal peoples' continuing connection to Country and recognise that their sovereignty was never ceded. We pay our respects to Elders past, present and emerging and extend that respect to all Aboriginal people.

Thank you!

We thank all of the older South Australians who took part in our listening posts for their time and openness.

We acknowledge the invaluable input of COTA SA Policy Council and Advisory Group members who undertook listening posts in their own peer groups.

Our Listening Posts program is supported by Office for Ageing Well, SA Health through the COTA SA Ageing Well Peak Body Program grant funding.



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INTRODUCTION

In August and September 2021, COTA SA undertook a series of listening posts to learn from older South Australians what works well as they age and what doesn't. The listening posts were conducted by both staff and by our Policy Council and Advisory Group members across 12 locations in South Australia.

We spoke to 243 older people. They represented a broad cross-section of voices with varied experiences across the diversity of age, cultural background, location, income, health, ability and relationship status. They are active citizens, neighbours, customers of local shops, workers, volunteers, family members and participants in local initiatives. They also reflected on a wide range of activities, contributions and hobbies that were regular fixtures in their lives.

We heard that the ingredients for a well-loved community include opportunities to get involved (or not when they chose) and enjoying a strong sense of belonging, as well as access to shops, health services, social and leisure opportunities and the natural environment. Reliable and accessible transport again emerged as an important part of being able to reach services and stay in touch with friends and family.

This report highlights what we heard and learnt from the people we spoke to with insights already informing our policy priorities, including our election platforms.



SNAPSHOT

243

People Engaged

13

Group Discussions

174

Individual Discussions



Peer Listening Posts

55 Meetings

112 Peer Conversations



Public Listening Posts

10 Places Visited



4 Metro **6** Regional

40%

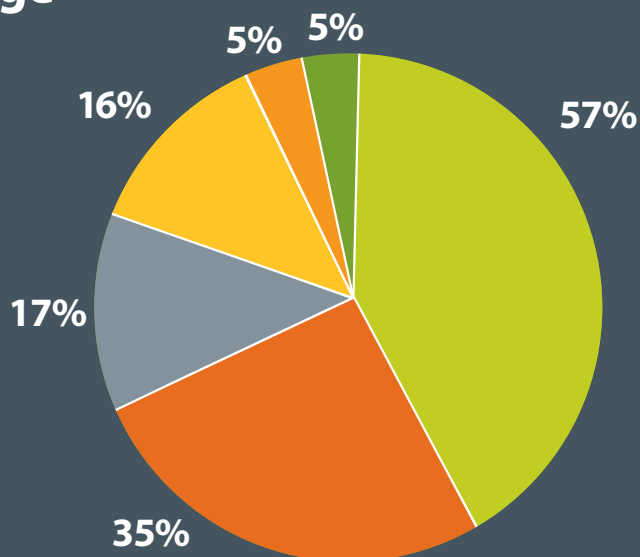
Country SA

60%

Metro Adelaide

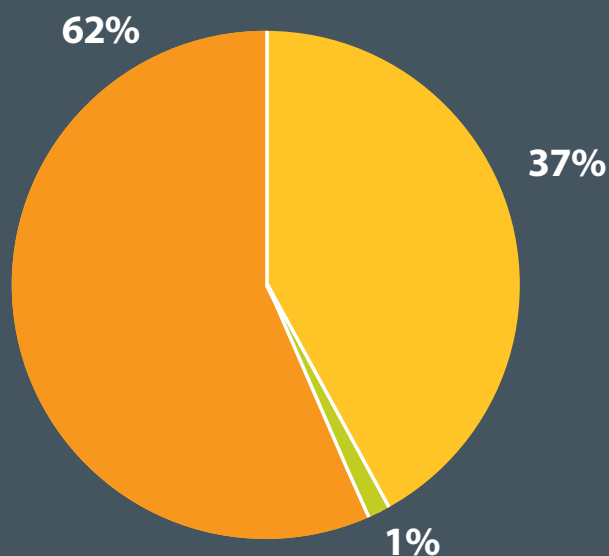


Age



50s 60s 70s 80s 90s unknown

Gender



Female Male Non-binary

HOW WE ENGAGED

COTA SA staff and volunteers conducted listening posts in regional and metropolitan South Australia to understand the lived experiences of older people.

We undertook both public and peer listening posts as conversations using a script with an outline of the conversation, a brief introduction about COTA SA and then open-ended prompts about what matters for older people, what works well for them, what doesn't and the issues they think are important.

Our conversations were guided by questions based on the following topics:

- What was loved most about living in their community
- What doesn't work well in their community
- The most important issues leading up to the 2022 State Election
- Ideas about what the government could do to address issues
- What they would like COTA SA to focus on
- Whether they felt they were treated differently because of their age

All conversations were recorded and entered into a spreadsheet for analysis.

The 2021 Listening Posts Program was conducted during the COVID-19 pandemic. At the time, there were few infections in South Australia, border closures were in effect and quarantine was required of interstate and overseas visitors. These restrictions meant that many South Australians had not seen loved ones for a long time and there were significant limitations in moving around the community and social and other activities had been severely curtailed.

PUBLIC LISTENING POSTS

Our public listening posts were held on 23-25 August and 7-8 September 2021 and conducted by COTA SA staff in shopping centres in the following locations:

- Munno Para
- Port Adelaide
- Edwardstown
- Noarlunga
- Kingston South East
- Millicent
- Mt Gambier
- Naracoorte
- Keith
- Murray Bridge

PEER LISTENING POSTS

The Peer Listening Posts involved volunteer members of the COTA SA Policy Council and COTA SA Advisory Groups undertaking conversations within their own networks. They were held between 1 August and 17 September 2021 across metropolitan Adelaide, and on the Yorke and Fleurieu Peninsulas.

We asked each Policy Council and Advisory Group member to undertake individual or group conversations with friends, groups, clubs, committees or individuals that they were already connected to or part of.



ANNE, EDWARDSTOWN



COLLEEN, MOUNT GAMBIER



PENNY, NARACOORTE



MURRAY, MURRAY BRIDGE



TRACEY, KINGSTON

WHAT WE HEARD

THE INGREDIENTS FOR A WELL-LOVED COMMUNITY

Many people we met loved where they lived and said they would not live anywhere else. Overwhelmingly, we heard this from older people in country SA who consider themselves lucky to live where they do and have a strong commitment and loyalty to their communities.

From our conversations the ingredients for a well-loved community include:

- Opportunity for active lives - involvement in volunteering, social clubs, church, recreational activities and retirement village social functions.
- A sense of belonging - living near family, including children and grandchildren. Many had lived in their communities for years, some since childhood, and claimed they would not live anywhere else.
- Accessibility – proximity to parks, shops, nature and health services made these amenities accessible and allowed people to be independent, keep in touch and get on with their lives.
- Feeling safe - safety and looking out for others was important both in homes as well as out and about in the neighborhood.
- The natural environment - including being close to a park, nature reserve or beach with acknowledgement too of appealing streetscapes with trees and places to walk.
- Opportunities for social contact – including at welcoming shops and shopping centres with friendly staff.

I feel safe. We look out for each other. We have good transport, shops and many green spaces.

"Foodland deliver my shopping for two dollars."

It is friendly here and I feel part of the community. My three children and grandchildren are in the area.

Love living in this area, been here for decades.

"Clean air and I feel safe. Everyone is friendly."

GETTING AROUND

Transport came up often in our conversations. Having more and better transport options was essential to accessing services and staying connected to friends, family and social activities, helping people to stay in their community as they age and reducing feelings of loneliness and isolation. Such a service is crucial for those who wanted to drive less or no longer held a driver's licence, as well as for volunteers who relied on public transport to get around. However in regional areas in particular, the services were unreliable or non-existent and this service gap meant older people continued to drive even as their confidence or ability worsened, posing a safety risk for them and for other road users.

In areas where public transport was available, we were told that bus services were becoming less accessible because of stops being further apart, requiring them to walk further distances to and from their home or destination. Accessibility to public transport was also spoken about in terms of routes that allowed people to access medical services (and not just shopping centres), having public transport timetables that were

easy to understand and making public transport more affordable. Some suggested extending free travel for older people beyond off-peak times.

In regional areas, SA Health's Patient Assistance Transport Scheme was criticised for being inflexible and confusing in terms of eligibility criteria. People also found taxi and community transport services very limited citing inflexibility, lack of options including after hours and on weekends, limited options beyond health or aged care related purposes, and limited availability within and between towns.

The importance of accessibility was also highlighted in our conversations with people who had mobility scooters or who preferred walking. In some areas, there weren't footpaths or they were in poor condition making them unsuitable for mobility scooters. These conditions made it difficult for people to get around. Some users had no option but to drive their scooter on the road. For those preferring to walk, uneven ground posed a risk to their safety.



Our health is good, but transport not so good and if we had to get to appointments and did not drive it would be tricky.



What do you do if you lose your driver's licence? It is a worry I may have to leave the area.



Loneliness is a real issue for so many. Lack of mobility causes restrictions if you cannot get about yourself.



Bus services are OK but they have moved the bus stops so I have much further to walk now- not so handy.



I am 90 and still drive, but I shouldn't. It is a frightening experience.



I lost my licence about two years ago and it is a damn nuisance!

HEALTH AND WELLBEING

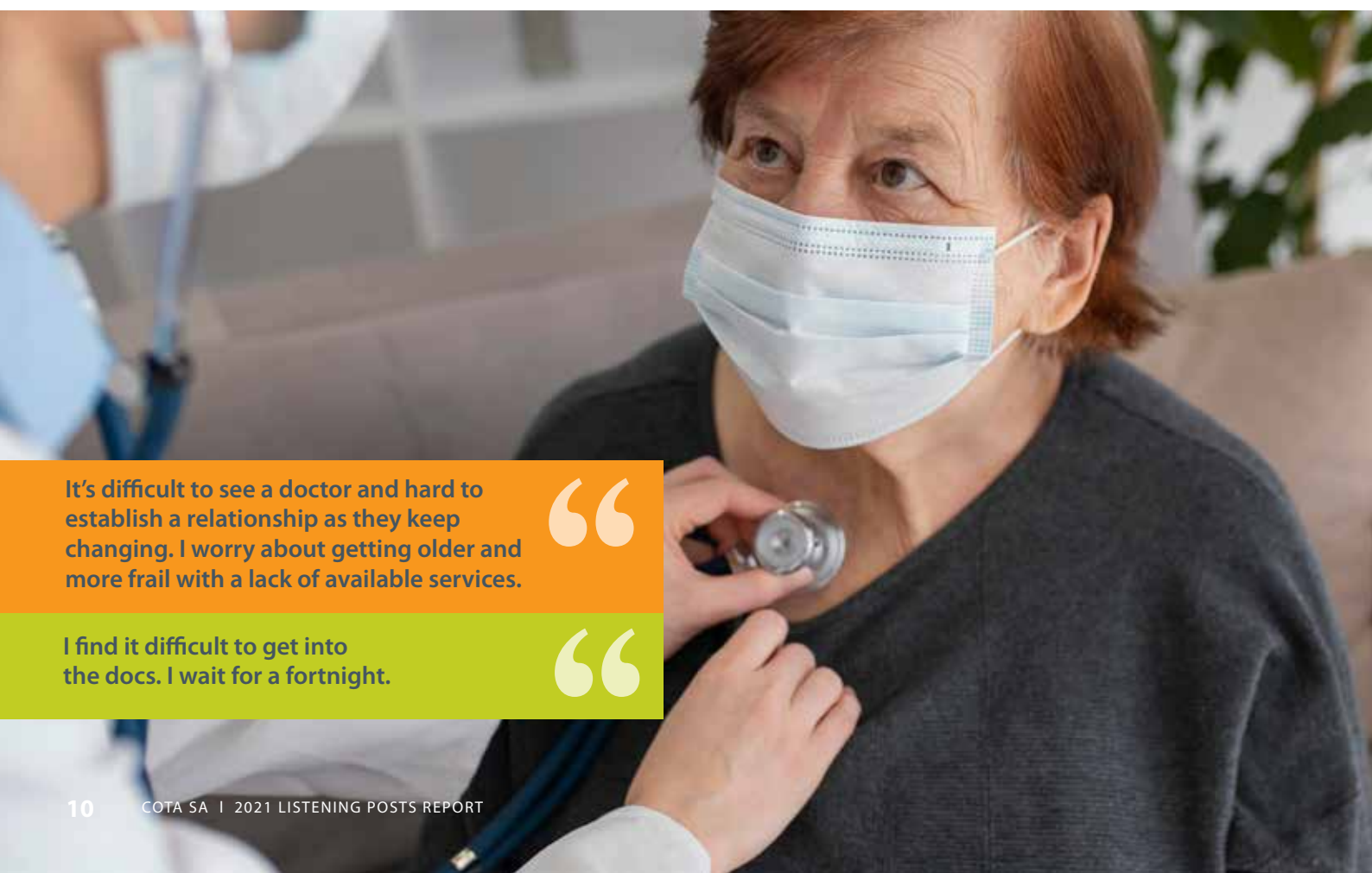
Health services are a priority for older people and there was great concern amongst those we spoke to about the quality of, and access to, these services. This was particularly concerning for those living in country SA. For example, residents in the South East and Yorke Peninsula were worried about the lack of doctors and nurses in hospitals and the impact this was having on the ability to maintain services. This was of particular concern in peak season on the Yorke Peninsula when holidaymakers from Adelaide would stay on the Peninsula, increasing demand for medical care.

Ambulance services were also talked about often, both in metropolitan and regional South Australia, with concerns raised about the lengthy response times and ambulance ramping at hospitals. This was of particular concern to those who had a health condition and felt they did not have peace of mind that they could receive timely care when they needed it.

Establishing ongoing and trusted relationships with local GPs was important for people, but this was difficult in some areas where medical centres were staffed by locums or GP availability was limited including after hours. Many also aired their frustration about the high demand for hospital services and the lengthy wait times to access mental health services or dental treatment.

Transport was a key factor in accessing timely health services and it was suggested that telehealth appointments be designed and promoted more widely for older people to access health related services where transport was unavailable.

It was evident through our conversations that there were strong linkages between health and housing (particularly social housing), green spaces, social connections and transport. A lack of quality in any of these areas impacted greatly on a person's health and wellbeing, including their mental health. There were also signs of the interrelationship between physiological health and mental health, with health conditions impacting the positive feelings people had about their lives and communities.



It's difficult to see a doctor and hard to establish a relationship as they keep changing. I worry about getting older and more frail with a lack of available services.

I find it difficult to get into the docs. I wait for a fortnight.

STAYING IN TOUCH

We heard that regular contact within the local community and living near family allowed people to feel secure, purposeful and mentally and physically active.

We met several people who were grieving following the loss of a partner. Beyond the grief and loneliness there was ongoing dislocation and sadness about the loss of the associated lifestyle, companionship, and support to navigate help, troubleshoot technology, manage affairs and maintain a home. Others spoke of feeling disconnected with their community as a result of old friends and neighbours moving on or dying and not knowing the new residents. It did not seem to be easy necessarily to get to know new neighbours including those of another generation.

Digital exclusion, including access to a reliable internet connection, the ability to use and keep up with technology or simply not wanting to be online, was often mentioned by participants as a barrier to staying in touch with friends, family and services. Many needed help from a friend or family member and those that were able to get it, were grateful for this support. However we heard often that digital exclusion impacted peoples' ability or willingness to be involved in important volunteer work in their local community.

For example,

An older volunteer at the local footy club in a small town was about to throw in the towel because technology had beaten him and he could not meet the compliance expectations on behalf of the club. He lacked confidence to submit an order for stock or to pay licensing fees online. He had concluded he was not suitable to continue as a volunteer at the club.

There was a shared sentiment amongst those we spoke to, particularly those in outer metropolitan areas, that loneliness and isolation amongst older people was getting worse. People expressed a view that the COVID-19 pandemic had played a large role in this, with social activities stopping or moving online. Some were separated from loved ones due to interstate and overseas travel restrictions. Older people had also chosen not to move about in their community to reduce their risk of exposure to the virus. Restrictions and density limits impacted local business opening hours (including cafés and pubs) limiting opportunities to socialise.

Among older people from culturally diverse backgrounds and LGBTI elders we heard that they felt they were not valued and that people did not relate to, or have an interest in, their lived experiences, needs and the help and services they needed.



"I am very lonely."

“

Social isolation is getting worse for older people.

“

I have trouble with my iPad. I find having no written instruction like a booklet with these devices frustrating. I have a mobile but I do struggle a bit with it. Thank goodness for my daughter and grandchildren who can help me.

“

I am quite lonely. I am online but I do have some trouble.

HOUSING AND COST OF LIVING

As a basic need, affordable and safe housing is fundamental to ageing well and not being able to access or afford housing was a concern that weighed on people's minds. We met many older people in metropolitan areas who live in public housing and they were generally pleased and content to have secure housing albeit sometimes critical of the poor condition of their homes, their ability to access maintenance and, on occasion, of security.

We also met people who were renting privately and who each revealed a battle meeting increasing living costs and managing very tight budgets. Rental prices had increased over the years, as had other household costs including water and electricity. Those on a low income or Age Pension found the cost of living particularly stressful and were worried about not having a place to live in the future. We also heard concerns about public housing being in short supply leaving older people and, in some instances, their dependent adult children, at risk of homelessness.



I have lived in a housing trust house for 35 years. Lots of hassle. I would like to move. Mess everywhere, noisy. As you get older we deserve peace and quiet.

I am in a housing trust. Terrible. No maintenance. Lots of issues. Crazy neighbours.

AGED CARE

We heard mixed responses about aged care with some saying it worked well for them, while others were unhappy with the support and services provided. The most common themes in relation to aged care was the long wait time for home care packages, difficulty in navigating My Aged Care plans and the lack of quality in local residential aged care. Typical stories about the long wait times for a home care package we heard included:

“The home care packages are adequate but there needs to be more as the time delay between approval and receiving the packages is unacceptable. My mother was assessed as level 4, received level 2 after two months, level 3 after another year and never got level 4 before needing to go into aged care.”

The availability of aged care services and a shortage of staff was an issue in some areas, with residential aged care and providers for home care packages in short supply. For example, a resident of Naracoorte had to get a cleaner from Mt Gambier because one wasn't available locally.

We need to focus more on the care economy.



LIVEABLE SPACES AND CLIMATE CHANGE


Many of the people we met spoke contentedly about getting out in nature and accessing green spaces, such as parks, walking trails and the beach. Having natural spaces in close proximity to their homes encouraged older people to be more physically active and many spoke about wanting to see more investment in walking trails and upgrading footpaths to make the outdoors more accessible.

Others relied heavily on local shops and shopping centres to socialise and stay in touch. We heard often that people quickly got a sense from retailers about whether they were welcome and many enjoyed their regular contact with proprietors of a local café or food shop as part of their socialisation. Many of the people we spoke to who relied upon local shopping centres in this way lived close by and either walked to them or caught public transport.

Liveability was also connected to urban design, and some of our conversations centred around making

sure that areas of population growth were supported by an increase in services and infrastructure and that green spaces were adequately included in the Government's Planning and Design code. This would encourage more green spaces in Adelaide and discourage high density housing that does not provide appropriate green spaces; as well as discourage further encroachment on Adelaide's parklands.

Climate change was a concern for many people particularly its impact on future generations. The impact climate change was having on the environment was also raised and people supported environmental protection measures by the government that would protect biodiversity, reduce pollution and support organic farming. Others suggested the government and businesses could address climate change by incentivising and leading investment in transitioning to a cleaner economy.

A photograph showing two people from behind, walking away on a dirt path through a forest. The person on the left has white hair and is wearing a dark green jacket and a brown backpack. The person on the right has blonde hair and is wearing a red jacket and a grey backpack, using a walking stick. The path is surrounded by trees with autumn foliage, and sunlight filters through the canopy.

"I like being able to walk everywhere to all those things I need. Shopping, medical services and nature walks and parks."

AGEISM

Responses were mixed when we asked older South Australians whether they are treated differently as they age. Some described their experience of ageing as being “invisible” and “irrelevant” where their life experience and knowledge isn’t valued. Some said they are treated as though they can no longer do anything for themselves. Others felt as though they were overlooked when waiting for a service or it was assumed that a particular product or service would not interest them because of their age. This angered many people, while others felt exasperated by their experiences of ageism. As one person told us,

“You get treated differently. You become invisible and irrelevant in society. Older people have experienced a wealth of change in their lifetime, but this experience is not utilised. We should not reinvent the wheel.”

This invisibility and lack of acknowledgment impacted people in different parts of their everyday lives and we learned that it happened in interactions with all sorts of contacts - relatives, work colleagues, fellow volunteers and service staff. Some mentioned that they couldn’t get a part-time job because their experience, skills and connections were not acknowledged. Others spoke about feeling unsupported when trying to

access services and information online or when buying technology that did not have user-friendly instructions. Others felt that older people were ignored more often or that they weren’t listened to because it was assumed that they had “lost their marbles”.

While many of the people we spoke to had negative feelings about how they were treated as they aged, some spoke positively about their experience. For example, some commented that younger people showed them more respect and gave up their seat for them on public transport. Some people also commented that they were mindful of changing the way they interacted with people younger than them so that they could better relate to them. Some urged more contact between generations so that people, both young and old, were more understanding and respectful of others.

Of interest to us were older people’s reflection on how they see themselves as they age. Having a positive outlook, supporting a healthy lifestyle, feeling positively about a changing body, making new connections and learning new things were nominated as ways to embrace ageing. Many challenged the stigma attached to ageing and wanted older people to celebrate their age and the possibilities ageing presented to them.

I get treated well- people will stop and ask me if I need help sometimes - it's good!

“Invisible. [They] think you can't do anything. Opinion, knowledge etc are not valued.”

Some younger people don't recognise life experience and knowledge.

“If I went for a job, I would be prejudiced.”

Getting treated as incapable because of ageing. I feel devalued; redundant.

“A feeling of loss of respect for older people, and that we are a bit of a nuisance.”

“[older age is] the most honest time of my life.”

RECOMMENDATIONS AND NEXT STEPS

From our listening posts we identified practical measures or commitments that would support older people across South Australia to stay in their communities as they age, remain connected to family, friends and services, and receive the care they need to be healthy and well.

The insights from our 2021 Listening Posts will inform COTA SA's policy priorities and have formed part of our election platforms.

COTA SA particularly proposes that:

- An Ageing in Country SA strategy is co-developed with older people, local councils, businesses, government agencies and community groups to respond to critical issues in regional areas including housing, employment, digital inclusion, transport and health.
- The government maps, plans and sets targets for optimal levels of health and aged care staffing and services in country SA.
- A targeted awareness campaign is delivered to confront and address ageism.
- Government and government-funded services maintain non-online systems for access to information and support.
- The quantity of public and community housing available to older South Australians is increased and age is used as a criterion of priority for housing for disadvantaged older people.
- A specialised advocacy and housing service is funded that assists vulnerable older people living in housing stress to secure ongoing accommodation.
- Strategies are prioritised to improve health outcomes and measures to reduce ambulance ramping for older people.
- Ambulance travel is free for all Commonwealth Seniors Health Card holders.
- Transport concessions are extended beyond off-peak times.





COTA SA VOLUNTEER, BRUCE



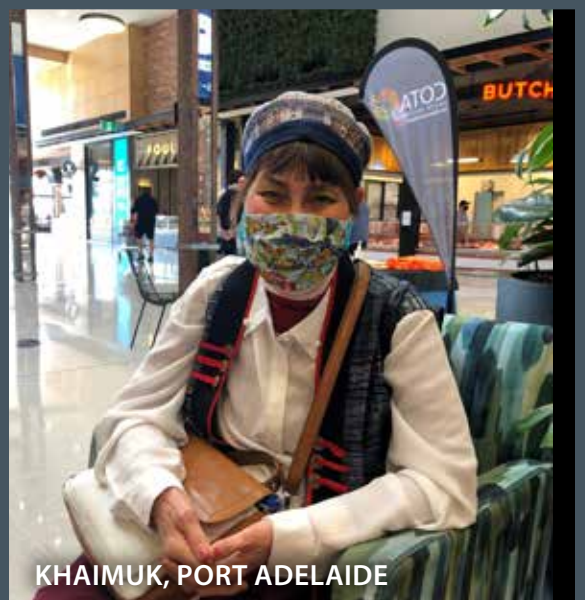
DAVID & CHRISTINE, COTA SA
MEMBERS, MURRAY BRIDGE



PEER GROUP LISTENING POST, YORKE PENINSULA



FRANK & PATRICIA, EDWARDSTOWN



KHAIMUK, PORT ADELAIDE



KEN, MUNNO PARA



DEANNA, MUNNO PARA



DONALD, MUNNO PARA



JOSEPH & ROSE, COTA SA
MEMBERS, MURRAY BRIDGE



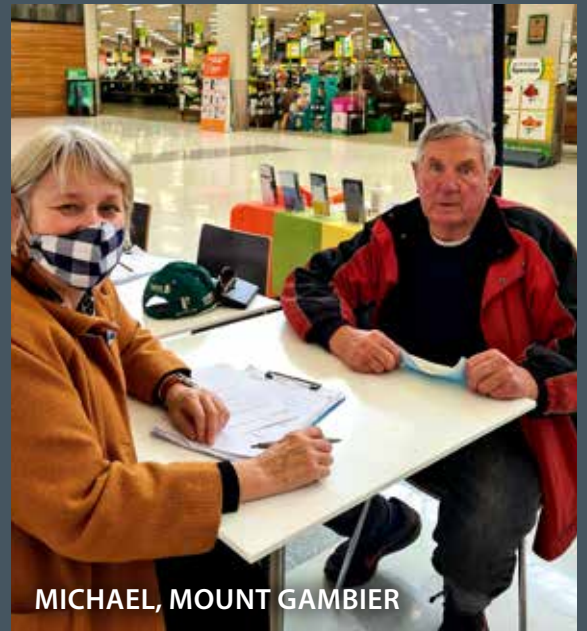
BEV, MUNNO PARA



LIZ, KINGSTON



LIZ, MUNNO PARA



MICHAEL, MOUNT GAMBIER



PEER GROUP LISTENING POST, ADELAIDE



PAUL & ANNE, EDWARDSTOWN



JANIS, PORT ADELAIDE



The Plug=in.



Strength for Life



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