



Brotherhood  
of St Laurence  
Working for an Australia free of poverty

# *Social exclusion among older people*

A preliminary study from inner-city Melbourne

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# 1 Introduction

With much of Australia's ageing population becoming wealthier and potentially expected to contribute more than previous generations to their own care, there is a risk that the needs of those older Australians who face significant financial disadvantage may be overlooked in broader policy debates. This study has been developed within the Brotherhood of St Laurence's research agenda of defining and measuring disadvantage, and of drawing attention to the experiences of those who struggle to participate fully in Australian society. In particular, the study offers preliminary source material for examining how useful a social exclusion framework is likely to be for analysing the experiences of older people in an Australian context.

In recent years, the concept of social exclusion has generated extensive debate (see, for example, Brotherhood of St Laurence 2004; Davies 2005). Social exclusion has been discussed in Australia since the late 1990s, being used to varying degrees either in addition to poverty or as an alternative. This study adapts the broad definition of social exclusion suggested by the UK government's Social Exclusion Unit: 'a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown' (Social Exclusion Unit 2005, p.3).

In a reflection of broader trends of research, the Social Exclusion Unit, which was established in 1997, tended initially to focus on the needs of children and people of working age rather than the situation of older people. Scharf and his colleagues set out to address the 'absence of adequate data on the nature of poverty and exclusion experienced by older people' and focused on the experiences of older people in deprived neighbourhoods (2002, p.11). Beginning with discussion groups, followed by questionnaires and interviews, the researchers concluded that themes of deprivation and poverty, crime and fear of crime, perceptions of neighbourhood and social integration were most useful for examining older people's experiences (Scharf et al. 2002). Further research in the UK has reinforced these findings while also exploring the significance of issues such as access to health care and transport, and independence and feeling valued (see, for example, Victor et al. 2003, Abbott & Sapsford 2005, Scharf, Phillipson & Smith 2005).

It does not appear that directly comparable research has been undertaken in Australia. This preliminary study aimed to hear from small numbers of older people to inform the development of themes for more extensive research. It is hoped that such research will contribute to discussion about which aspects of social exclusion are most relevant when looking at the experiences of older people in Australia.

# 2 Methodology

During July 2005, Catherine Waterhouse and Philippa Angley jointly undertook semi-structured interviews with twelve Brotherhood clients. These interviews took the form of three one-hour 'focus groups' with clients who came from several Brotherhood service areas: the low-care residential facility Sambell Lodge, the Coolibah Day Centre and the independent living units. Participants were recruited by the managers of these services.

As an incentive for participation in lieu of financial payment, morning or afternoon tea was provided. As participants arrived for the discussion, its purpose was outlined informally and in general terms, and one of the facilitators asked each participant individually—and where possible privately—for basic demographic information. It was hoped that this process would provide a relatively non-intrusive way of ensuring that participants had provided these details, without breaking into the flow of focus group discussion. Each participant was also given written information about the project and was assisted to understand it where requested. Once all were assembled, the project was outlined more formally, and confidentiality, anonymity and

participants' freedom to choose not to answer any questions were again explained. Participants gave permission for the discussion to be tape-recorded.

The semi-structured interviews began with the open question 'What do you think is necessary for having a decent life?' Topics raised by participants in response to this question were supplemented by others as they emerged during discussion. These topics were informed by reference to the questionnaire used in the Scharf et al. (2002) study.<sup>1</sup> While the latter was a detailed, structured interview tool that was not directly apposite for this research, it did provide an overview of areas that had been considered relevant to general issues of social exclusion for older people.

At the end of the interviews, participants were asked if they wished to have a copy of this report. All did, so it was arranged that each would receive a copy on its completion. The future use of the research was again discussed explicitly with the participants, and all agreed that it may be used for any future research with appropriate acknowledgement. Three participants specifically requested that their real names be used in this report—hence Ann, Joy and Leigh's names have been retained. All other names used below are pseudonyms.

The focus group discussions were recorded and transcribed from tape. The content of the discussions was analysed thematically, with similar issues grouped together and weight given to the time spent talking about each issue as well as to the apparent emotional intensity devoted to each.

## 3 Results

### The participants

Three men and one woman participated in the interview at Sambell Lodge, which took place in a sitting room. Their residence at the facility ranged from approximately 6 months to 18 months. This meant that they were able to talk both about the experience of living in residential care and, with the benefit of recent memory, to compare this with their previous experiences.

Three men and one woman participated in the Coolibah Day Centre interview, which took place in a meeting room familiar to the group but not in the centre itself. Three women and one man took part in the Independent Living Unit interview, which took place in a small meeting room attached to the units where three of the participants live.

Participants in the three focus groups were aged from 48 to 75, with the majority aged in their early sixties. All were either aged or disability pensioners, with several on the verge of moving from disability to age pension. Due to personal circumstances, those participants in their forties or fifties were experiencing similar issues to the older participants and hence were clients of Brotherhood services generally directed towards older clients. None of the participants now owned their own home and all lived in rental accommodation (or residential care, in the case of the participants at Sambell Lodge). All currently lived in the inner suburbs, with only a few having moved in to their current accommodation from suburbs further away. Four lived at Sambell Lodge, five lived in Brotherhood independent living units, one lived in a boarding house (and had been awaiting public housing for some years) and two lived in public housing.

### Key themes

#### Overview

A number of themes emerged consistently across the three groups, and the material below has been organised as far as possible into these themes. Inevitably, such a division is somewhat artificial, as the themes interconnected and wove through the discussions. In particular, issues such as

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<sup>1</sup> We are grateful to Dr Thomas Scharf who provided us with a complete copy of this questionnaire.

independence and the ability to have a say in decisions affecting one's life emerged as part of discussions about more obviously distinct topics such as having an adequate income or having access to good public transport. The themes are discussed below in an order suggested by the intensity with which participants explored them.

## Income

Poverty and disadvantage have traditionally been measured in terms of income, although recent debates about social exclusion have raised the extent to which other factors also contribute. Given that each focus group participant was a non-home-owning, pensioner client of the Brotherhood, it is perhaps not surprising that the effects of their low incomes were significant for them and that issues relating to income emerged strongly in each of the discussions. The issues arising for participants differed substantially, however, between groups. The residents of the hostel (Sambell Lodge) generally described a perception of significant and distressing financial limitation, the residents of the Brotherhood independent living units generally expressed contentment with their incomes, and those living in other rental accommodation fell somewhere between these two extremes.

For the Sambell group, a recurring theme was their limited income once residential charges had been deducted from their pensions. There was a strong sense that life was financially much more difficult since their move into residential care. Gerry described trying to make do with the roughly \$50 per fortnight he stated that he received as the remainder of his pension:<sup>2</sup>

Very, very difficult to manage ... You just can't get enough to just jump that line; you seem to be on the point of no return all the time ... well below the status we were used to at home. So you're left with nothing and with the pittance that you're left with, wouldn't buy anything anyway ... I just look at it in disgust and nearly throw it away ... can't buy anything with it.

When asked if he goes out, Gerry responded, 'How can you go out? I can—if I went out for one night, you know, it'd be a very short night with that that was left over!'

The Sambell participants felt that their limited finances prevented them from participating in simple activities that would bring them pleasure. Both Jack and Gerry pointed to the difficulty of being able to afford both 'smokes' and 'the paper' to last them the full fortnight. Doris also commented on her sense of financial restriction: 'I'd like to be able to do more with whatever I'm able to get. I do craft and so forth, you know. I'd like to be able to go out and do what I want to do'. Even James, who was generally very positive about living in residential care, acknowledged that he found his 'finances somewhat pinched', thus limiting the 'raw materials' he could purchase for his poetry and art.

The Coolibah group discussed with considerable passion both their own finances and broader issues of financial equity. In general they described careful management of their incomes, and the need for periodical assistance to get by. David indicated the informal assistance possible when pensions are received on different days: 'I get by ... me and Frank help each other out all the time ... 'cause I get paid the day before and he'll go, "Oh I've got no smokes, can I get a packet?" And [he'll say] "Yes, no worries"'. Shirley's income was supplemented by assistance from a family member. For George, there was a regular fortnightly struggle: 'The first thing I do is I pay my rent, I pay my light, my gas—rent more important—and buy my groceries. By the time I add that up on the calculator, I haven't got much, not much left'. In the past he had benefited from a more formal arrangement to top up his income:

When I first come here, they had a program: if you were short of money they would give you some to help you on for the next [pension]. Like me, I don't need it all the time, but

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<sup>2</sup> Sambell Lodge Manager Paul Brophy has indicated that residents have approximately \$80 per fortnight remaining from their pensions once residential fees have been paid. See also discussion section of this study.

sometimes ... That is my biggest worry: what is going to happen between now and the next pension day. You know, if I don't put something away in a jar, I never—I wouldn't have enough money for my meal over in the Coolibah Club.

These participants also viewed their individual financial situations in a broader context. Shirley spoke at length about her perceptions of ongoing inequities for people across the community:

The pension's below the poverty line, you know, and that's to me scandalous ... I think that the pension should be made a little bit higher ... Surely to goodness they can see that people—I mean, living on two hundred and something dollars a week compared to what politicians and that are living on. I often wonder where it's all going to finish up ... It's getting worse, it's not getting any better, and people are suffering more, and that disturbs me ... Well, what's your answer? You know, there's got to be something to bring people's money up.

She also spoke explicitly about the effects of such inequity: 'You're thinking, you can't go here—I'd love to go to a film and I was reading it was 55 dollars—we haven't got 55 dollars to go to a movie, you're lucky if you've got two dollars to go, you know. That knocks you down a bit, you know, that knocks your self-esteem down a bit'.

Another aspect of low-income inequity that was discussed energetically by the Coolibah group was banking fees. As George commented, 'Cutting the fees out in the banks for the elderly people would be a great help, be extra cash in their purses and pockets'. Accompanied by vigorous agreement from the group, Shirley went on: 'Banks are shocking to low-income people. They're treated very shabbily, low-income people. They're taking two dollars out of their money all the time'. When David pointed out that there are ways to avoid some banking fees, such as limiting the number of withdrawals, Shirley pointed out, 'Yes, but a lot of people aren't strong enough to do that' and that there are community alternatives: 'I say to people would they like to join the credit co-op which I've been putting in for 30 years'.

Participants from the independent living units were relatively satisfied with their level of income, noting that in their current housing the pension 'easily' covered the 'basics' of life. Frank commented: 'I'm not rich but I can go down and have a bet on a racehorse or, you know, pay my rent, get my food; yes, I'm doing all right'. The fact that their rent was automatically deducted left them with a sense of choice as to how they spent the remainder of their income, as Ann commented:

Our rent's just gone before we get it, so you don't even notice it ... so all the money apart from a very small electricity [bill]—which is about twenty dollars a month—all your pension is disposable income ... I don't go without anything. But it's only me to worry about, and one person can live a heck of a lot more cheaply.

Some people accepted the financial constraints, which were made easier by preparation earlier in life. Joy commented: 'I was born during the Depression and then the Second World War and we just went without, you know, automatically—you didn't know what it was like to have things ... you learn to live within your means, and that's it'. Similarly, for Ann: 'What you've got is what you've got and you use it'. And Barbara perceived that changing priorities with age also assisted in managing on a small income:

People reaching a certain stage of their lives ... can let go of more things ... At the end of the day, you have a certain amount of money, right, that's the reality ... People have been amazed at how I've managed my money over the years ... It's just become a way of life to me because I've always had a budget ... But what is a lot to me is nothing to someone else. You know, the money I get per fortnight someone else will spend on their lunch [laughter] ... it's no good ranting against it because it just makes you worse, the frustration of that. But then you think, well what about other countries, other people, you know, put it in

perspective. I've got a roof over my head, I've got food to eat, I'm in a reasonably safe environment—you know, the basics.

### **A safe place to live**

While only a few participants told us that they had experienced crime directly or had felt unsafe while at home, safety was a recurring theme. In particular, many participants perceived that violent events had taken place in their local community and that at very least they needed to be careful and knowledgeable when going about their daily activities.

Residents of Sambell Lodge all commented that they felt safe there, and 'safe premises to live at' was one of their first statements about what is needed for a 'decent life'. Similarly, the residents of the independent living units generally expressed a sense of safety within their homes, although they stressed that they locked their front doors and they described periodic difficulties with intruders making a disturbance. Joy pointed out that, in some areas of the units, 'You'd be more vulnerable because anyone can just go up the stairs and along', while Barbara mentioned that:

We did have a major problem at the back of the flats for some time, but fortunately now the Brotherhood put a gate there to stop the people using hard drugs going up the side causing a disturbance 24 hours a day any time, especially over long weekends ... I didn't feel unsafe personally ... I just felt angry that they were coming and polluting our environment with their needles.

One participant felt quite vulnerable at his home. George described having been assaulted, and had ongoing fears for his safety at his public housing premises. His experiences appeared to have profoundly affected his general sense of security. When he had first moved to his unit:

When midnight come, you heard Coca-Cola bottles getting smashed in the passageway, security lights were getting broken or tubes taken out, so we virtually had to stay in, in the unit, all night ... you couldn't go out anywhere, 'cause it was pitch black, no lights, nothing, all broken, all cut. Nobody would come and repair 'em ... And there are still black spots where I live. The back yard never is—once in a blue moon they come over and mow and cut the trees down, and then when winter comes they forget all about it ... I got two needlestick injuries, 'cause there was no light for four weeks in the washhouse. I pushed the door open, didn't know who in the hell was behind the door in the thing, so I got one in ... the arm and I got one in the cheek of me bottom. And I went to the hospital ... police didn't come. They rang up—no, they wouldn't come. I had to go to them and report it.

As a result, George does not feel safe to leave his unit from late afternoon: 'After five o'clock, I won't go out. If I haven't got bread or milk when I go ... at four o'clock, from here, if I don't pick up my bread and milk for breakfast—after five o'clock, nuh, no way I'd go out'. His anxiety was not limited to night time:

I still look behind me to see who's walking behind me. And that's in broad daylight. And coming here before nine o'clock to come here, I still, if somebody's walking up the street or on the other side, I stop. I just stand on the corner and wait until they go by, because you never know who's walking behind you or what they've got or what they're after.

By contrast, several participants had developed lifelong skills in coping with potential crime around them and indicated that they therefore felt little threat from others. Gerry described a working life that involved being in 'pretty rough-and-tumble' places to which he had learned to adapt. Frank implied that having 'been in a lot of trouble' himself in the past, he was known and respected in the local area:

I've been around here a long time, you know. I know a lot of people. In regards safety, I'm not worried about that. I can go out at three or four in the morning, it doesn't bother me ... I don't have any problem, don't have any worries. But as I say, I know everybody around the area. If George was with me, he wouldn't be attacked. And that's not making a big man of

meself, but he wouldn't be ... Because people know me and I'd say, 'This is George', 'This is such-and-such'.

Similarly, Ann described positive encounters with other people when she is out alone at night:

I've been known to come home at four in the morning, walk around these roads ... It's fun because you meet all different people and you meet a whole lot of different people at two o'clock in the morning than you do at two o'clock in the afternoon, and they're always friendly even if they've been drinking ... You say hi and they always chat or something.

And for Shirley:

Where I live there's not really that much crime, you know—maybe some of the people, but there's not much ... Coming back to the social exclusion of people, you've sort of got nobody to go out with. But as far as frightening to go out, I walk down the street sometimes ten o'clock at night, just having a look round, when it's a nice night and everything. And people just walk past you that live around there, and they're all right.

Frank's suggestion' that most of 'the trouble' is caused by people from further away was endorsed by several of the men. George commented:

There's an old saying: the neighbourhood's all right, nothing wrong with the people living in the neighbourhood, it's these idiots that come from other suburbs that cause the trouble, and we've got most of the trouble from not the people in the neighbourhood living around the area, it's the people coming from, what, from Flemington, North Melbourne, cause the trouble ... You ring the police and it takes hours for them to come.

Several people had witnessed crimes or heard about them directly, and most expressed a general sense of the existence of crime and its impact on older people. Doris talked about members of her craft group having been 'frightened' while watching a police raid at a public housing estate. When asked whether as people get older they become more afraid, she stated: 'Some older people like being on the estate, but if you don't know what it's like to live on the estate, well I think that you do become scared, frightened, and that sort of thing ... Some people, older people, they think people do intend to rob them and that'. Frank had become actively involved in response to one violent attack:

I know a lot of people that won't come out after half past six or something—they won't come out. They're frightened. Old lady got bashed in the lift. She was 74 and three of them bashed her and took her pension ... We went over there looking for 'em but we couldn't find 'em. We knew her well. She had a retarded son. She used to walk down to Smith Street with him and that. She's a lovely old soul and they just belted her in the lift.

More generally, participants were aware of potential risks to their safety in their broader environment and had developed a range of strategies in response. Joy commented: 'It's not always safe ... Like the town hall—that park—they've had to cut all the trees and that down because someone got badly bashed going through there ... So as I say, you've really got to know exactly where you are'. Many participants arranged their activities to ensure that they were home by dark, although some, such as Barbara, indicated some confidence in their skills to protect themselves where necessary:

I can usually suss out what's going on pretty quickly and I'll move into another area or cross the street ... Going out of an evening is not a problem with me. You just need to be aware of your environment, that's all, and you don't put yourself into situations, you just mind your own business and go along.



## Social contact and support

Some participants gave more importance to the place of social contact and support than did others. 'Mixing with people' and 'having good friends' was Doris's first response to the question of what makes a decent life, for example, whereas Keith gave such activities a lower priority, stating that 'You've got to do that anyway'. Barbara commented on the need for choice in social support: 'I think that's really important for people to feel that people are there if they want them, if they feel that they need that company, that it's there, and that they can share that community with people'.

Many of the participants had limited, if any, contact with family, and much of the discussion focused on relationships with neighbours as providing potential social support—at least in an emergency. Even for those participants who maintained regular contact with family members, social contact and support in the context of Brotherhood and similar services seemed to have special significance.

### *Neighbours*

Informal, friendly contact with neighbours had been the experience of some participants. James, for example, had good memories of his time before moving to residential care: 'We gradually came to know them in the three years and they were good neighbours to have. They were always friendly and accessible. One could stop and pass the day with them'. Similarly, Doris had experienced at least superficial friendliness at her public housing estate:

When you're on the estate, you're mixing with people of all nationalities. It doesn't matter what language they speak, they'll come up and, if you know them, they'll come up and say hello to you as you're walking around the estate or in the lifts or where you live in the building, you know? Even if they don't speak much English. It's nice, you know.

David described his relationships with his immediate neighbours in the boarding house:

I've just come out of hospital, and I've got a fair bit of gear in where I am, and there was nothing touched in my room while I was away for three weeks ... And I've got like a drunk and a nut up where I am, and no one went into my room—they just looked after the room and everything was still intact.

When asked how he got on with them, he replied: 'The drunk's all right and the nut's all right till you open your door, then he'll just pace up and down all the time until you end up shutting your door and then he'll go back into his room'.

George, however, 'hardly ever' sees his neighbours:

The only time you see 'em or hear 'em is if they go out to work ... If you're in the washhouse—we've got registered days that you can use the dryer and washing machine ... So if you're using the dryer, if there's another person using the washing machine, he'll take his washing out, put it in the basket and go in. When you're finished, he'll come out and do his washing. You never see two people in the same washhouse.

Several participants talked about changes they had observed across their lifetimes, which had meant decreased social contact and friendliness. Doris described her sadness at the change in neighbours during the many years she had lived on the one public housing estate: '[They are now] mostly all Vietnamese people; people I knew when I was first shifted into there moved out. I don't know any of the neighbours these days'. Frank commented:

Times have changed. Years ago, you know, my mother lived in South Melbourne and I'd come home from selling the papers and there'd be ten people there having a cup of coffee. It's all changed ... A lot of people don't want to get too involved with any of this ... When I was a kid we used to get out on the street and kick footballs and play cricket and ... one

street'd play another street and the dads'd be out there watching, kicking your backside if you went out. No, it was good ... Don't see it now. They're too—computers and all that.

Shirley similarly described the difficulty of building social contact with her neighbours and the broader community, in a time of changing expectations:

I sort of try and break the ice with a lot of my neighbours ... but they're so busy with their own lives, which is sad, because they haven't got time to see an old lady going home to see if they're all right or anything. And it's probably not their failing; it's just the way society is ... I hate to say this, but I think foreign people are nicer people ... on the tram they stand up for you ... They seem to say hello to you and 'How are you?' or 'Can I carry your bag?' or whatever ... But I find a lot leaves to be desired on public transport with the young ones, you know. Whether they're tired, going to work or what's the matter with them, I wouldn't know [laughter] but ... I try and approach them—I said one day 'Oh I like your scarf' to some lady on there, she didn't even answer me, you know .... So I just shut up and went back into me shell again [laughter] ... But people—it comes back to they don't want to be friendly. They're too busy worrying about money and making money hand over fist ... and that's why the country's in such a state, because nobody cares about their fellow man, you know, to worry about anything else.

### *Help given and received*

Most residents of the independent living units felt that they knew their neighbours and that they were well supported by them, without compromising privacy. Ann commented, for example, 'Everybody up where we are is all very nice and helpful ... Anyone will help you or do anything ... and we're living in a row and nobody bothers anybody, but we're all friends and know each other and have a few laughs and things'. Joy agreed: 'We all sort of know each other more or less ... there's always time to look after, help each other as best we can'.

Jack had known his neighbours before moving into residential care and expressed pride that he had been 'pretty ... capable of doing things for people' so neighbours had asked him for help at times, before his illness meant 'that was it, that was the whole show'. He noted the inevitability of developing some kind of relationship with one's neighbours: 'When you come into these places well you don't know your neighbours so you get used to them ... Everywhere you go you've got to get used to the people'.

When asked specifically about emergency assistance from neighbours, those from the independent living units clearly expected that help would be given and received. Barbara had come across one of her neighbours collapsed under the common stairway one morning: 'He'd apparently been there all night and he ... couldn't get up ... So I went up to Sumner and told them and one of the guys came down'. Leigh described proactive care for each other, sometimes with the assistance of the manager of the units:

If we don't see somebody around for a couple of days we just sort of go and see Lola to see if they're ok ... I know Ann suffers asthma, there's been a couple of times I've ... had the door open, you know, to see if she was ok ... We watch out for people around here. You don't see them around, well we start to wonder, you know, if they're ok.

David stated that he would be selective about which neighbour he would turn to in an emergency, but felt that they might come to him as 'I've got a bit of access to a few different places where I am. So I can get into the office if I have to—like I can ring up straight away if I have to'. In a previous public housing complex, George had once been cared for by fellow residents:

The neighbours there were excellent. Not because I liked the neighbours—they were Asian. But at least if they didn't see you in the washhouse or walking down to do your shopping, they'd come and knock on your door or your window, and the lady would say, 'Are you all right? Do you want help?' ... I fell down once and broke my foot, and the Asian lady upstairs, I think the fourth floor upstairs, didn't see me around for two weeks. She sent her

daughter down, and ... she looked in, and I couldn't walk 'cause I broke me foot. She ran upstairs, she said, 'Mum, the man down there broke his foot, he might need help'. So her son came down and rang the ambulance and a doctor.

However, George felt quite differently about the likelihood of assistance from his current neighbours:

They wouldn't answer the door ... If I took [a] stroke, nobody would know. With the Ministry for Housing, you're just a number. They don't come and check. So the only way that they could find out is the smell. Somebody walking past say, 'Oh hello, he's either dead or close to it' ... And that's one thing I hate, if I took a heart attack, yes, no neighbour would answer the—you walk over and knock on the door, they wouldn't come to the door to help, they'd just look and close the door again.

### *Social isolation and connection*

George's sense of isolation from his neighbours appeared to be reinforced by his lack of contact with his family. When asked about support from family, he replied: 'Well, I don't know where mine are so I get none from them so I've got to fend for meself'. Doris did not see her family as often as she would like, and described a longer term experience of feeling isolated from others: 'I never had very many friends coming and visiting me. I was always, knew I was always on my own, you know. Even though I was involved in the community I still lived alone'. Only a few participants mentioned friends. Doris and Jack both indicated that they had one or two friends within Sambell Lodge, James commented that 'I have no family or any close relatives so my friends are essential to me of course', and Ann and Joy described some of their neighbours as friends, but most others did not use the notion of friendship to describe their relationships with those around them.

Gerry described some of the benefits of living within the structured community of the hostel:

Well, you have got your own freedom and you're represented well by the staff and the manager, and treated as if you're part of the community and really it's a community within itself. You're a part of it and I respect that fact, and if I can do anything for any of the girls that work here and go and sweep the floor or do something, sweep the paths or sweep the leaves up or anything that I can see needs doing, well doing it keeps me a bit active. No, I've got no grumbles about this place, for sure.

Barbara described libraries as a resource that to some extent substituted for previous more directly social activities:

I love reading. I read a lot of things. Use the internet email service, ... the free internet and reading and of course videos and DVDs and music too. So I tend to come back to the library at least once a week and sit there for an hour and do all my—people call it networking [laughter] ... Because I have problems with my whole side of my neck and shoulder—I can't—an hour I would consider is more than enough for me. Yes, so doing things physically for people like I used to do years ago, I can't do that any more ... I have other interests. I go to the Theosophical Society in Russell Street. They've got a library there and a tearoom which is great. I've been going there for years and I know people in there, have similar interests in all the metaphysical, esoteric type things.

### *Support from the Coolibah Centre and similar organisations*

For participants living in rental accommodation, the social contact and support offered by Brotherhood staff and programs were important. Leigh, for example, felt thoroughly supported by staff during illness: 'The support of the Brotherhood, they're great ... I was really down and they weren't expecting me to pull through there, and yes, just you know different people around just gave me that kick on'. Frank's first response to the question of what makes a decent life was to comment: 'I go to the community centre a lot and I reckon they're great people there'.

Participants at the Coolibah Centre discussed its benefits as people get older and want to find ways to occupy their time. George spoke of his difficulties before joining the Centre:

To try and get, at my age and older—I go to a library. I read a lot. I read a book a week. But it's finding—like this place was a godsend when I joined ... At least I didn't sit home and look at four walls like I used to. I was frightened to go out, even in broad daylight ... This place, Coolibah, is a godsend because I get my meals, they're cheap and they're terrific ... especially Lori, all the staff there are helpful.'

Frank enlarged on the support received by someone like George: 'George goes out to the movies, he goes to the market ... And if this place didn't exist, George wouldn't be able to do that ... His face lights up when I say, "Where are you going today?" "I'm going to the movies to see Lana Turner" or something'. David, himself a relatively young client, also felt that the Centre was important for older people:

'Cause of the way it gets them out ... Say they go on a bus or something for a day, gets them out on the bus. And gives them something to do and they're not sitting around doing nothing and everyone's gone out to enjoy themselves, and then they come back feeling happy.

For Shirley, the Coolibah Centre is the latest in a range of Brotherhood programs from which she has drawn support over many years:

I had four kids and I was on me own and horrific domestic situation and everything, and got my kids on the right road, got me a job there and help, you know. I had wonderful social workers that kept me going, from that day to this ... And I think more Coolibahs should be opened to give people jobs, security and things—a place where they can belong and come to of a day. And we used to have a night-time program where we'd go and have meals with the staff and things like that, and the staff would counsel you ... You're mixing with your own age group too, which the younger ones don't want us hanging around ... I've found some very good people in amongst there, and they've had very various and wonderful backgrounds, and through those circumstances in their own lives they've broken down ... I think that it's such a wonderful place, there should have been plenty of them, you know, to help people like they've helped me ... they build your self-esteem up all the time.

Some participants also make use of similar services run by other organisations. Ann only attends the Coolibah Centre about once a week when she meets a friend there for lunch, but she also goes 'up to a lovely place called Briar Terrace which is run by the Sisters of Charity from St Vincent's and you can just sit around—some people play cards—and ... have a cup of coffee or tea and chat with people. That's just up the road'. As Joy pointed out, there are a range of options for such activities: 'It's your choice if you sort of go—you can decide to go to lots of places'.

### *Someone to turn to*

A further aspect of Brotherhood services was participants' perception of assistance available in day-to-day aspects of their accommodation. There was a striking contrast between those who could trust that their home would be maintained for their comfort and safety and that there would be assistance where needed, and those, like George in public housing, who could not:

If you don't report security lights, they never come around and check. The gate is supposed to be locked, the last one in the gate is supposed to lock it, the first one out unlocks it, snibs it, so the next person can come in. Will they do it? No. They don't. If it's locked they just break the gate ... And security lighting—it's poor, it's poor.

Those in Brotherhood accommodation were aware that many others did not benefit from similar support. Ann commented that some people had 'no one to ... keep an eye on them—[at] one boarding house it's only the soup van people that know whether people are still alive in the morning'. Joy expanded the point:

We're sort of just really lucky people as far as I'm concerned, because you hear of other rooming houses, you know, like they're really badly run or no one's running them at all. And we just sort of have to come down and let Lola or whatever know if anything's wrong and we've got the maintenance boy you know to look after everything ... We've got amazing backup which is very, very good and not everyone has that at the rooming houses ... Yes, I tell you it's just everything you could want.

Ann went on:

We don't even have to put our rubbish out. We don't have to wheel wheelie bins ... And if you're talking about older people ... just the fact that you don't have to wheel the wheelie bin out is great ... because if you're not feeling all strong and up there with it, you don't have to worry.

## Good health

The importance of good health and adequate assistance when difficulties arose was another theme for many participants. Gerry's comment that 'Whether you've got good health or not ... can make a big difference to your overall life' captured the flow-on effects of poor health for some participants. Joy alluded to the changes after she suffered serious injuries: 'I was really healthy, it's just that I had this accident and I smashed my shoulder and my wrist, which has made me not as independent as I used to be ... I can't carry things'. Barbara found that her activities had been limited by chronic ill health: 'I had to cut out certain things when my health deteriorated—I don't have the energy for one thing ... it takes time to look after yourself'. Participants' experiences of the health system ranged from those who were grateful and satisfied to those who were energised to demand better care.

All of those living in public housing noted the proximity of hospital care. As Joy said: 'We've all got St Vincent's Hospital so close ... any problems, well you've just got to go up there ... Everything we want more or less is here'. She described the rehabilitative care she received after her accident: 'When you leave the hospital you can go to the Cottage, which is part of St Vincent's. I went from the Cottage to here [Sumner House] in respite ... If you get in the system then you're pretty right ... I just had that few months it took to get things together'. Leigh was also positive about his regular hospitalisation at St Vincent's: 'Probably about 40 minutes is the longest I've been on a trolley ... They're great up there—they're very supportive. Peter McCallum [Hospital]'s the same, you know'.

Others, however, were more critical of the public health system. Frank, for example, had recent experience at St Vincent's:

My wife was up there 27 times in one year, at the hospital. Backwards and forwards, and ... she was in Emergency seven days out in the hallway, you know. She had pneumonia, she had broken hips, she had orthoporosis [sic] and ... it's not good enough. You know, they've got to do something.

Barbara commented on public dental care:

I've just had to wait four years to get teeth fixed ... You can get emergency treatment at the community thing if it's a really bad problem, but it's just, I mean, why should we have to wait? People who don't have the money have to wait four years to get their teeth fixed ... The priority's money, money, money, money.

Such experiences led to the perception that the public health system is under-resourced and two of the groups discussed this at length. Leigh raised concerns that mental health services 'are in dire straits', Barbara suggested that dental waiting lists would ideally be reduced to 'about six months', and Shirley made a broader plea for:

More resources: more nurses, more doctors, more funding for people like that, that are giving their time and their lives to look after people like ourselves. I spoke to someone recently and they said that they asked for an extra nurse in the community health centre and they were told no, that they couldn't—lack of funding and that. And this should not be tolerated.

Similarly, some participants were concerned about access to health care. George noted that there is no telephone at his residence for use in an emergency, and James commented on how difficult he had found it to receive good medical attention when he was unwell and living independently: 'It was largely my own lack of ability to acquire appropriate medical equipment because I wasn't well—it was a dwindling spiral'. Shirley pointed out that other groups may also have difficulties with receiving health care:

I was talking to someone—I talk to a lot of people in the community—and they were saying that they can't get to the people, like the ethnic people over the flats who are frightened to come out and they must be sick, some of them, and they must need help but they can't get to them ... The government have got to get off their backsides and do something.

In exploring how to make health care more accessible, George proposed a specialist service for older people:

I reckon it would be a great idea if the Brotherhood or St Vincent's could get together and have a clinic when you get older. Some nurse or doctor with elderly people, go to 'em and talk to either sister or nurse what's in the clinic. Have a clinic for elderly people ... that you can go and talk to. I, when I get sick, I go to Emergency, and you sit in there for seven hours, you know, before somebody comes.

Several participants made a link between health and social support. James reflected that before his move to residential care his poor health had restricted his social world: 'My own health was conspiring against me, prevented me from socialising as much as I might have wished it to be otherwise'. George anticipated limited social support should he require medical attention:

Well, let's hope that when I get older—and touch wood I hope I don't have anything wrong—if something serious happened, you know, who could you call? Where your neighbours would never come over and help you—could bang on the window all you like, anybody walking by they'd just say, 'Oh you're drunk or you're loaded with drugs or something ... why don't you get up and walk to the hospital?' ... If I crack me skull, I wouldn't be able to move, you know. Just lay there and hope that somebody comes along and has a look.

George felt, however, that the Coolibah Centre offered one source of support: 'If I needed help, that's the first place I'd call, yes. If I could walk, I'd walk there'.

## Housing

Some participants had previously experienced or been at risk of homelessness, whereas almost all were now in secure housing (perhaps with the exception of David who had not yet been allocated public housing). The importance of 'decent housing' was discussed in each group, and was usually an early answer to the question of what is needed for a decent life. Ann commented:

Basic hygiene and facilities for that, and good food to eat, and just being able to do things with ease, like your washing or anything—they're very important as a beginning. I mean without that you'd be sort of crippled, wouldn't you, fighting to get to a shared shower or [laughter] how to get your clothes clean.

Shirley similarly spoke about how critical housing is, and pointed to community-wide concerns:

I'm going to speak here—if the bloody government got off their backsides and did something to make everybody equal and to have housing and that, because it's scandalous that some people have got housing in a country like this and others haven't. It's been something that's concerned me for a long time, that children are suffering and taken into care because their people can't afford the rents. And I see it all around me and it saddens me when a country like this—I've got a warm bed and a house—not that I own the house, the Commission own it—I mean, I've been fortunate enough—I got it 30 years ago, I wouldn't get it now because you know things are so hard to get it now. There's not enough housing for people, and that's the first, my first, priority anyway. Everybody's got a right to housing. Not to be on the streets in a country like this.

There was disagreement within the Coolibah group about the amount of choice people without housing really have. While some expressed distress about the fate of those who have to sleep rough, Frank believed that older men in particular had real choices: 'I know three or four fellas that live in cars and they want to because they want to keep their money, you know, so it's not hard to get accommodation if they want to ... For a single bloke, you can get accommodation'. David went on: 'They don't want to [live in housing] because of good reason. They just want to get their money, go to the pub, and then they'll go for ten days with no money, you know, that's the life they took'.

Most participants were satisfied with their current accommodation. James found that Sambell Lodge met his needs well:

I would certainly rather be here than where I was living previously .... I can't think, off-hand, of any more suitable accommodation than I've got, I doubt if it even exists really ... I'm better looked after here than I was at home, says little for my home life but it's true. I'm very grateful to be here.

He pointed to the importance of having some security about one's accommodation, noting the 'predictability that these premises will continue, broadly speaking at least, as they are at the moment' as a key aspect of a decent life.

Residents of the independent living units were similarly positive about their accommodation. Frank stated: 'Oh, it's lovely—it's quiet, it's clean, it's spotless, you've got your own, more or less your own, little flat. The only thing—if you want to cook you've got to come downstairs. But it's great; it's terrific. It's local; it's central to everything. No, I like it. I like it a lot'.

Several others, however, pointed to drawbacks of their housing. Barbara had had to adjust from living in a large house to living in a small space close to others:

The flats are very small flats ... they were really built just for people I think with not many material possessions—maybe I have too many! ... so adjusting to the space has taken me a while ... The one thing I miss probably more than anything else is my garden ... to have somewhere to go out and to potter ... I used to go out every morning, I had a ritual and I talked to my plants and things and just sit with a cup of tea and it just made so much difference to starting your day ... And also the other thing is, living so close together with other people, there's the noise thing ... one of the things that living with older people ... is that of course you're going to get a couple of residents who have hearing troubles, and [laughter] of course they don't realise, they're not aware, of certain noise elevations.

George also found his public housing flat rather cramped:

It's a place where you can—well, can't call it, while you're renting, I suppose you call it your own, but not really. It's clean. You've got your off-bedroom suite, you know, toilet, shower, washbasin. You've got your kitchen, which is not very big ... I cook and eat in the kitchen. The lounge room, well it's very small. If you've got visitors well, you know, you run out of space. They've either got to stand up or sit on the floor ... Walking off the

footpath, up three stone steps into a landing, and there's ... this huge cupboard, built right where your staircase comes right near your front door. So if anybody's walking up the stairs with luggage or groceries, you've got to step aside to let them go up the stairs. So, very poor: whoever designed it [laughter] didn't do a very good job.

Several participants contrasted their current housing with worse rental experiences. James commented on how difficult it can be for older people to find adequate rental accommodation when they have to move:

It tends to be more difficult for older people to realign themselves. Certainly, in my experience ... older people generally speaking are not so much of interest to estate agents. I don't say that we're penalised or estate agents are not interested ... but younger people in the main find it easier to reacquire living accommodation than older people do.

Joy commented on the limitations of places such as boarding houses: 'A lot of them, you know, they still have to pay a fair amount for a room, but they might only have the one shower and bathroom in the place'. David noted that he would have to give up his rent assistance if he moved from his boarding house: 'Now, if I leave there and went into a [public housing] flat, I'd lose about a hundred dollars ... a fortnight.' He was keen to do so, however, 'because I just want to get out of where I am and do something better'.

## Transport

Participants were clear that access to transport was essential to their quality of life. None now owned or drove a car. As Jack noted, 'I've got to be around where there's transport because I can't drive a car now. I'm stuck to public transport. Public transport and the taxis is the only way I can get around now'. Most participants commented on the convenient local public transport options—particularly trams, as tram stops were within comfortable walking distance—and reflected on how difficult it must be for people in outer suburbs with limited access to transport and other services.

For those participants experiencing increasing frailty and health problems, however, public transport was not readily accessible. Doris and James, for example, felt they had no option but to use taxis—or, on occasion, to be driven by friends or volunteers—but they noted how expensive they found taxis given their small incomes, and implied that this limited their doing all the things they would have liked. Several other people had chosen not to use taxis due to unpleasant previous experiences. Shirley and George pointed out that public transport would not be accessible to them if they were unwell. Shirley has to walk 'about five or eight minutes' to the tram stop and if unwell 'I wouldn't be able to get down to it, would I?'

Tram travel could pose other difficulties as well, with participants sometimes feeling unable to claim a seat from other travellers. Shirley had been involved in an attempt to address this problem:

We had a big meeting over at the Coolibah two or three years ago with tram people that came in and they said that comes to their manners or how they're brought up ... but that's the generation as it is now, you know ... If you say anything on the tram—'Could you stand up?'—they're likely to bang you one on the face ... So you just grin and bear it, but it comes back again to transport, that if you're sick, you know, what's your answer?

Despite such perceived difficulties, in general participants were positive about their transport options. Ann commented that it was easier anyway not to have a car—'You wouldn't want a car around here because you'd have terrible trouble parking one'—and Barbara pointed to another positive aspect: 'In a way we're contributing to the environment in that way because we're not driving and we're using available public transport'. She went on:

Because I don't drive and I have certain physical issues, living here in Fitzroy ... is fantastic, I agree with everybody. It's so close to everything—trams, buses, walking. It's great, you've got the parks, you've got the Fitzroy Gardens, the Carlton Gardens ... It's



great being close to everything and also if you've got any shopping ... you take your jeep, it's not too far if you've got a jeep to take it down—good exercise. Other times if you want to walk down and then jump on a tram to come back, it's just so close.

### **Independence and choice**

Issues of choice and independence emerged strongly and explicitly in discussion with independent living unit residents, and were also implied by the other groups.

For some participants living in secure housing, freedom from family responsibilities more than compensated for the financial constraints of life on the pension. Ann commented: 'It's a lovely sense of freedom, isn't it?. You don't have to worry about cooking meals or looking after other people any more'. Joy went on: 'First time a lot of us have known, without having to look after families and so forth, and then you can come here and just look after yourself, eat when you want to if you want to; you've got no-one saying, "Mu-u-um ..." [laughter]'. Leigh made a similar point: 'I had a fairly tough bringing up and ... I've always worked, but I feel that at this time in my life I'm better off than what I was then because I think instead of looking after meself I'd support the family as well'.

Leigh pointed out that there is 'a lot of support around this area', which has led to a 'sort of freedom, that we can ... go out when we want to'. Joy went on:

In Fitzroy itself, you know, we're close to all the transport. We can just walk out and get on the tram, we can go anywhere ... don't have to worry about people taking us out and things like that. So we can go where we like, type of thing ... The other places you've got to go in a bus to ... go and do your shopping or things like that, where we don't have to do that sort of thing. So we're pretty independent, actually ... And also with meals, there's always places more or less to go: we've got Coolibah and House of Welcome and the Indian Sisters and those places. No-one need really go hungry.

Similarly, Ann described a relatively free daily life: 'We've got no limitations, have we. We can just go out the door and go anywhere we want ... I don't get bored. I like being home and I don't mind going out—sometimes I do. And I just do whatever I feel like doing. It might be a jigsaw puzzle, or doing whatever, listen to the radio'. She noted how different it would be to be living in a suburb where there was limited access to public transport: 'That would be terrible. I would hate that. Take away your freedom'.

Barbara made more general points about respecting the independence of older people, and stated that 'choice is absolutely essential':

I've worked with elderly people ... I've also learnt the lesson of over-caring ... you've just got to be careful you don't kind of overprotect and erode people's independence too quickly, it's really important, because then they can feel incompetent ... I think one of the things is respect for your privacy and your space, you know, and certainly safe in your environment is to me very important.

Similarly, regarding community activities and supports, Ann commented on her desire for flexibility and freedom: 'You don't really want to have a commitment where you've got to be at that place at that time. I mean you've been there, done that, in your working life'.

Barbara's description of independent living indicated how closely this issue can be connected with the need for a sense of security and appropriate support:

For me to have my privacy, to feel safe in my environment and to feel that whoever's managing where I'm living, which happens to be the Brotherhood, that I come to them with any concerns that I have and they will listen to me and hopefully do something about it. That's important, to feel you have a voice, you're being listened to and supported ... each

person has a story and each person responds to things differently ... Where I live ... I don't socialise with the other residents—that's my choice, because of my privacy, always having my space—but at the same time I'm very aware of what's going on around me and if I hear anything ... I'll go down there and have a look and see if I can do something to assist.

## Participation and feeling heard

Both directly and indirectly, all the participants made it clear that they chose not to be passive recipients of assistance from the Brotherhood or other organisations. They held strong opinions on matters directly affecting their lives, and they participated in a range of activities—in several cases helping others through regular volunteer work.

The participants from Sambell Lodge were clear about the importance of participating in the running of their facility, for example. James described the monthly residents' meetings chaired by the hostel manager: 'Regular meetings, of the order of once a month, at which we are encouraged, or required—encouraged, anyway—to express our views and to make requests about the running of Sambell Lodge, which we do'. He went on to describe their significance: 'It's not just, not simply a gesture, but it's something which is absolutely essential to the running of a large body of people who know best about running all the residents from their own experience'. Gerry agreed that the meeting was usually effective in instigating changes: 'It seems that you ask if it can be done and sometimes it's a bit of a waiting list there and you can wait a month sometimes, but generally they're pretty efficient in what they do. If you do complain about something and they can see the reason why you complain; it usually gets done, in my experience of being here anyway.' Doris pointed out that she was one of three members of the residents' committee, who 'think of ideas to—we could maybe do something for the people who live here and that sort of thing, and if they have any complaints. I've been involved in interviewing people for staff positions'.

### *Involvement in community groups*

Only a few participants had previously participated directly in outside community organisations or events. Some, such as Ann, felt that so little had been achieved by community organisations they had previously joined that they preferred no further participation: 'Been there, done that. Very frustrating. I mean, does one want to bang one's head against a brick wall for the rest of one's life? ... I can only speak for myself, but I don't feel I want a particular agenda any more, you know'. James had not participated in such activities for some time when living in private rental accommodation: 'My health was steadily getting worse while I was there, which just simply didn't allow me to be involved to any degree'.

In contrast, through her long-standing involvement in Brotherhood programs, Shirley has actively advocated for change on a range of issues:

We had a social action group and things going down to Centrelink to try and change things there ... I went away [to Canberra] with Steve, a chap upstairs [Brotherhood staff member], about five years ago, about teeth and that and how long we've got to wait for teeth and glasses ... it's so hard, it's just awful ... Somebody said to me this morning, 'I felt like a second rate citizen' ... But governments are not going to listen to people like us. You've got to have a majority of people, you can't just have a minority, because they won't listen, they'll tramp all over you. I went to meetings in the city about two years ago with a girl, Lence [Brotherhood staff member], if you remember, and we went: 'No more cuts', we said. They didn't listen, they just: 'Yeah, yeah, yeah'.

Doris described the importance to her of maintaining contact with people at the housing estate to which she hoped to return to live from Sambell Lodge:

I'm still in contact with a variety of committees I'm on. I've been involved in Neighbourhood Renewal and I'm the ex-secretary of that committee. That's all happened since I've been here. I haven't been doing as much as I should be before I go back to the estate. I'm involved with the church ... and I'm still involved a lot in the community.

### *Voluntary work*

While all the participants benefited directly from Brotherhood services, several actively volunteered either within the organisation or more broadly. Leigh had recently started as a volunteer one day a week at the Sacred Heart Mission Op Shop. When asked what he enjoyed about this activity, he replied: 'Ah, just doing something. Helping, contributing ... that's only tagging and racking, but it's something'. Previously he had been a volunteer for about four years at The Way, a 'house for alcoholic men': 'That was just about a full-time job ... cooking, cleaning, washing, just general housework'.

Joy had also been a volunteer at They Way and still visited most days: 'It's just trying to make sure they're happy and clean and they haven't gone off with their pants on back to front ... Just those little things, just those little homely things ... it's a very good atmosphere there.' Joy's main voluntary work, however, was now elsewhere:

I work with the Indian Sisters five days a week in the men's house ... the Mother Teresa Sisters. I do all the cooking for them, food of a night—they have a free meal every night, or five nights a week. So I do five days down there a week. I'm on holidays now ... I love the people I work with, you know. You've sort of got company every day and you've got somewhere to go and something to do. I couldn't cope with being stuck at home doing nothing—I'd drive myself mad. So I like to get out and do things. I've enjoyed my holiday but I'll be glad to get back.

### *Participation in research*

Finally, to varying degrees the participants were keen that their views as expressed during the discussions might 'make a difference' more widely. Many asked about how their comments would be used and George articulated the frustration of previous experiences of not having felt heard: 'I wish there was more ... ladies like you [who] understand, because I've been to places where they don't understand. You know, you talk, put it down on paper, and they shelve it, it gathers dust, they never look at it'.

## **4 Discussion**

The use of small group discussions to glean the above results had both advantages and drawbacks. Some participants knew each other better than others and their interaction during the discussions varied. One group was somewhat dominated by an individual who stated views so strongly that others seemed sometimes hesitant to express alternative positions. Another group encompassed differing points of view on some issues, but was marked by participants listening to each other respectfully and then asserting their own opinions. The interaction between participants at times enabled more exploration of issues than individual interviews may have done, while on occasion it meant that there were rapid changes in direction and it was difficult to ensure that participants could discuss their own views fully. Nevertheless, despite the method's limitations, several issues arising from the discussions warrant further mention here.

Participants who were living in residential care generally expressed a greater sense of financial stress than did the others. One reason for this difference can be seen by comparing the disposable incomes for pensioners with low assets living in various types of accommodation. A typical single pensioner living in a low-care residential facility currently has approximately \$80 per fortnight remaining once residential fees are paid; a single pensioner living in a small public housing flat has approximately \$356 per fortnight after rent; while a single pensioner living in a Brotherhood independent living unit has approximately \$360 per fortnight after rent.<sup>3</sup> Even allowing for the fact

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<sup>3</sup> Information provided by the following Brotherhood of St Laurence staff: Paul Brophy, Sambell Lodge; Lola McHarg, Aged Services; and Milena France, PHAP Cheltenham. Figures are based on the current (August 2005) age pension of \$476.30 per fortnight. A pensioner in public housing pays 25% of his or her income in rent (approximately \$119), while a pensioner in the independent living units receives rent assistance of \$95.40 and pays rent of \$212 per fortnight.

that a resident of a low-care residential facility has food, utilities and similar necessities provided, whereas those in rental accommodation must pay for all such essentials directly, it appears that participants felt less disadvantaged if they retained control over more of their pension.

Sambell Lodge residents noted, for example, that their financial restrictions limited their access to transport. Those with impaired mobility were unable to use public transport at all and therefore faced the higher costs of taxis. With approximately \$40 per week to pay for transport as well as medication, clothes and similar items, residents felt unable to afford taxis often or to travel far. It is noteworthy that even in a facility like Sambell Lodge, where particular efforts are made to assist residents to connect with the local community, current government funding limits how much the facility can support residents' transport needs and it is not possible to meet the desires of all residents for maintaining community connection and independence.

The brief background information question about how participants would spend a (hypothetical) higher income also highlighted the importance of independence and connection with others (see Appendix for results). Strikingly, nine of the twelve participants listed travel, either for a holiday or to visit family or friends living outside Melbourne. Many commented that they had never been able to undertake such trips; for others it had been many years since they had seen the people or places that held special significance for them. While most were resigned to being unable to afford or manage such travel, they were clear about the value that such connections held for them. Other responses to the hypothetical question ranged widely, from spending on basic items for daily life to financial support for others seen as more needy. Several participants had difficulty in identifying any particular needs that could be met with a higher income, with one person stating categorically that more income would make no difference as he was happy with his current situation. Others, by contrast, stressed just how difficult they found managing on their income.

Similarly, participants varied in their perceptions of social support and interaction. This raised the issue of what factors might contribute to people's differing experiences of coping with financial disadvantage and other aspects of social exclusion. Most participants had faced a combination of chronic and crisis situations—such as health difficulties, family breakdown, illness and death of a child or a spouse, assault and/or educational disadvantage—that had negatively affected their financial stability.<sup>4</sup> Such factors paralleled the research of Scharf and his colleagues that experiences earlier in life are often correlated with social exclusion in older age (Scharf, Phillipson & Smith 2005, pp.3–4).

Receiving support from services such as those of the Brotherhood appeared to have made a substantial difference to many participants' lives. With their limited financial assets and ongoing health difficulties, most had experienced significant disadvantage and remained at risk of further disadvantage without such assistance. Yet, as noted above, in general they were not passive recipients of assistance and choosing aspects of their support was very important to them. Having someone reliable to turn to for any concerns about accommodation or about other people, for example, seemed to be as important as the quality of the accommodation provided. Given the options available for those in the independent living units in particular, it might be asked to what extent they could now be described as socially excluded.

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<sup>4</sup> Given the small number of participants, it is likely that even with the use of pseudonyms they could be identified by people who know them, so many details of their individual situations are not included in the results above.

## 5 Conclusion

As the results above demonstrate, there is a wealth of information to be gleaned from older Australians about their lives and their perceptions of disadvantage or exclusion. This pilot project reinforced many findings of recent UK research that a range of issues—particularly low income, fear of crime, social integration, perceptions of neighbourhood, independence, and access to health care and transport—are important to many older people. But the project also found further areas worthy of exploration, particularly people’s need for choice, the importance of secure housing with reliable support, and specific differences in the effects of low income and other aspects of social exclusion between those living in low-level residential care and those in rental accommodation. Although the issue of low income underpinned many of the topics discussed by the participants, the variety of issues they raised suggests that income alone does not account for the multi-dimensional nature of social exclusion.

The findings from this small-scale study clearly cannot directly be generalised to all older people experiencing financial disadvantage, or even to all those receiving support from Brotherhood services. However, this study provides further evidence of the value of continuing to explore social exclusion as a useful framework for analysing disadvantage. There is scope for a larger research project to examine these issues more widely and to enhance our understanding of the experiences of socially excluded older people.

## 6 Appendix

### Background information questionnaire

Alongside the main research project, before the focus groups started participants were asked: ‘If you received more money per fortnight than you do now, what would be the top three things you would spend the money on? Please put them in order of importance from 1 to 3.’

No alternatives were provided as examples or choices, and several participants did not provide three answers. The table below indicates the range of answers given by the twelve participants.

**Table: The top three things on which to spend increased income**

Spending choices	Number of responses by ranking			
	Ranking 1	Ranking 2	Ranking 3	Total
Holiday/travel	4	1	1	6
Recreational materials/activities	1	1	2	4
Travel to visit family/friends	2	1	-	3
Books	1	1	1	3
Health	1	1	1	3
No [other] needs	1	[1]	[1]	3
Household items/toiletries	1	1	-	2
Donations to charity/family	-	1	1	2
Clothes	-	-	2	2
Cigarettes	1	-	-	1
Newspaper	-	1	-	1
Pay off bills	-	1	-	1
Save for a rainy day	-	1	-	1

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