"I have had a past and I suppose I have a future, but …"

A Report to the
Aged and Community Care Team
Brotherhood of St Laurence

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March 2006

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"I have had a past and I suppose I have a future, but I particularly live on a day-to-day basis": the experience of older people coping with reduced resources, places of meaning, social networks, and health"

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1 Foreword

This research was commissioned by The Brotherhood of St Laurence to extend its knowledge of 'ageing in the city', the complex issues facing older people who access its services.

The study tells the story through the eyes of a number of older persons. Although the sample was relatively small, it produced findings that can be extrapolated to a broader context. The study found that there are complex relationships between an older person's financial resources, relationships, sense of 'place' and their health. The majority of people interviewed identified poverty as a feature of their lives from childhood and in many instances this was accompanied by a breakdown in family relationships and lack of secure and suitable housing. These findings clearly have implications for the broader social policy, research and advocacy agenda of the Brotherhood of St Laurence. They also have implications for the Victorian State Government's social policy framework.

The Brotherhood presents the findings of this research to the attention of government, academic institutions and the aged and community care industry, with a view to encouraging discussion of the issues, implications and possible solutions.

The Brotherhood's position

Australia's population is ageing rapidly, which is encouraging governments to investigate ways of constraining health and aged care expenditure. An increased emphasis on 'user pays' is a likely policy response. In such an environment, older people who receive an aged pension and who have not accumulated wealth assets (such as owning a house) may have difficulty accessing some services and are particularly vulnerable to social isolation and exclusion.

The element of the new social policy most relevant to aged and community care is the idea of 'social exclusion' as an alternative framework for the analysis of disadvantage. It acknowledges the importance of people's right to income support as citizens of this country, but argues that people also have a right to those services that enable them to realise fully their potential, both individually and socially.

While more and more frail older people are being supported at home with community care services, many are not being supported to remain well connected to the community in which they live. When they become excluded from their community, they become not only financially disadvantaged but also socially disadvantaged.

The Brotherhood of St Laurence, through our work in aged and community care, observes how people with different backgrounds experience disadvantage, particularly in relation to access to health care, affordable housing, adequate transport and support services. Sadly, we see many people who, for various reasons, lack the social networks that enrich life and provide support in times of need. Social exclusion and isolation for older people and people with disabilities is a significant problem and we need to tackle the causes of this type of poverty in a different way.

Services to older people are a core part of Brotherhood of St Laurence service provision. Within the broader population of older people, the Brotherhood of St Laurence has identified the following dimensions of need:

- Affordable and suitable housing
- Access to aged care services
- Access to health, dental and medical services
- Access to community services such as banking

- Transport
- Social support
- Physical barriers posed by the built environment
- Crime and fear of crime
- Adequate diet

The Brotherhood is working to ensure people are included and connected to the community. This means access to (at least) an adequate income, employment, affordable education and transport, housing, child care and health services, regardless of a person's background, age, gender or social status. It also encourages looking at how people have come to be excluded, considering the existence of social supports and networks and civic engagement.

In developing strategies to support older people who are at risk of social exclusion the Brotherhood must work within the context of government policies, both Commonwealth and State.

Current Commonwealth Government Policy

The Commonwealth Government is interested in people taking more responsibility for providing for their own retirement and care needs (e.g., compulsory superannuation, private health insurance, means-tested fees for some health and care services, focus on preventative health). This trend is likely to continue as efforts are made to constrain health and aged care costs.

In addition, the government will continue to identify the importance of health promotion and injury prevention as a way of reducing use of the medical and pharmaceutical services and residential aged care.

Community care, as a cost-effective alternative to residential care, will continue to grow. To assist the operation of these community care programs, the Commonwealth Government, through its report *The Way Forward*, identifies future directions for community care, which aim to streamline access, funding and administration of these programs. The Government is also progressively implementing changes that will provide a more effective, robust and accountable service system. This process will not happen independently of the State Governments. It is likely that the Commonwealth and State Governments will use the approaching signing off of the three year HACC agreement as an opportunity to review the objectives, priorities, targets and administration of HACC services.

The Government has recognised the need to address a number of issues related to the ageing of the population. In relation to support for informal carers, the Government has acknowledged the significant contribution of carers, through providing choice and options to allow carers to manage better their caring work. It has also recognised as a priority, the significant shortage of appropriately skilled workforce across a range of professions in community and residential care. In relation to keeping older people remaining in the workforce, the Government is interested in developing strategies and incentives aimed at prolonging retirement of older people from the workforce and reducing the number of older people on disability and unemployment benefits.

The Victorian State Government Social Policy Framework

A Fairer Victoria, released by the Victorian State Government in May 2005 underscores the key social principles of the Victorian Government, focussing on creating opportunity and addressing disadvantage.

Fifteen strategies to help older Victorians stay independent are identified in the framework. In Strategy Four, "Helping older Victorians stay independent", five areas have been addressed. These are:

- Implement the Support for Seniors Program

- Increase support for independent living
- Facilitate new aged care services in Melbourne
- Support lifelong learning for seniors
- Create age friendly communities.

Brotherhood policy response

The Brotherhood recognises that there are a number of older people who are dependent on welfare support, have not accumulated wealth or assets and are dependent on rental accommodation or public housing. This situation is likely to remain constant or slightly increase in the coming decades. Older people who find themselves in these circumstances are also more likely to experience difficulty in accessing some services and are particularly vulnerable to social isolation and exclusion.

The Brotherhood is looking forward to working with Government and others to look at ways of ameliorating financial and social disadvantage for the most vulnerable older people in our Community. In response to the State Government's social policy framework, the research that has produced this report, and our experiences at a service delivery level, we have identified the following as areas for attention in the next 3 to 5 years:

- Increase government contributions for concessional aged care residents to provide greater financial incentives for accepting them into care.
- Increase the provision of safe and affordable rental accommodation suitable for older people.
- Increase the availability of community care services for older people in insecure housing.
- Extend the availability of health and support services for low income older people (e.g. dental health services, mental health services).
- Improve access to transport — cost and availability.
- Support initiatives to develop more inclusive communities for older people.
- Promote the independence of older people, including a stronger focus on models of service delivery that promote active intervention (e.g. health promotion).
- Assist older people to "age in place" within their community.

Sandra Hills
General Manager
Aged Care and Community Care

March 2006

2 Introduction

This report outlines a study conducted with twelve clients of the Aged and Community Care Team of the Brotherhood of St Laurence, who were at risk of becoming socially excluded. The report begins by introducing some of the concepts relevant to understanding the experiences of older persons in society, which provide a rationale for the focus of the study. The study methods are briefly described before the findings of the investigation are provided. These results provide important insight into the lives of persons at risk of social exclusion because of their age. They also recognise the valuable support programs provided by welfare services such as the Brotherhood of St Laurence and the challenges facing these services.

Exclusion and ageing

In the US, evidence suggests that there is a risk that economic well-being declines with age. Hungerford (2003) provides the following data about the increase in poverty rate with age in 1999: 8.9% for persons aged 65–74 years, 9.8% for persons aged 75–84 years, and 14.3% for persons aged 85 years and older. The point of interest here is that the risk of social exclusion through poverty increases with age during the post retirement period.

Social exclusion is defined as:

> …the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of modern society. Poverty is one of the most obvious factors, but social exclusion also refers to inadequate rights in housing, education, health and access to services (Commission of the European Communities, 1993, cited in Percy-Smith, 2000, pp. 3).

There is an assumption that 'exclusion' leads to unsuccessful ageing. As Ogg (2005) notes, it is the integration of older people into the family and local communities that will prevent social exclusion and assist successful ageing. Definitions of successful ageing come mainly from theories of gerontologists, rather than from the perspectives of older people themselves (Phelan et al., 2004). In this study, we sought to understand the experiences of ageing Brotherhood of St Laurence clients and how they related to such concepts as Locher and colleagues' (2005) findings that successful ageing is multi-dimensional and includes physical, functional, psychological and social health. In their study of 1000 community dwelling adults of over 65 years and constituting black and white men and women in the United States, Locher and colleagues (2005) found that black men and women were at greater risk of isolation than white men and women. Black women were also at greater risk of nutritional problems. Increased nutritional risk was associated with increased social isolation regardless of both ethnicity and gender. The issue here is that social isolation can increase the risk of health related problems for the aged person, and the poorer the person, the greater risk.

Exclusion, ageing and loneliness

Addressing loneliness in older adults can prevent serious mental health consequences (Adams et al., 2004). While addressing social isolation and its consequences can have beneficial effects on wellbeing and health, it is important to consider that older people in urban areas do not constitute an homogeneous group. For example, those who seek solitude are unlikely to feel the adverse consequences of loneliness. However, these people may still have unmet needs and may also be subjected to the same risks as other aged persons. Here too there are conflicting findings from the literature (Catan et al. 2005). This is not to suggest that older persons who are at risk of social isolation do not benefit from support; it does however point to the complexity of the relationships between loneliness, social isolation and living alone (Andersson, 1998). Ogg (2005) suggests that social isolation is one of the key indicators of social exclusion among older people, alongside other factors such as poverty, the lack of a confidante, poor engagement in social activities, a lack of civic engagement and poor health. Many of these issues were experienced by the clients of the Brotherhood.

Two issues are central to the understanding of the complex relationship between loneliness and living alone. First, studies about older people are based on theories that do not always take account of personal narratives; and second, that the solution to loneliness is home visits by health and social care professionals (Phelan et al., 2004). Cattan and colleagues (2005) conclude that one of the reasons that some of these studies conclude that interventions to counter social isolation have been unsuccessful is that they were conducted with populations that were already socially isolated rather than being concerned with the prevention of social isolation.

Ageing, identity and place

Another important thread that is gaining increasing recognition in research about ageing is the role of the environment, specifically of place and location, in the understanding of the lives of older people. The Brotherhood of St Laurence team has specifically identified 'ageing in the city' as an area for further research and service development. Here there are concerns about urban poverty, community relationships, individuals' sense of community, gender, ethnicity and ageism. Sassen (2000) has pointed out that these and other aspects of life in the city are dynamic and constantly changing. The neighbourhood in which an aged person brought up his or her family may well be very different from the one in which he or she is now growing old. This led Phillipson (2004, p. 964) to conclude that living in deprived inner city areas carries risks for older persons and that "understanding the nature of such risks should become central to work in environmental gerontology". Oh (2003), drawing on the work of Akers and colleagues (1987), Joseph (1997) and Skogan (1990), suggested that fear of crime and perceived violations of public social norms amongst older people were determinants of social bonding. The present study therefore, sought to find out from older persons' narratives how aging in the city was experienced.

A second element to the understanding of place is its relationship to one's identity. A person's identity relates both to individual experiences and to the geographical locations where these experiences took place (Dixon & Durrheim, 2000). A study of the lives of people using aged care services has to pay due regard to the concept of identity. We see that as a central focus of the study. In telling their stories of life 'in the city' these men and women would inevitably narrate their ideas about who they were and their uniqueness as well as those things that each might share with others with similar experiences and history.

The focus of the study

This research project aimed to point to future practices in the support of older men and women in the city as well as adding to the development of theories about the lives of older persons in cities that are constantly changing. Such changes can bring new threats to the lives of vulnerable older men and women. They exist in a state of depleting social capital and are at increased risk of isolation and social exclusion. Therefore those who seek to help these men and women to remain connected to their constantly diminishing social networks, need to create new practices.

While not strictly a piece of participatory research, this project was nevertheless a partnership between some inner-city and outer-suburban older people, social researchers and the 'Aged & Community Care' team. The basis of this partnership was the belief that the participants were knowledgeable about their own biographies and about survival in the city and that they could teach us about what it is like to be old and at risk of social exclusion.

When we see older men and women as knowledgeable about their lives, their biography becomes part of their social capital. Such capital is held by the individual and by his or her community and social network. These biographies cannot be accessed if we do not establish relationships with people, if we do not give people who will be strangers to the researchers the opportunities to narrate the stories of their life. Although the study was concerned about the present and the future of these people's lives, these had to be grounded in the person's past. Thus we established relationships so that dialogues could take place.

The lessons we learned in this context can inform us about other aspects of the lives of older men and women at the margins of society. Due to the small number of participants, the findings are not generalisable to the entire population of older people, or even to other older persons who are clients of the Brotherhood. However, from this data we can produce theories that can be used as a lens to understand the lives of other older men and women associated with the Brotherhood of St Laurence and those at risk of social exclusion.

Study Aims

This study had the following research questions:

1. What are the experiences of older men and women who are excluded or at risk of exclusion from their communities?
2. What role does the support that the Brotherhood of St Laurence play in providing for these men and women?

Essentially, this project aims to explore what it is like to be 'growing old' in the communities serviced by the Brotherhood of St Laurence. In the following report we describe, using the participants' own words, how older people's life experience and circumstances have shaped their current interaction with the community and the expectations for their lives.

3 Research Methods

Narrative research

Narrative research seeks to elicit and understand stories of life experience (Schwandt, 1995). Using qualitative interviews, research participants were invited to construct historical narratives about past events in their lives, and provide accounts for those events. The point is not necessarily to construct a chronological or complete account of the participant's life. Rather, narrative research requires the participant to construct a coherent account of their life that involves self-interpretation and selection of meaningful events (Liamputtong & Ezzy, 2005). From these narratives, common plot lines, participant evaluations of experience, and discourses can be revealed.

Research participants

Participants in this study were recruited from the Fitzroy and the Mornington Peninsula sites by Brotherhood of St Laurence staff. Nine women and three men participated in the study. Of these participants, eight lived in the inner-city, whereas four participants lived in more geographically dispersed communities. The living arrangements of participants also varied. The two frailest participants lived in a residential care facility, three participants lived in their own homes, three lived in Brotherhood housing, and four lived in private rental or Housing Commission housing. All participants were clients of the Brotherhood of St Laurence in some form. Most participants relied on the Brotherhood for their daily needs such as housing, inexpensive hot meals, and a safe social environment. Others, particularly those in their own homes, sought out the Brotherhood's services only to fill specific needs, such as grocery shopping or assisting with household chores.

Data collection

Data was collected using in-depth, narrative/biographical interviews with twelve older people who accessed services provided by the Brotherhood of St Laurence. While there was no specific interview guide, participants were asked to talk about their life, the process of growing older in their community and how they had come to be connected to the Brotherhood. Interviews lasted between 23 minutes and 2 hours. Each participant was invited to participate in two interviews and 8 of the 12 participants did so. Interviews were digitally recorded and later transcribed. Participants were paid $20 for each interview they participated in.

Sample size

A sample size of 12 participants is adequate for such exploratory, in-depth qualitative work. In addition, sampling continued until data saturation was reached, which is where no new themes or experiences emerge from the data and "interviewees begin to repeat each other" (Alasuutari 1999, p. 59). Morse (2000, p. 3) states that the scope of the study should be considered when determining sample size. She suggests that "the principle is that the broader the scope of the research question, the longer it will take to reach saturation". The relatively focused nature of this study made reaching saturation possible with data from the 12 interviews.

Ethical implications

Ethical approval was obtained from Deakin University in July 2005. All participants were provided with a description of the study before providing their contact details to Brotherhood staff to pass on to the researchers. Before each interview the researchers provided participants with a copy of a Plain Language Statement and asked each to sign a consent form.

Confidentiality and the anonymity of participants was ensured, although Brotherhood of St Laurence staff know who participated in the project. To protect confidentiality, all names have been removed from the following description of the results, and contextual details such as places, ages and illnesses have been amended to obscure participant identity. In addition, summary tables of participant demographics are not included as Morse and Field (1995, p. 176) oppose the use of such tables outlining demographic details such as age, number of children, and marital status when reporting results because "determining those who did and did not participate in the study is only a matter of elimination for those familiar with the research setting".

4 Findings

Analysis of the transcripts resulted in the following interrelated themes about the lives of the participants:

1. The people and their biographical narratives
2. On becoming a client of aged care services
3. Life as an aged care service user

Each theme will be examined and discussed in detail.

Biographical narratives

This section will outline how past experiences of childhood, poverty, social exclusion and housing contributed to older persons' vulnerability in later life. Ten of the twelve people we interviewed became users of the Brotherhood of St Laurence Aged and Community Care services because they faced significant crises in their lives, rather than simply because they were unable to carry out daily activities such as driving a car or grocery shopping. Those who did not face significant crises also possessed a degree of financial resources that protected them against some of adversities of old age. Some of the participants had problematic family relationships that caused them concern. Such familial conflict, dysfunction or tragedy, were common across the study participants. In several instances, a relationship breakdown was at the heart of the events that led them to require the support of the Brotherhood.

Childhood

Poverty was a feature of the childhood of many of the participants. Poverty meant that they had to start living by their wits from an early age; they often also had to look after siblings and step-siblings. However poverty also made family bonds weak.

> Interviewer: How old were you then…?
> Participant: Oh ten or eleven. Worked in the fruit shop…I had to because my mother had no money. We had no money, just after the war, we had to line up for potatoes, so yeah, I worked in the fish and chips shop. I used to get fish and chips for me brothers and sisters… In the cake shop, the lady used to give me all yesterday's cakes to take home to me brothers and sisters and then the fruit shop would give me specs, all the fruits that were bruised. You had to live like that; you had to live like that, because you couldn't have lived any other way…

From the age of 9 to 14, one male participant lived in two orphanages. He was sent there by the court for breaking 64 windows.

> They locked you in a room and then they come around the next morning and they let you out and they put you in a hall, and you stay in the hall until tea time, and then you go back to your room, lock you in your room again…

Other participants shared similar experiences of rejection and exclusion in childhood. Some even related these experiences directly to the current dysfunction in their lives.

> …allegedly, my mother had post natal depression when she had me…and so she put me in a little box and took me to the convent, to the nuns and handed me to the nuns…and I stayed with the nuns until I was five, and then my mother came and got me, and that's how I ended up where I am today…

> I was always a disliked person…
>
> I was always hungry because I never had much to eat…and then I never had any socks to wear to school so I went around clotheslines stealing socks.
>
> I think I had a very dysfunctional childhood, but we won't…so did everybody, I think. I am sure I've had a very dysfunctional childhood…
>
> I was born in Katherine…my father's a white man and my mother's Aboriginal…we were taken away from there when I was four; me sister was six. We ended up in Adelaide, not knowing a great lot at that age…and we had a white mother…

Other childhood adversities included having fathers who drank too much alcohol and the consequences of violence and poverty. The stigma of poverty and psychological and social adversities, such as rejection, sapped the energy and emotional resources of children and led them into further problems in later life. Some participants had to start earning a living at the time of their lives when they should still have been at school. The boy who was sent to the orphanage, for example, did not go to school for four years. Thus the poverty of childhood continued into adulthood and later life for some people. While Hungerford (2003) provides general data about the increased incidence of poverty with age, it is worth noting that for some people poverty and its consequence of social exclusion is a lifelong phenomenon. In addition, the adverse health consequences associated with poverty may also persist across the lifespan, reducing these people's resilience and ability to counter problematic situations in their future.

Poverty across the life-course

With respect to poverty, two narratives need to be mentioned here. One participant found that her old age pension was adequate for her needs.

> There's no need for anyone in this day and age to go without. If you wanted clothes, you could go and get them. Like some people go down to St Marks and get vouchers and they pay for their medicine … I think people in general, like, they can go to St Marks and get their medicine for free and all that.

The other person, while still poor, has very modest aspirations about money, such as buying a leather hand bag and leather shoes.

> … and I said if I'd have money I'd probably give a lot here, you know, and that, for what it's done for me, and probably get meself a pair of leather shoes. That I've never had in me life, you know and that. I love leather, and a leather bag …

One thing about poverty is that it disciplines people to learn to do without, by making it reasonable for them to wear second-hand clothes, to have to get vouchers to pay for their medicine, or to forego 'luxury' items such as leather shoes. Some other participants (particularly those living independently) were more enterprising about earning extra income. Where this data supports Hungerford's (2003) findings is that as these enterprising individuals get older or find themselves in poor health they may also find it difficult to engage in activities to supplement their income.

One of the most frequently mentioned support services was the Brotherhood's provision of cheap meals at their day service. People in independent living and those using day services spoke highly of this service. This meals service may be enough to blunt the health risks from poor nutrition that was observed in some older persons by Locher and colleagues (2005). However we have to consider that there may be people who are so socially excluded that they may not be aware of this nutritional service or who are too frail to make the journey to the day service, or who live in an area where such a service is not available. It is important to note that while social exclusion was a source of problems for older people before they became users of the Brotherhood, once inside the

system they became connected to a network of care that increased their visibility. As one need was met, they became aware of other services that could assist them if other aspects of their life were thrown into crisis. Others without the knowledge of such services were at increased risk of social exclusion. Unexpected events, such as being evicted, being unwell or separating from a partner could plunge their life into turmoil. For example, prior to becoming a Brotherhood client, one participant was at crisis point. Once connected with the appropriate services, her life was turned around.

> But I lived in that car for three nights, thinking 'What am I going to do with myself, I haven't hardly got a penny' … I thought 'Now what am I going to do with myself?'. So I think I had two or three hundred dollars. So I was in the caravan park down the road here, so I went and seen 'em. 'Yeah, yeah, we got a cabin. It'll cost you $125 a week." I thought, all right, that'll have to do, so I got in there, but I couldn't just afford to keep myself in cars, food. I couldn't go out and buy something that I wanted, you know. You would have to keep the budget, because it worked out to about $270 odd a fortnight. Well it wouldn't leave much out of my pension, plus I smoked as well, cigarettes, you know.

> So I was going towards the city one day, and I see a Salvation Army sign … I walked up to the woman and said, "Where could I get a food order?" She said, "Oh, on the other side of the road is where you get the food orders." And the next day I went down there, and the lady was there and I said, "Could I get a food order … I'm really battling, you know" and I told her all the circumstances and that, and she said, "Yeah." So I went in there, and she said, "Have you ever heard of the Brotherhood?" And I said, "The Brotherhood?" I said "I drove past it". I said, "No, what's it about?" And she said "Oh, you might be able to get a house in there." I said, "Yeah?" She said, "Go and see em." I said, "Oh, I'm not very good upfront with anybody that way you know" so she made an appointment for me to come and see [a case worker]. So I come down and see [the caseworker] and [she] said 'Yes, there's a place coming up probably in a week or so, you know." I put my name down and everything, and she rang me a couple of days after and said the place is going to come available. "Do you want to come and look at it?" I said, "I'll take it", without even looking at it, you know, because stressed out where I was, you know.

The stranger (social exclusion)

Men and women with troublesome childhoods also had problematic adolescences and adulthoods that had consequences for social exclusion. We were struck at how often people told of moving from one place to another at the slightest 'pretext'. This was a direct consequence of these men and women's marginal status in society, and of having no place(s) to call their own. These places were referred to as first, second and third places. First places were 'home', second places were 'work' and third places were 'community-based places' where people meet. Poverty and old age destabilized the meaning of these places. Second places had disappeared through either retirement or lack of work, and home was often a site of instability and insecurity. Third places, such as the day service for example, took on increased importance. This third place, however, was still restricted in terms of clientele, and hierarchies existed amongst clients. Such hierarchies and exclusive networks were characteristics of second place work environments. For some participants, attending the day service was seen in terms of a job or social duty.

> … and I'm still here, and I'm just trying to give back into what it's given me over the years and that. It's been great to me.

> I said it's nothing to do with me. [I just] walk upstairs and start a group and that, where we can talk to some other people about getting dental care and things. Sorry, eye care and things like that and I said 'Well I'd be', you know, 'more than willing to help her'. If it's going to benefit somebody else, give it a go you know and that.

The participants in this study often formed weak social bonds with other excluded people. Being unaffiliated to home places or work places and their associated social networks made it easier for the person to decamp to another place in the search of relationships.

> I moved all over the place in time
>
> Participant: I was living with me daughter in Footscray, and she came home with her boyfriend and said I'm going to mind the kids whilst she goes off to the pub and I said, "No, I'm not" and so I went into town and grabbed a bus to Dubbo and stayed up there for ten years…
> Interviewer: How did you pick Dubbo?
> Participant: Oh [my friend] used to tease me. He went up there for a week and he reckons I was too scared to go up…
>
> I then grew up there and ran around a bit, worked on the "Painters and Dockers" at the age of fifteen and a half. Then I went to Sydney to Melbourne and from Melbourne to Brisbane, to Adelaide and just sort of…Bendigo. Just sort of went around and had a look at things.
>
> I was in Perth and I had a friend and the friend wrote to me in Perth and I came across to Melbourne and unfortunately for me, I've never found that friend since….
>
> We were only there two weeks and he had a violent row with her and we decided I didn't want to stay there…and my friends in Adelaide wanted me to go and live there, so I left…
>
> Participant: Well I come to Melbourne about two years ago and I was homeless
> Interviewer: When you said that you moved back to Melbourne, where was it that you were before?
> Participant: Brisbane.
> Interviewer: What were you doing up there?
> Participant: Oh just everything
> Interviewer: What sort of 'everything'
> Participant: Oh, nothing much.

When a person has no home, it is easy to leave one place for another. This state of homelessness is a consequence of exclusion. A consequence of moving around, with little money and no permanent address is that people often ended up in rooming houses or hostels. The chaotic nature of these places, their high degree of threats, and their poor hygienic state were often contrasted with the relative calm and security of their current accommodation. Life in the past for most of these people had been precarious, dangerous and unpredictable. This has significant implications. Oh (2003) suggests that length of residence is a key determinant of local friendships for older people. Day services are obviously important for transient older persons, however, these programs are not accessible, desirable or appropriate for all and other friendship promoting programs should be established. For those who are isolated in their homes, there needs to be a reason for them to engage with the wider community and services provided to assist with access.

Housing

For many participants, one of the key points in their lives was the move to secure housing, particularly away from rooming houses. Having a safe and secure home environment enabled participants to feel more socially independent (although the cost of such social independence was often financial precariousness because rent allowances, bonds, utility bills, etc. caused a lot of stress). Some participants described how moving away from rooming houses into more secure housing made them feel:

> If, say, you were still living in the rooming house or somewhere it would be a lot harder for you to do the things you wanted to do

> Some of the women at the rooming house are a bit loud sometimes, but if you hadn't got anywhere else to go then you've just got to stick it out, keep your door locked and just stick it out

> You just cope day to day. I didn't like it where I was living. I didn't like it. I mean every time you went to the toilet or had a shower or anything, it's traumatic.

An important theoretical, practical and methodological issue in the present study is that it was based on the narratives of older participants who were benefiting from a service provided to counter social isolation. Cattan and colleagues (2005) noted that past studies of social isolation were often based on accounts of persons who were already isolated. Phelan and colleagues (2004) pointed out that studies of loneliness among older people are not based on the narratives of older people themselves. It is possible that one of the reasons that there is hardly any mention of loneliness in these narratives is that the intervention of the Brotherhood of St Laurence has in effect positively changed the lives of these people in this regard.

On becoming a client of aged care services

A point of crisis

Some of the participants found that they gradually became less able to do things for themselves and needed the support of the Brotherhood, or some similar aged care service. For these persons, the transition to 'aged status' has been relatively straightforward, but nonetheless has required an adjustment and additional support from external agencies. For the others, poor health, extreme poverty, social exclusion and the consequent low investments in social capital meant that becoming a client of the Brotherhood of St Laurence was often preceded by a life crisis, a crisis that was caused by the person's lifestyle and their lack of resources often led to their homelessness.

One significant issue here is that some participants became eligible for 'aged care' while they were still in their fifties. The Brotherhood of St Laurence's flexible criteria, which are not based solely on age, and its provision of immediate crisis support were a life saver for these people.

> I weighed 39 kilos and was very ill…I'd developed diabetes and had had most of my teeth removed. It wasn't that I didn't want to eat or threw up or anything, I just couldn't eat…and the dietician introduced me to the Brotherhood of St Laurence at the Coolibah, and two weeks later I am living here.

The events prior to the one described above were dramatic enough. This person had left his home, where he had lived all his life, in Queensland, to help his son set up a home in Melbourne. The son committed suicide shortly afterwards. It was a mixture of the father's grief, excessive alcohol, and homelessness that led to the above crisis.

Another participant had left his home and social network in Sydney to live with a woman in Melbourne. The relationship did not last long and he found himself with very little money and with the prospect of living in his car.

> There were arguments all the time…so I thought well, I'll get out of here. So I got out. I walked away. I had about eleven to twelve grand when I came up here. I never had hardly a penny when I left her. Spent it…I gave it to her and spent it. You know a lot of it was my fault with the money part.

Another woman and her partner used the meal program at the day service regularly and when her partner died after a long illness, she found herself grief stricken and unable to live in the apartment that they shared.

> I came here and enquired about accommodation on the Monday and then I moved in here on the Thursday…I did not lose my home. I could have stayed there, but there were too many memories, you know…too many memories there. We were there a long time, we were there twenty years.

Choosing to live at the Brotherhood of St Laurence

A participant with chronic asthma and general poor health, had been hospitalised for five months and was unable to continue to live in her house because she could not climb fifteen steps to get to her front door. This person knew of the Brotherhood's accommodation service — she had visited a neighbour there in the past — and had liked the place. The location of the housing was also convenient for her as it was close to facilities such as doctors and her house, which was being used by her niece and nephew.

> I know one of my neighbour was in there, [the Brotherhood's housing], and I felt favourable about it, and because it was near everything that I needed. It was near my home…so still have my neighbours around…the doctor was across the way. Well I know I couldn't go home. I had to climb fifteen steps to my front door, which was an impossibility. So I gladly came here…

For some people becoming a client of the Brotherhood of St Laurence was a major life transition. This point is often overlooked because there may be existing major health or life course problems that have made them eligible for the support of Aged Care. People may find themselves without treasured possessions that help to maintain their biographical identity. One participant was particularly pleased about the lack of fuss that accompanied the transport of her possessions to her new home. Another found that he had in fact lost most of his possessions that he thought were being stored and looked after by his friends.

> I was very ill, very weak. And they just came along and I'd say they virtually would have saved my life, because I would not have given much of my chances…Yeah, that gave me back my life, I think I was just so traumatised by my son's death that I didn't really care what happened and the fact that I felt so guilty and so useless that I couldn't save him…

> Help was very good. I got all my stuff. They collected my stuff for me and without any hassle. That was another thing, I didn't even have to pay for it…that was arranged by the social worker at the Brotherhood…I had my own mattress and bed, all my own linen and everything and stuff and they brought everything here. I didn't know people did things like that and that's how it all happened.

Like all life transitions, there are unexpected outcomes of becoming a user of aged care services. One participant remarked that for the first time in her life she lives on her own. This was a positive outcome for her but may not be so for some other people.

> It's the first time I've lived on my own and when I first came, I thought I've never lived on my own before…I am just saying it was great. I wasn't worried about it. I just wondered about…that's the first time in my life, and it was the realisation that I'd never lived on my own before, always with other people.

> They call it independent living which it is…but if you need assistance they would be there to assist you and I think that's the security of living in a place like this…if there is anything wrong, its just immediately. There is that security. So you can relax with the Brotherhood.

> I look back and have a life and a social life and a life and do all the things I like and have a home, all thanks to the Brotherhood.

> I think it's more within myself that I feel better. Two years has gone and like I think…I just think it's more in my own head that I can just do what ever I like. There is nobody to tell me that I can't stay up all night. There is no one to tell me I can't lie in bed listening to my wireless. There is no one to tell me I can't go down the supermarket at midnight. That stuff is freedom.

> I can't remember how long ago it was but when I found I was incapable of doing things I used to do…I can't quite remember how it came about, whether my family contacted them. But they've been looking after me for a number of years now. I value what I get from them (the Brotherhood of St Laurence) very much, the help, personal care, and the travel that they put at my disposal, taxi card and helping getting appointments…

The above excerpts reinforce the idea that when faced with ageing and poverty, many of the participants were able to get by on their wits. However, when other issues compounded their problems, such as relationship breakdown, poor health or lack of safe and stable accommodation, they were thrown into crisis and were no longer able to cope. The support services provided by the Brotherhood played an essential role in alleviating the crisis and reducing the burden on these 'at risk' older persons.

Life as an aged care service user

Life as an aged care service user comprised the following aspects:

1. Managing new relationships
2. Living 'one day at a time'
3. Thinking about the future

Each of these are discussed below.

Managing new relationships

Once in the fold of the Brotherhood, the older person gets connected to a new network of relationships. Some are also able to maintain their old networks of relationships and kinships. Becoming part of the community of Aged Care Service Users can sometimes include the management of conflict for some persons.

> There are a lot of really nice people there and I get on well with most of the guys, funnily enough and I have a good rapport with them, but there is a bunch of women who are vicious gossipers and they sort of dominate and I can't be bothered with them and you've got to be careful what you say and also they are very nasty to other people.

> I've got to have something to occupy my mind. If I sit around here, like I had today, because of the weather…Yesterday I didn't do anything. I start to mope too much, you know, and I don't have a lot of people come to me house now. I had a blue with a couple of people here and they don't come here, but I have got friends that call here…

Aged care service users come from many different backgrounds and consequently have diverse interests. One consequence of this is the difficulty that workers experience in providing activities that are stimulating to all. It is possible that in addition to the issue of service users' heterogeneity, some younger service workers have limited understanding of both the current and the past lives of people who might have been teenagers in the 1960s–70s; people who might have been involved in

anarchic music movements such as Punk or who went to the cinema to see Stanley Kubrick's 'Clockwork Orange'.

> There is a sad lot, because the activities they give for people in this area don't suit the people here. They're always going down to the lowest common denominator, and that annoys a lot of people, including myself. And they are patronising too. And they look at old people as if they are the same and I find out in a lot of places they don't look at people as individuals.

> They think all people of my generation are nuts. Like old time music and old time films. Well they might remember that some of us hate them…who wants to hear Bing Crosby? Its so passé, but there is a group who love it.

One day at a time

A regular theme in these talks with men and women who depended on aged care was the concept of living 'one day at a time'. This was as much an adjustment to late life as it was a rejection of a previous life that had been troublesome for the person. Although people lived 'one day at a time', they were also concerned about their reduction in capacity to do things as they got older.

> You just live one day at a time. I just live as it comes up, you know. I don't worry too much about anything, you know. I mean I worry about different things. Never worry about where my next quid is coming from. Put it that way, I am quite happy now you know.

> Hopefully [I'm] still living here, because I like living here and I wouldn't want to go back to having a house…Probably much the same, but may be as you're getting older, you get more limitations and think that…I'd like to see myself doing the same thing.

> As long as you don't worry about the future, because your body is going to get weaker, the older you get…So what? I would worry about keeping independence. I don't know what the resources would be to help with house work and shopping. I find shopping sometimes, carrying groceries even now a hassle, getting on and off trams with bags of groceries, and I wonder how much longer I can do that and what will happen if I can't.

Thinking about the future

One of the tasks of getting older is to plan and think about the future and the end of life. People need to know what help will be available to them when they start to get less able to carry out the tasks that make them feel independent, such as attending a day service, community activities, or daily chores and errands. These people are more at risk of social exclusion due to transport and mobility issues. They need to be involved in the mid to longer term planning. One possible outcome of such involvement is to reduce stress, which helps to keep the person motivated about the future and to feel involved and cared for.

> Maybe they need to spell out what resources are available for people say five or ten years down the track…just the relieving of the stress. The stress factor of wondering now what does happen….If you knew then, you probably wouldn't need them. That takes the worry away.

The point to note here is that 'living one day at time' is simply a strategy to get by. It does not mean that the Aged Care service user is not orientated towards the future. Enabling the person to plan for his or her future can help reduce a source of stress that make each day of life more meaningful.

5 Conclusions

This paper has highlighted some of the issues faced by older people who are clients of the Brotherhood of St Laurence. These people, while all growing older, faced diverse issues related to problematic aspects of their financial, social and recreational lives. The narratives provided by participants drew on their biographical histories to provide insight into their identities, aspirations for the future and life as an aged care service user.

The participants in this study came from four different parts of the Brotherhood of St Laurence's Aged Care Services:

1. Older people who live independently in accommodation that is owned by the Brotherhood.
2. Older people who live in their own homes and are supported by a range of services provided by Brotherhood.
3. People, who are not necessarily elderly, who need support because they are frail, have poor health and are incapacitated to some degree and cannot live in their own homes.
4. A day service that is accessible not just to those who depend on Aged Care

The first three of these services are based on the individual needs of the person. These people were highly satisfied with this support and for many of them this was the first time that they had had a stable home. By its generic nature, the day service is not able to please everybody, however its cheap meal service was highly regarded.

The inner-city has been identified as a risky place for older people (Phillipson, 2004). This does not appear to be the case here, because all the participants who lived in the vicinity of the Brotherhood of St Laurence made the point that they liked living in their current neighbourhood. Those in the inner-city may have commented on city features such as drug use and drunkenness, yet they did not perceive these as contributing to risk. Those in the outer-suburbs commented on the lack of transport and isolation they experienced, yet they did not wish to move to more densely populated areas. Independence, autonomy and agency were of prime importance to these older people. Programs that foster these three facets of older people's lives, while connecting them with their community, will promote social inclusion while still affording choice about how they want to live their life.

> … this is a most colourful neighbourhood, but it's - - funnily enough, it's not a neighbourhood where you would feel unsafe. I can go out and walk at 2 o'clock in the morning and anyone doesn't worry me. You've got a lot of characters around. You've got a lot of people who are very much into substance abuse. But you know them and they know you …

It is possible that Phillipson's comments relate to British cities and that Melbourne is different. This may explain the different elements of the relationship between older city dwellers and their environment and the feeling of security that the participants in this study talked about. This is an issue that merits further investigation. Alternatively, Oh (2003, p. 501) suggests:

> … a long residence leads to strong solidarity among urban residents. Neighborhood social cohesion and trust decline with the increasing perception of social disorders however. Unexpectedly, the experience of crime has a positive effect on neighborhood social cohesion and trust. This implies that crime victimization among local residents can reinforce neighborhood bonds, which help other neighbors avoid further crime victimization.

Comments on location and identity were made by both people who had lived in Melbourne all their lives and well as people from elsewhere. Two participants were immigrants from Britain and South Africa, one woman was from Tasmania, and a man was from the Northern Territory. This point is related to the observation of Dixon & Durrheim (2000) that a person's identity is also defined by the context or place where the person lives. This is somewhat problematic in the modern context where there is increasing global and local mobility. Given the complex living arrangements of participants and the frequent and long-distance relocations, there are implications for services dealing with impoverished older persons whose social bonds and networks may be needed to insulate them from further crises such as becoming victims of crime.

Building resilience for impoverished older people

Much of the discussion presented above makes connections between the impoverished state of many of the participants, their precarious and often problematic relationships, insecure or unsafe housing and their ageing bodies and failing health. Service providers such as the Brotherhood are unable to alleviate such issues as the death of a spouse, a relationship breakdown or a client's failing health. In addition, issues of resources and housing require systemic national policy changes to redistribute resources to those in need. It is important to note, however, that many participants interviewed for this study came to be clients of the Brotherhood due to interrelated and simultaneous crises in two or more of these spheres of their lives. Identifying those at risk of crisis and building programs that can mitigate the effects of crisis are essential.

Figure 4.1 represents an unproblematic relationship between resources, relationships, place and health. Such unproblematic relationships are experienced by those not at risk of social exclusion, but also some of the participants in this study. Some of the participants in this study, such as those who lived in their own homes and relied on the Brotherhood solely for household support had access to adequate resources and secure living arrangements. However, the point we are making is that when problems are discrete, and where each of the problematic spheres do not overlap and impact on the other spheres to any great extent, the problem is manageable. For example, one woman found that no longer being able to drive did not jeopardise her relationships, finances or her ability to live in her own home because of the tailored individual support that the Brotherhood has made available to her.

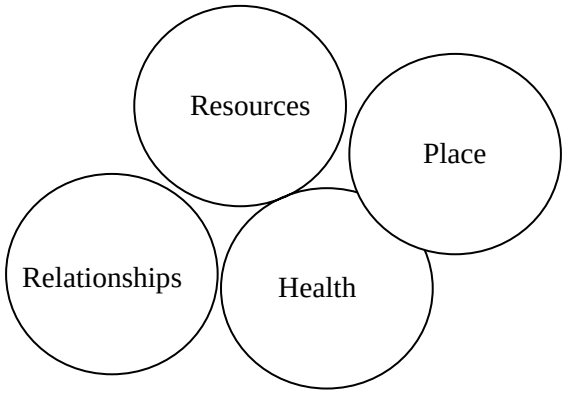

Figure 5.1 Unproblematic relationship between finances, social circumstances, and health

Examples of adequate resources include not only money, but also knowledge of how to access available goods and services, and the ability to access these as required. There is also a need for older people to be involved in identifying what resources they currently require and will need in the future to live an unproblematic life. Without adequate access or input into resource delivery, older people may face significant problems. Social networks are important to quality of life. Stable and productive relationships enable the older person to maintain a social network. These networks

provide positive social experiences and social capital for the older person in times of crisis. If relationships deteriorate or become destructive, older persons can find themselves without an adequate support network, or concerned by relationships that involve unresolved tensions.

Having a place to call home enables the older person to maintain a stable identity and also to access their social network. Many of the older people in this study who were forced to move into smaller and more manageable accommodation due to infirmity, reduced finances or illness, were able to maintain their social contacts as they had remained in the same neighbourhood. For others, a move to an isolated or unfamiliar neighbourhood at a time when their mobility and transport options were limited was isolating as ties with social contacts were eroded. Similarly, older people with no stable home environment often have loose social networks as they may not have been able to stay in the same place long enough to form strong social bonds. In addition, these social contacts often lack the resources to act as a support for the older person in need. For these people day services offer a much needed stable third place where social networks can be maintained and resources can be accessed.

Finally, health, according to the World Health Organization (1986), is a resource for living. For older people in the community this is particularly true. Those participants who were frail, immobile or ill were unable to go to places where social networks are maintained and were unable to participate in typical social practices. As a result of reduced health, social capital also declines. Participants who were mobile, fit and healthy were more able to engage in community activities and social activities provided by the Brotherhood and other agencies. Sudden health crises, such as a stroke or the diagnosis of a chronic condition destabilised the normal way of life for older people. Without the resources, support network and/or place to recover or manage the condition, older people are left isolated and vulnerable.

A crisis in any one of the above four domains can destabilise the life of the older person. For example, a relationship breakdown can create a situation where a new home must be found and assets are split between the two. If there are enough resources to create two stable lives and appropriate housing can be found, and if one partner does not have a health condition that requires care, each party can recover from the crisis and regain a modified version of their former life. For many of the other participants, however, life is less ‘tidy’. A relationship breakdown could mean that one partner has nowhere to live, no money and can no longer be cared for. Poor health, uncertain housing arrangements, poverty and family conflicts each impact on each other, leading to crisis, insecurity and dependence on welfare services. Figure 4.2 reflects how these spheres of life interact for those facing multiple, simultaneous crises.

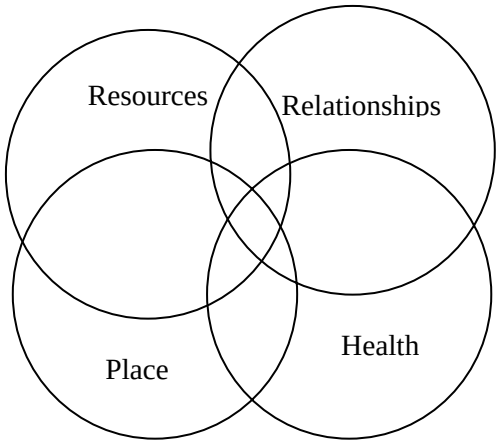

Figure 5.2 Problematic relationship between finances, social circumstances and health

An example of such interrelated turmoil was the woman who was in her forties when she travelled from Perth to look for the partner who had deserted her. She had few possessions and little money when she moved to this new city and found herself homeless. She was living 'with the nuns' when she had an accident that left her unable to walk. She had originally emigrated from England and was alone without any family or friends. With no money or relatives she was at the mercy of welfare agencies.

> I was in St Vincent's and then I went to the after care and at the after care, they really wanted rid of me, but they didn't really know where to send me, so they sent it to one of the houses. I came once just to have a look around and when we got back they said "What did you think of it?" and I said, "What did I think of it? You think — what did you want me to think of it?" And they said "Well you haven't really got much choice", so I said "fair enough then I'll go and see how I get on." So I came here, basically with the idea I wasn't going to stay here.

Such complex interdependencies existed for numerous participants. One woman found herself without a home after her children sold it from under her. The subsequent relationship difficulties and lack of resources meant that she had to move to an unfamiliar neighbourhood and was then disconnected from her former life. Another man gambled and drank all of his money after the death of his son. He was left homeless, destitute, suffering the health consequences of alcoholism and without any relatives to assist him. In different circumstances these events are being experienced by many people. What is worthy of note here is that the vulnerabilities of old age, poor health, and financial insecurity have compounded the negative outcomes to the extent that additional support is needed.

To sum up, this report has provided insight into the often chaotic and insecure experiences of older people who are clients of the Brotherhood of St Laurence. While welfare services offer invaluable support, the precarious nature of clients' lives requires additional support. The major learning from this project is that while aged men and women value their independence and autonomy, if, when they are at risk of social exclusion, they are connected to welfare services, they are in a much better position to seek out assistance that can help them overcome adversities. How welfare services such as the Brotherhood can provide these services to older people at risk, while still fostering participation in the wider community and promoting independence, is an ongoing challenge within a changing policy context.

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