Older Women and Social Connectedness

A Snapshot of the ACT

Kat Darlington and Angela Carnovale

October 2011

Acknowledgements

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About Women's Centre for Health Matters Inc.
The Women's Centre for Health Matters Inc. (WCHM) is a community based organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that the environment and life circumstances which each woman experiences affects her health outcomes. WCHM focuses on areas of possible disadvantage and uses research, community development and health promotion to provide information and skills that empower women to enhance their own health and wellbeing. WCHM undertakes research and advocacy to influence systems' change with the aim to improve women's health and wellbeing outcomes. WCHM is funded by ACT Health. The findings and recommendations of this report are those of WCHM and not necessarily those of ACT Health.

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Executive Summary

The ACT has one of the fastest-growing populations of people aged 60 years and over in Australia.[1] Given that the incidence of many chronic illnesses and disabilities increases with age, ACT women in this age category are likely to face a range of interrelated health and mental health issues. Of growing concern for this population group is the established link between social isolation and disadvantage, and mental and physical health and wellbeing. There is a need to look for ways to adjust current thinking and approaches within the ACT to help older women maintain and improve their health and wellbeing and assist them to connect, maintain connection or reconnect with their community, thereby raising the quality of their lives.

As a result of these issues, WCHM has made it a key focus of our work to increase knowledge about the factors that act as barriers to social inclusion and which impact on health and wellbeing for older women. The intended outcomes of this focus are: to increase knowledge about the factors that act as barriers to social inclusion and which impact adversely on wellbeing for older women, and to develop specific policy proposals and advocacy initiatives to increase social inclusion.

It is for these reasons that WCHM commissioned Kat Darlington, a final year student of Community Education and Social Studies at the University of Canberra (UC), to undertake an initial study into older women and social connectedness in the ACT. The data for the research were collected through a variety of media including a literature review, survey (74 completed responses) and two focus groups—one with older women and one with service providers who have older women as clients.

The findings of this report demonstrate that for women in the ACT there is a link between good social connectedness and good physical and mental health. We also found the reverse to be true: that good physical and mental health facilitate good social connectedness. The report demonstrates that, in addition to poor health status, social connectedness is negatively impacted by poor financial status and lack of access to transport. Relocation, retirement and carer responsibilities were not straightforward in their impact upon social connectedness; they were sometimes positive and sometimes negative depending upon each woman's circumstances.

Volunteering was found—as anticipated—to have a positive impact upon older women's social connectedness. The research participants were keen to highlight the benefits that come from being able to contribute to the community in meaningful and reciprocal ways, particularly with younger generations. The opportunity to contribute to and be valued by their communities was fundamental to feeling truly socially connected.

Access to information also emerged as a key issue impacting upon older women's social connectedness. The older women who participated in the research highlighted the difficulty in obtaining personally relevant information in a contemporary information-rich environment, while the service providers noted the difficulty in ensuring relevant and current information is accessed by older women, particularly those who are already socially isolated.

This research is just the beginning of WCHM's journey into understanding the needs of older women in maintaining connection or reconnecting to their communities and the impact this connection has upon their health, wellbeing and successful ageing. This report makes a number of recommendations. These were developed in consultation with the women that participated in the research, the WCHM Board of Directors, Kat Darlington and WCHM staff.

1 Department of Disability, Housing and Community Services (DHCS), *A strategic Plan for Positive Ageing in the ACT*, DHCS, Canberra, 2009.

Recommendations

1. WCHM to continue research into the issues associated with older women's social connectedness. In particular, to further explore the effects of particular factors upon social connectedness and the needs of particular groups of older women within the ACT.

2. WCHM to liaise with ACT peak organisations to ensure information services within the ACT are both tailored to meet the needs of older women and are accessible in their use. In particular, to advocate for improved access to information for older women about financial planning and management, information about subsidies and concessions available to older women and information about health and community services.

3. WCHM to advocate to lower the age at which public transport is free from 75 years to 65 years and to ensure that this is well promoted to older women.

4. WCHM to advocate for expanding the number of opportunities available for older women to contribute to the community, as the research highlighted that this has a more profoundly positive effect on their social connectedness than simply participating in social events and activities.

5. WCHM to advocate for improved access to respite for older women with carer responsibilities.

Introduction

The ACT has one of the fastest-growing populations of people aged 60 years and over in Australia, and this is expected to grow.[2] For ACT females, there is a life expectancy of 81.3 years.[3] Because the incidence of many chronic illnesses and disabilities increases with age, and because poor physical health is linked to social isolation and disadvantage, there is a need to look for ways to adjust current thinking and approaches within the ACT to help older women maintain and improve their health and wellbeing and assist them to connect, maintain connection or reconnect with their community, thereby raising the quality of their lives.

Social connectedness is a concern for the older generation. Age is identified as a major risk factor for social isolation, and research has well established a link between good social connection and improved health, wellbeing and self-esteem.[4]

It is for these reasons that WCHM commissioned Kat Darlington, a final year student of Community Education and Social Studies at the University of Canberra (UC), to undertake an initial study into older women and social connectedness in the ACT. The data for the research were collected through a variety of media including a literature review, survey (74 completed responses) and two focus groups—one with older women and one with service providers who have older women as clients. Older women were defined as being 65 years of age or older.

This report is broken down into chapters on each of the major issues identified in the literature as impacting upon older women's social connectedness. The issues identified were: health status; financial status; carer responsibilities; retirement; relocation; safety; transport; and volunteering. The survey questionnaire was designed around these eight issues and in addition, asked women about their views on social connectedness. The focus groups were designed to support and further explore the findings from the survey, but actually highlighted another major issue impacting upon older women's social connectedness that had not been identified through the literature, and therefore not included in the survey questionnaire. It also turned out that while some issues were significant in the literature, they were not significant to either the survey respondents or focus group participants.

For this reason, safety is not included as a chapter in this report as it did not prove significant for either the survey respondents or focus group participants, but has been replaced with a final chapter on access to information, which proved to be quite significant in both focus group discussions.

The report begins by presenting a demographic snapshot of older women in the ACT who responded to the survey. It then outlines the discussion about the research participants' views on social connectedness. The subsequent chapters present the discussion on each of the issues identified as impacting on older women's social connectedness in the order in which they were surveyed: health status; financial status; carer responsibilities; retirement; relocation; transport; volunteering; and access to information. Each chapter in this report is a snapshot of the findings from the literature review, survey and focus groups, as well as a discussion about the meaning and implications of these findings.

This research is just the beginning of WCHM's journey into understanding the needs of older women in maintaining connection or reconnecting to their communities and the impact this connection has upon their health, wellbeing and successful ageing. It is hoped that the insight gained through this research provides some guidance to those who are interested in positive ageing in the ACT.

2 Department of Disability, Housing and Community Services (DHCS), *A strategic Plan for Positive Ageing in the ACT*, DHCS, Canberra, 2009.

3 *Ibid.*

4 Jan McLucas, "Labor's goals for an ageing Australia: activity, quality and security", *Ageing Policy Discussion Paper*, Australian Government, Canberra, 2006.

Methodology

The research design involved three phases—a literature review, survey and two focus groups.

Literature review

The literature review was inhibited by limited international, national and local academic literature relating specifically to older women's social connectedness. As a result, the majority of research used in the literature review was obtained from local and national community organisations and ACT or Commonwealth Government policy documents and reports.

The literature review set out to consider:

- Who older women in the ACT are
- What their current health and wellbeing status is
- How socially connected they are
- Which issues impact their social connectedness
- How these issues affect their health and wellbeing

Survey

The Older Women and Social Connectedness survey was conducted throughout August 2010 and received 74 completed responses. Respondents qualifying for the survey were women over the age of 65, living or working in the ACT or Queanbeyan.

The survey was designed to reflect the eight main issues identified through the literature as affecting older women's social connectedness, which were: health status, financial status, carer responsibilities, retirement, relocation, safety, transport and volunteering. The survey also set out to investigate the respondents' current level of social connection.

A mixture of online and hard copy data collection methods were used for the survey. Hardcopy surveys were distributed through the Women's Health Service (WHS) to try to access older women who do not use the Internet. Surveys were delivered to the WHS along with pre-paid, self-addressed envelopes so that they could be returned to WCHM at no cost to either the host organisation or respondents. Several hardcopy surveys were mailed directly to respondents upon request. The online survey was available via a link, which was displayed on the WCHM website with an explanation of the project and distributed throughout email networks and personal contacts.

Focus groups

The survey data was complemented by two focus groups—one held with older women and one held with service providers who have older women as clients. Each of the focus groups had seven participants. The focus group discussions were held to further explore the major themes that emerged in the survey data.

Participants for the focus groups were recruited through individuals, peak community sector networks or community organisations working with older women. A flyer detailing the study was tailored to older women and service providers and sent out electronically.

The focus groups were held in September at the WCHM office in the Pearce Community Centre. Each discussion lasted for two hours and was recorded, with the consent of the participants, on a voice recorder. The recordings were then transcribed and shown to the participants for verification. The focus group discussions followed the major themes identified in the survey data. At the beginning of each discussion participants were asked to provide their own definition of social connectedness before being asked to comment on the definition that had been used in the study to date. Broad questions about the issues affecting older women's social connectedness were asked, which led into discussions about specific issues as they were raised by participants.

1 A Demographic Snapshot of Older Women in the ACT

Data from the 2006 Census identified that women aged 65 years and over represent 5.4 percent of the ACT population[5]—a figure set to grow due to the ACT's ageing population. It is estimated that by the year 2016 there will be a 4.3 percent increase in women aged 65 years and over living in the ACT.[6] Accompanying this growth are expectations of increased demand upon a range of government, community and health services and programs.

Survey Respondents' Demographics

Age: Seventy-four percent (n=55) of respondents were aged 65-74; 23 (n=17) percent were aged 75-84; and 3 percent (n=2) were aged 85 or over.

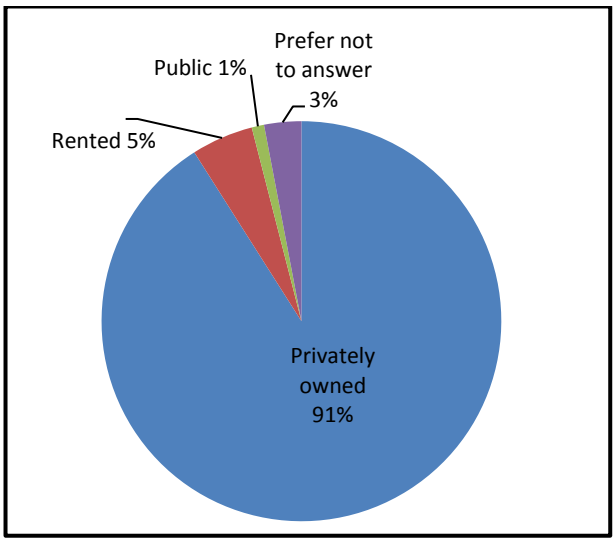
Culturally and Linguistically Diverse (CALD): Eighteen percent (n=13) of respondents reported being from a CALD background.

Aboriginal and Torres Strait Islander: One respondent reported being of Aboriginal or Torres Strait Islander descent.

Disability and/or long-term health condition: Forty-seven percent (n=35) of respondents reported living with a disability or long-term health condition.

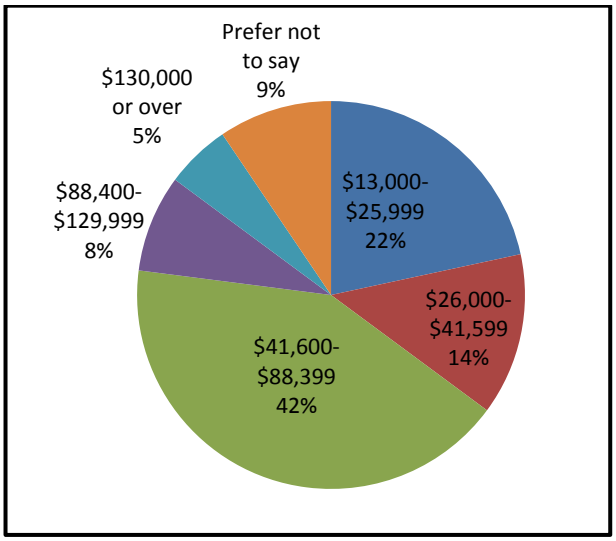
Home accommodation: Ninety-one percent (n=67) of respondents reported living in privately owned accommodation; 5 percent (n=4) reported living in rented accommodation; one respondent reported living in public accommodation; and two respondents chose not to answer.

Figure 1: Respondents' home accommodation



Household income: Twenty-two percent (n=16) of respondents reported a total household income of $13,000-$25,999; 14 percent (n=10) reported a total household income of $26,000-$41,599; 42 percent (n=31) reported $41,600-$88,399; 8 percent (n=6) reported $88,400-$129,999; 5 percent (n=4) reported $130, 000 or more; and 9 percent (n=7) preferred not to answer. No respondents reported a total household income of less than $13, 000.

Figure 2: Respondents' total household income



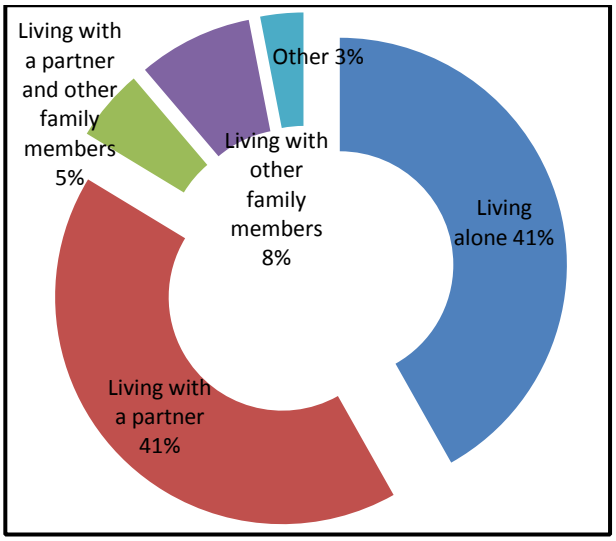
Work Status: Sixty-five percent (n=48) of respondents were retired; 12 percent (n=9) of respondents were working full-time; 22 percent (n=16) were working part-time or casually; and one respondent preferred not to answer.

5 Australian Bureau of Statistics, *Census of Population and Housing: Age by Sex - Australian Capital Territory*, ABS Cat. No. 2068.0, Australian Bureau of Statistics, Canberra, 2006.

6 ACT Health, *Health Status of women in the ACT*, ACT Health, Canberra, 2008.

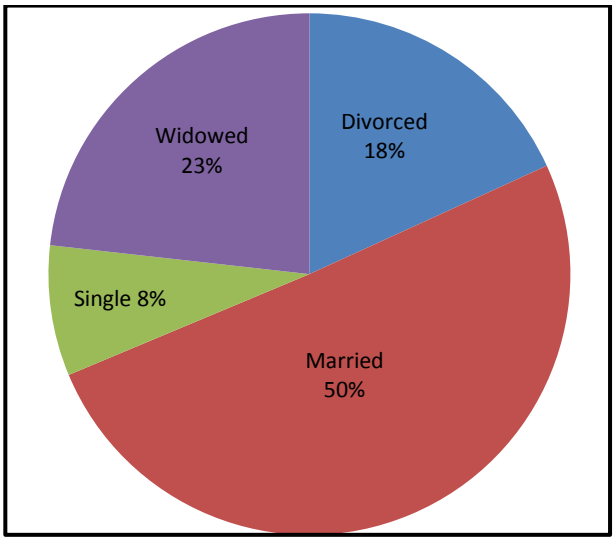
Living arrangements: Forty-one percent (n=30) of respondents reported living alone; another 41 percent (n=30) reported living with a partner; five percent (n=4) with a partner and other family members; eight percent (n=6) with other family members; three respondents listed their living arrangements as "other"; and one respondent chose not to answer.

Figure 3: Respondents' Living Arrangements



Relationship status: Of the survey respondents, 18 percent (n=13) were divorced; 50 percent (n=37) were married; 8 percent (n=6) were single; and 23 percent (n=17) were widowed.

Figure 4: Respondents' Relationship Status



2 What Older Women think about Social Connectedness

2.1 What the Literature Told Us

Social connectedness is marked by the existence of social networks that provide support, companionship and security. Social isolation, by contrast, relates to a lack of or limited access to social networks.[7] There are a number of factors that influence an individual's level of social connectedness or isolation, which include: poverty and low income; lack of access to employment; limited social support; the local neighbourhood; and exclusion from services.[8]

Social connectedness is a concern for the older generation.[9] A survey of older women conducted by the Young Women's Christian Association (YWCA) of Canberra in 2009 found that 18.2 percent of participants were concerned about becoming socially isolated.[10]

Age is identified as a risk factor for social isolation, which can, in turn, impact upon individuals' wellbeing and self-esteem. Social isolation has been found to impact upon an older person's decision to undertake healthy life practices,[11] increasing the likelihood that older women whose level of social connectedness is low are likely to experience poorer health status. Alternatively, positive social integration boosts self esteem, increases a sense of belonging and can help protect against health conditions such as depression and heart disease.[12]

While older people have the benefit of networks built throughout their lifetime[13] social networks can diminish in older life due to events such as retirement, widowhood and poor health. Having had the time to build up social networks, the effects of losing them and disconnecting with the community can prove difficult for older women.

At the same time as women experience a diminishment in their wider social networks as they age, they also often rely more heavily upon their close friends and family for emotional and physical support.[14] While close bonds with friends and family members can help reduce stress, boost self-esteem and give access to transport and other services, heavy reliance upon these relationships for emotional and physical support can lead to strain and stress.[15]

Having a good social network offers a constant level of social connectedness and many health benefits for people of all ages, but especially for older women.

2.2 What We Found

2.2.1 The Survey

Three words I use to describe social connectedness are:

The three words most commonly used by the participants to describe social connectedness were: friends (listed 28 times); family (listed 13 times); and interests (listed 6 times).

With my ability to be socially connected I am:

Sixty percent (n=42) of respondents were satisfied with their ability to be socially connected; 29 percent (n=20) were somewhat satisfied with their ability to be socially connected; 6 percent (n=4)

7 Sarah Malsen, *Marginalised and Isolated Women in the Australian Capital Territory*, WCHM, Australia, 2008.

8 John Pierson, *Tackling Social Exclusion*, Routledge, London, 2001.

9 McLucas, *op cit*.

10 Alison Barclay, *Exploring the needs of older women in the Canberra community: a YWCA of Canberra community study*, YWCA, Canberra, 2009.

11 McLucas, *op cit*.

12 *Ibid*.

13 *Ibid*.

14 Mark Thompson & Kenneth Heller, "Facets of support related to well-being: quantitative social isolation and perceived family support in a sample of elderly women", Psychology and Ageing, vol. 5, no. 4, 1990, pp. 535-44.

15 Robin Moreman, *Best Friends: The role of confidants in older women's health: benefits of social support for older women*, Haworth Press, USA, 2008.

were neither satisfied nor dissatisfied; 4 percent (n=3) were somewhat dissatisfied; and one respondent was dissatisfied with their ability to be socially connected.

Compared to ten years ago I rate my current level of social connectedness as:

Twenty-one percent (n=15) of respondents felt that their level of social connectedness was much better now than ten years ago; 14 percent (n=10) felt that their level of social connectedness was slightly better now than ten years ago; 49 percent (n=34) felt that it was the same now as ten years ago; 10 percent (n=7) felt that it was slightly worse now than ten years ago; and 6 percent (n=4) felt that it was much worse now than ten years ago.

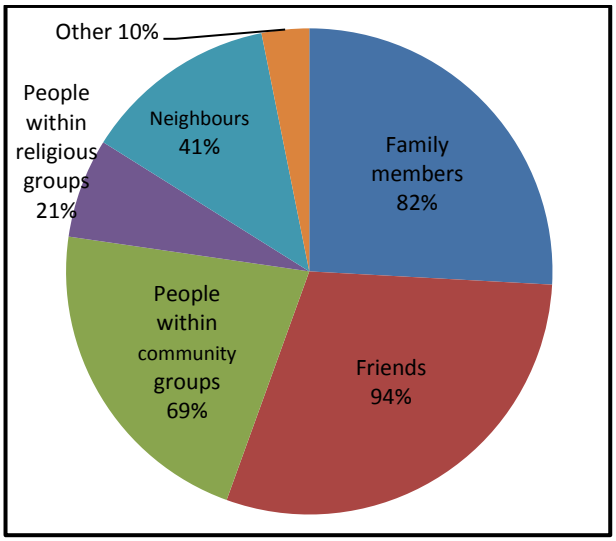
I have a social network that I rely on for support:

Eighty-two percent (n=58) of respondents felt that they have a social network to rely upon for support; two respondents disagreed; and 15 percent (n=11) respondents neither agreed nor disagreed.

The people within this social network are:

Ninety-four percent (n=64) of respondents included friends within their social network; 82 percent (n=56) included family members in their social network; 69 percent (n=47) included people from community groups; 41 percent (n=28) included neighbours; 21 percent (n=14) included people from religious groups; and 10 percent (n=7) listed "other".

Figure 5: The people included in respondents' social network



On average per day the number of hours I spend in the presence of others is:

Eight percent (n=6) of respondents spent less than one hour per day in the presence of others; 28 percent (n=20) of respondents spent between one and two hours per day in the presence of others; 21 percent (n=15) spent between three and four hours per day; 13 percent (n=9) spent between five and six hours per day; and 30 percent (n=21) of respondents spent more than six hour per day in the presence of others.

Some of the comments from the survey included:

> *As a carer of young grandchildren, 3 days per week, my personal time and freedom is very much restricted. The income caps on family access to childcare and its incredible costs make older men and women captive to the needs of childcare for our grandchildren. Government support should be tied to financial commitments of families or the cost of childcare should be tax deductible as a genuine cost of earning a living. Additionally, the severely limited childcare places needs to be addressed.*

> *Casual work has put some limitations on this. When my income dropped during the GFC (self funded retiree) casual work helped to supplement my falling income but the hours required limited*

my ability to do other things. I have now "balanced" this and regard the work I do as primarily to keep me involved in professional interests and as part of my social contacts.

My 89yr old mother has recently come to live with my husband and me. I now have to consider whether I can go out and leave her alone; or if not, consider alternatives, such as asking my daughter to step in, or giving up my plans.

I am President of a Senior's Club, a Peer Educator for COTA and a subcommittee member of the Tuggeranong Community Council. My ability to be involved in these activities and remain connected would be severely limited if I did not have a car. As a pensioner, money is also a factor in my continuing ability to remain involved.

I "pack" as much as possible into every day.

Need more hours in my day!

I worry about becoming socially isolated in the future.

Forty-four percent (n=31) of respondents agree or strongly agree that they worry about becoming socially isolated in the future, while 29 percent (n=20) disagree or strongly disagree with this statement.

2.2.2 Older Women's Focus Group

Throughout the focus group with older women it became clear that one of the most important facets of their social connection are the social roles they hold and the contribution these enable them to make to the community, whether through volunteering, studying, teaching or joining clubs. "I like the social roles to be able to make a contribution and [to be recognised and] valued for that contribution. To me that's a really important part [of social connectedness]."

Employment was one particular social role that the women credited with enhancing their social connectedness. One woman described her experience of returning to work after a number of years: "I have a job again and an interest that drives me, I have met a hell of a lot of friends through that job.'' Another participant agreed that work assists in remaining socially connected: "The only place I didn't feel I was isolated was my work, where I felt I was important; I was doing an important job."

Another positive aspect of engaging in paid or volunteer work or study was the opportunity to engage with younger generations, something that was very important to all of the participants. One participant said that she volunteers as a dragon boating coach to young women, a role which she values because it makes her "feel wanted. You know that you've done well and you know that people appreciate what you're doing." She said that the young women "appreciate that I make the time to be with them and it's just a wonderful feeling. It really is". Two other participants highlighted that it is through studying at university that they have had the opportunity to develop relationships and friendships. "It has actually been wonderful. It's been wonderful to have young people go 'Oh, I haven't seen you, I want to talk to you!'...it's just hugely rewarding just to be with young people."

Participants also discussed overcoming challenging life events in order to remain connected or re-connect to the community. One participant explained her own journey back into the community: "[I made the decision that] I wanted to be here. I'm not going to have my past or what happened or what people have done, pull me down. I'm coming back, I'm going to make a life for myself." She didn't find this journey easy and she advised the other participants that "you've got to be really strong, and you've got to be positive."

Positivity was found to be of great importance to being socially connected and achieving better health and wellbeing outcomes. Almost all of the

participants expressed the sentiment that “you have to make the first step. You have got to be positive”.

2.3 What This Means

Contributing to the community through fulfilling social roles has been identified in the literature as an aspect of successful ageing.[16] It was also identified by the older women who participated in the research as pivotal to good social connection because it enables women to maintain ‘give and take’ relationships, which they prefer to being the recipients of assistance, care and knowledge. This did not emerge as an aspect of social connectedness considered vital by the service providers who participated in the research, who focused, understandably, on good access to services and social support.

In considering social roles, the literature does not expand upon those occupied through volunteering. However the older women themselves thought that they could occupy roles that contribute to the community in a variety of contexts. For example, two of the women in the focus group felt that they make a contribution through being engaged in tertiary study as they have the opportunity to develop friendships with younger people and add valuable perspective to the young people’s social and intellectual experiences.

The literature did, however, identify the importance of older women’s interaction with younger generations, and this was supported by the women in the focus group. The women spoke about these interactions as making them feel energised and genuinely connected to the community, which both have positive effects upon their health and wellbeing.

There was a key difference in the understanding of social connectedness held by the older women in one focus group and the service providers in the other. In the former, the participants felt that social connectedness was something that individuals need to be proactive and positive in creating. The women in this focus group highlighted the importance of making the effort to introduce themselves to their neighbours or involve themselves in community or social events. The participants in the service providers’ focus group on the other hand, felt that social connectedness is improved through strong social supports, services and infrastructure. They felt that social connectedness is something that government and services have a responsibility to facilitate for older women—particularly vulnerable or disadvantaged older women—through a range of policies, programs and financial assistance measures.

These differences are understandable. The older women—while recognisant of the fact that there are certain financial, social, mental and physical barriers that prevent older women from being able to be proactive about their social connectedness—were predominantly mobile and independent women. The service providers, by contrast, were accustomed to working with older women who experience a number of barriers to connecting with the community.

The following chapters of this report are an in-depth exploration of the eight main issues that affect older women’s social connectedness. It is through these that a clearer picture of the barriers and enablers of social connectedness for older women in the ACT emerges, as well as possible areas of focus for future policies and programs.

16 Benjamin Cornwell, Edward O. Laumann, & L. Philip Schumm, “The Social Connectedness of Older Adults: A National Profile”, *American Sociological Review*, Vol. 73, No. 2, 2008, pp. 185-203.

3 Health Status

3.1 What the Literature Told Us

The connection between age and deteriorating health status means that older people access health services more than any other population group and generally contribute more to health costs per capita.[17] While women of the ACT generally enjoy good health,[18] older women suffer from various health conditions, with heart disease, cancer and dementia being the most common.

Women's health cannot be expressed in medical terms only; the "social determinants of health" model acknowledges that the environmental, social and cultural circumstances of an individual's life all play a part in determining their health outcomes. Some of the social determinants that can negatively impact upon older women's health and wellbeing include: housing, income, food, security, education, Indigenous status, social safety nets and access to quality health care services.[19]

There are specific groups of older women—such as CALD women—for who gaps in the health system act to prevent full involvement in health decision-making.[20] These gaps, such as insufficient access to interpreter services, can impact upon older CALD women's experiences with health care services and lead them to make decisions that further endanger their health, such as not using health services when they are unwell.[21] With these circumstances, the health and wellbeing outcomes for CALD women are expected to be lower than the average for older women as a whole.

Health status is a key factor in the causes of social isolation[22] and this is especially true for older women. Researchers in the US, Mark Thompson and Kenneth Heller, studied the relationships and social support networks of 271 older women and found that poor health status was a hindrance to elderly women's mobility and ability to participate in social activities. They also found that older women with poor health were found to be more susceptible to depression and low self esteem.[23]

Ill health can affect people both mentally and physically. As well as not being physically able to participate in their community, older women with poor health may not be motivated to participate either. In 2009, the ACT Government's Community Services Directorate released a document that acknowledged that those who are socially isolated are in turn at risk of poor health. Older women who are socially isolated will find it difficult to gain equitable access to health services and/or information, and equally, older women with poor health are at high risk of becoming socially isolated.

3.2 What We Found

3.2.1 The Survey

I would rate my current physical health and wellbeing status as:

Ten percent (n=7) of respondents reported their current physical health and wellbeing status as excellent; 27 percent (n=19) reported their current physical health and wellbeing status as very good; 31 percent (n=22) selected good; 30 percent (n=21) selected fair; and two respondents said that their current physical health and wellbeing status was poor.

17 Peter Howat, Duncan Boldy & Barbara Horner, "Promoting the health of older Australians: program options, priorities and research", Australian Health Review, vol. 27, no. 1, 2004, pp. 49-55.

18 ACT Health, *op cit*.

19 Michael Marmot & Richard Wilkinson, *Social Determinants of Health*, Oxford University Press, Great Britain, 2006.

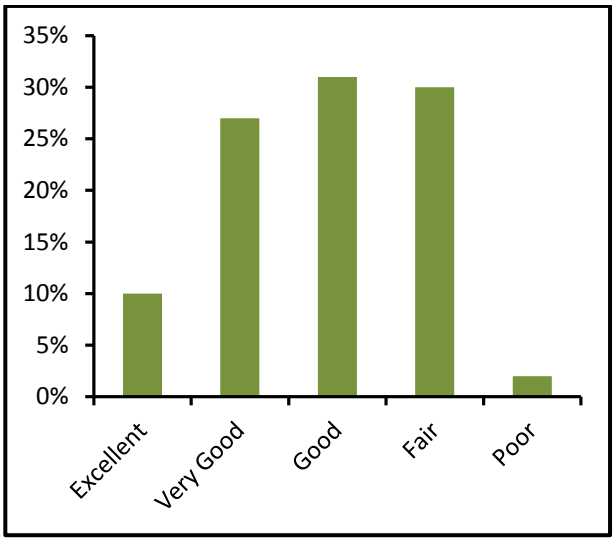
20 Federation of Ethnic Communities Council of Australia (FECCA), *Submission to the National Women's Health*, 2009, retrieved 14 June 2010 <www.fecca.org.au>

21 *Ibid*.

22 Department of Disability, Housing and Community Services (DHCS), *Comparative Social Isolation amongst Older People in the ACT*, DHCS, Canberra, 2009.

23 Thompson & Heller, *op cit*.

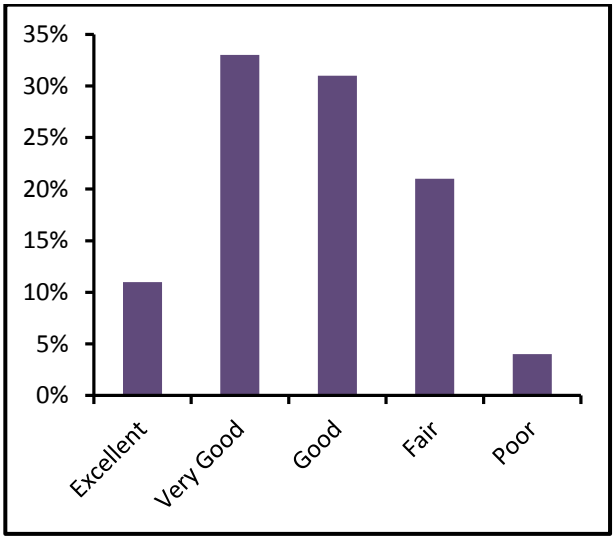
Figure 6: Respondents' current physical health and wellbeing status



I would rate my current emotional health and wellbeing status as:

Eleven percent (n=8) of respondents reported their current emotional health and wellbeing status as excellent; 33 percent (n=24) reported their current emotional health and wellbeing status as very good; 31 percent (n=22) selected good; 21 percent (n=15) selected fair; and three respondents said that their current emotional health and wellbeing status was poor.

Figure 7: Respondents' current emotional health and wellbeing status



Some of the comments from the survey included:

> *My health issues can include debilitating pain, and I get concerned, as to whether I can fulfill my commitments at both work and in my volunteer capacity. However, most days I use the philosophy that tomorrow is another day!! If I do not keep as active as I can, (I realise my limitations), and act accordingly, the health issues and subsequent consequences would make life just that little bit more difficult.*

> *My hearing disability somehow isolates me.*

> *The factor that affects my health and wellbeing most is my efforts to keep fit and minimise the chances of developing lifestyle related illnesses. I belong to a gym which I could not do if I didn't have the finances and also walk and ride a bike.*

> *There're more things I'd like to do, like travel. But not feeling up to it because of back problem.*

I feel the more socially connected I am the better my health and wellbeing status:

Eighty-nine percent (n=64) of respondents agree or strongly agree that the more socially connected they are the better their health and wellbeing status; 7 percent (n=5) of respondents neither agreed nor disagreed with this statement; and three participants disagreed or strongly disagreed.

3.2.2 Older Women's Focus Group

The participants of the older women's focus group did not discuss the relationship between health and wellbeing and social connectedness in great depth. They did, however, acknowledge the relationship between illness and social isolation and all emphasised the importance of maintaining good health and wellbeing through physical activity.

The participants also discussed the relationship between ageing and depression. One participant explained that she maintains good mental health

and wellbeing by being physically active and that she is aware of the signs and symptoms of mental health issues, such as depression, but was worried that many other older women are not aware of mental health in general or how to look after their own:

> *I can help myself not fall into depression. It's about the ones who can't...[they need it brought] more in the open I suppose.*

3.2.3 Service Providers Focus Group

The participants of the service providers' focus group identified health status as one of the most significant issues affecting older women's social connectedness.

The service providers acknowledged the fact that longer life expectancies can result in a greater burden of ill health and disability for older women and that, in Canberra, the experience of ill health coupled with the layout of health services and the limitations of Canberra's public transport system can make accessing services and social activities very difficult for older women.

Confidence to participate in social activities was another barrier to social connectedness that the service providers felt could be affected by poor health status. The participants felt that struggling to leave the house due to pain, discomfort or disability could negatively impact upon an older woman's confidence in seeking out social engagement.

> *Not being able to go out of the house because you haven't got a license anymore or you are arthritic or you are disabled in some way and a lack of confidence. Especially little old ladies, they don't have the confidence to jump on a bus and go and play bingo two suburbs away. They are not physically able to do it or they don't have the confidence to do it.*

Another participant agreed that "confidence goes to not actually getting there but engaging in new communities, going along to a group you have never been part of." A third participant commented: "[Poor health status] limits what they can do, where they can go, how they can get around. Their energy levels are different, [they] decline.'' And a fourth agreed, reflecting specifically on hearing difficulties: "If you can't hear what people in the group are saying you don't want to come to the group anymore."

Pain and disability are not the only reasons why poor health status may prevent women from leaving their homes to participate in their communities. One participant reflected that many older women with early stage dementia can be reluctant to leave their homes for fear that they may not remember how to get back again. Another participant explained that incontinence and the diminishing access to public toilets was a concern that she noticed growing among her older women clients.

One participant also commented on the relationship between social connectedness and good mental health and wellbeing:

> *One of the determinants of good mental health is to have social connectedness and be part of and valued as a member of a social group. Yes, so we believe very strongly that [social connectedness is] an important aspect of women's mental health.*

3.3 What This Means

The data demonstrates that the majority of the older women who responded to the survey felt that their physical and emotional health and wellbeing were good and, further, that neither factor negatively impacted their ability to be socially connected. These findings, combined with the discussion from the older women's focus group, paint a positive picture of older women in the ACT: women who are pro-active in taking care of their physical and emotional health and who are savvy in staying connected to their communities. The older women in the focus group, for example, clearly demonstrated their understanding of the "if you

don’t use it you lose it” mantra and similarly understood the positive impacts of good diet and exercise on mental health and wellbeing.

The discussion that took place in the service providers’ focus group was equally insightful, as it demonstrates the pivotal role poor health status can play in older women being able to connect to services, facilities and communities. Due to the nature of their work, the service providers see clients who are experiencing the effects of poor health or disability and they were therefore able to articulate the way poor health status combined with other factors—such as limited transport options and the layout of health services and infrastructure—compound the negative impact upon older women’s social connectedness. It is through this discussion that we are able to see not only the factors that singularly impact upon social connectedness, such as poor health status, but how the different factors affecting social connectedness interact, creating a snowball of barriers to older women’s social inclusion.

4 Financial Status

4.1 What the Literature Told Us

While the ACT experiences a higher level of economic prosperity than other Australian states and territories, ACT women on average have a lower weekly income than men[24] and have traditionally been over-represented in low income sectors such as hospitality, retail and the community sector.

Earning a low income over the long-term means that women have less money to save for retirement and old age. Previous research conducted by WCHM revealed that 33 percent of women aged 65 and over in the ACT survive on a gross weekly personal income of $250.[25]

Low-level personal income places older women at risk of social isolation, as they may not have sufficient income to access health and community services, transport or opportunities for socialising. Data from the 2006 Census identified a correlation between an individual's level of income and their risk of social isolation, finding that the majority of isolated older women become dependent upon the government for support.[26]

Widowhood can also threaten financial security for older women[27] as they may be required to take full financial responsibility where it was previously shared, and feel overwhelmed by the lack of help and services available. An Australian study carried out by Julie Byles, Susan Feldman and Gita Mishra in 1999 with 12 624 women aged between 70 and 75 found that older women who were widows were more likely to have financial worries and experience issues with managing their financial income than older women who were married. In addition, those widowed older women who lost their partner in the previous 12 months reported a significant decrease in their financial income.[28]

An older woman's financial status is linked to her level of social connectedness. Research has found that while ACT older women are more financially stable compared to older women in other states and territories, older women have lower personal incomes than all other age groups within the ACT, which can be further affected by experiences of ill health and widowhood. Low personal incomes are linked to the onset of social isolation, as costs for accessing services and participating in the community become too high.

4.2 What We Found

4.2.1 The Survey

My current level of financial status allows me to be socially connected.

Seventy-seven percent (n=54) of respondents agreed or strongly agreed that their level of financial status allows them to be socially connected; 17 percent (n=12) of respondents neither agreed nor disagreed with this statement; and four disagreed.

My main source of income is:

Fifteen percent (n=11) of respondents' main source of income is the full government pension; for 7 percent (n=5) of respondents it is a part government pension; for 14 percent (n=10) it is paid employment; for 46 percent (n=34) superannuation; 16 percent (n=12) selected other; and two respondents chose not to answer.

24 Australian Institute of Health and Welfare (AIHW), *Older Australia at a glance*, 3rd edn, AIHW, Canberra, 2002.

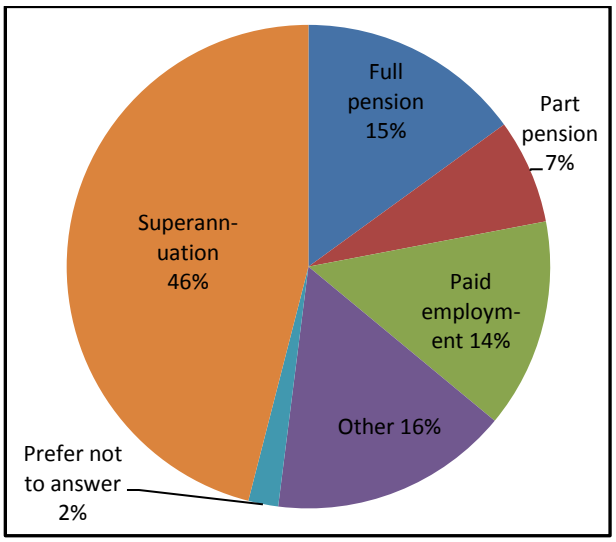
25 Maslen, *op cit*.

26 ABS, *op cit*.

27 Australian Government Office for Women, *Aspects of Retirement for Older Women*, Australian Government, Canberra, 2006.

28 Julie Byles, Susan Feldman & Gita Mishra, "For richer, for poorer, in sickness and in health: older widowed women's health, relationships and financial security", *Women and Health*, vol. 29, no. 1, 1999.

Figure 8: Respondents' main source of income



Some comments from the survey included:

> *1. Insufficient early training because I was overseas supporting my ex-husbands career. 2 Ill health resulting from the stress of financial insecurity as a single woman and having to care for elderly parents before their deaths.*

> *Financial position OK at present as I am still working fulltime at nearly 70. I do have concerns for future, after retirement, as I have little Superannuation. Husband had left after 36 years of marriage. But have wonderful family and my attitude is a positive one.*

4.2.2 Older Women's Focus Group

The participants of the older women's focus group did not discuss financial status as an issue that impacts upon their social connectedness. Financial status was only referenced once, by a participant who wanted to highlight that the assistance older women provide to their families extends beyond care to financial, sometimes to the detriment of the older person's financial status or security.

> *We talk about physically helping...but it's not the only thing you can do, because both my son-in-law and my daughter [were] very stressed and unhappy...We gave a considerable chunk of money, it's made it hard for us now but that's the only way they can live in (name of place) and the only place they can do the kind of jobs they can do...And that's made it hard for us now but I don't regret it. So it's easy to say 'oh I physically look after them' but there's other ways to help.*

4.2.3 Service Providers Focus Group

The participants of the service providers' focus group were particularly interested in how financial status impacts upon older women's social connectedness. This interest was two-fold: firstly, the participants were interested in how financial status affects older women's access to services, facilities and social activities; secondly, they were concerned that for many older women, their income does not rise equal to rises to the cost of living, seriously limiting their ability to be socially connected.

Beginning with the impact of financial status upon older women's ability to access services, facilities and social activities, the participants reflected that sometimes "older people cannot afford the costs of participating in activities." The participants reflected that, by not being able to afford to participate in social activities, older women may also experience barriers in forming new relationships, becoming part of a social network, spending sufficient time in the company of others and being physically active.

The participants acknowledged that there are many social opportunities in the ACT that are free, however, the participants were concerned that poor financial status may impact upon older women's ability to travel to free social events or limit what they can do once there.

Older women's low level of personal income, particularly as a result of older women's small superannuation funds, was also discussed in the focus group. Several of the participants were concerned that lack of access to adequate income—either though insufficient superannuation or insufficient pension benefits—limits older

women's financial independence and ability to live a good quality life.

One participant reflected on how over a woman's working life factors such as maternity leave or taking time out of the workforce to care for children can cause superannuation funds to stall, later affecting women's financial security and independence. She was concerned that poor financial status was the crux of older women's social connectedness, as sufficient income would allow women to live the life they choose, access adequate and appropriate care and ensure that they would be able to access support and services using transport most suitable to them.

4.3 What This Means

The majority of older women who responded to the survey indicated that their level of financial income was sufficient and allowed them to be socially connected. The fact that the ACT experiences a higher level of economic prosperity than other Australian states or territories[29] could explain why the survey was over-represented in this way. This may also explain why the participants of the older women's focus group did not discuss financial status as a factor that affects their social connectedness.

The service providers, by contrast, have worked with older women in the ACT with poor financial status and could explain the challenges that these older women experience in maintaining good social connectedness. It may be then that the number of women with poor financial status who did contribute to the research were not representative of the number of older women in this category in the ACT overall.

The findings from the service provider focus group revealed that insufficient financial income is linked to older women not being able to access services, facilities and social activities. The findings from the literature review support the findings from the service providers' focus group that there is a correlation between an individual's level of personal income and their risk of social isolation. This finding is supported by the findings of a survey conducted by the Council in the Ageing (COTA) in 2009 of 699 older men and women living in the ACT which revealed that social and recreational activity, volunteering, participation in social and community clubs and rates of physical activity were declining for many older people as a result of the rising cost of living.[30]

The fact that a greater number of older women with poor financial status did not contribute to the research—whether by not being accessed through the channels used to recruit participants or not wishing to participate in research—indicates that there may be further research that WCHM can undertake with these women in order to better understand the relationship between poor financial status and social connectedness.

29 AIHW, *op cit*.

30 Council on the Ageing (COTA) ACT, *Finance and Lifestyle Survey*, 2008, retrieved 20 September 2011 <http://www.cota-act.org.au/documents/Financeandlifestlyesurveyoutcomes.pdf>

5 Carer Responsibilities

5.1 What the Literature Told Us

Despite the reality that age brings a greater need for and reliance on care, many older women in the ACT provide care for others and this responsibility affects their level of social connection in both positive and negative ways.

A YWCA survey on older women in the ACT conducted in 2009 found that one in four older women identify themselves as carers.[31] Older women who are carers mainly care for family members with illness or disability;[32] however, they also increasingly have to care for grandchildren due to external factors such as a lack of access to or the high cost of childcare.[33]

While some older ACT women feel that caring keeps them engaged in community activities, others feel that their caring responsibilities keep them from being able to participate.[34] Caring responsibilities that keep older women within the home can lead to a decrease in social connectedness.

Older women who act as carers take on a wide range of responsibilities, which in turn affect their own financial and health status and social wellbeing.[35] An Australian study by the National Ageing Research Institute at the University of Melbourne in 2009 of women aged 65 years and older on depression in old age, found that up to 23.5 percent of older carers report suffering from an anxiety disorder and that female carers are more likely to develop depression.[36]

Caring for another at any age can be mentally and physically exhausting[37] and for older women these issues can be particularly pronounced.

5.2 What We Found

5.2.1 The Survey

I have carer responsibilities.

Fifteen respondents (20 percent) reported having caring responsibilities.

I care for:

Of these respondents 64 percent (n=9) were caring for their partner; 36 percent (n=5) were caring for a grandchild or grandchildren; 43 percent (n=4) were caring for another relative; 21 percent (n=3) were caring for children; and one was caring for her parents.

The number of hours on average I spend caring each week are:

Twenty-seven percent (n=4) of respondents reported spending 0-10 hours per week fulfilling their caring responsibilities; 27 percent (n=4) reported spending 11-20 hours per week; one respondent reported 21-30 hours per week; two respondents 31-40 hours; and 27 percent (n=4) 40 hours or more.

My carer responsibilities have affected my ability to be socially connected:

Twenty percent (n=3) of respondents felt that their carer responsibilities had positively or somewhat positively affected their ability to be socially connected; 40 percent (n=6) felt that their ability to be socially connected had been affected somewhat negatively; and 33 percent (n=5) neither agreed nor disagreed with this statement.

31 YWCA, *op cit.*

32 DHCS, *op cit*.

33 Older Women's Network, *Kicking Up Autumn Leaves: A report on the Women Owning Wellness Evaluation Project*, Northern Sydney Central Coast Area Health Service, NSW, 2006.

34 DHCS, *op cit*.

35 Federation of Ethnic Communities Council of Australia (FECCA), *Supporting Australian Women from Culturally and Linguistically Diverse Backgrounds: Women's Policy Document*, 2007, retrieved 14 June 2010 <www.fecca.org.au>

36 Betty Haralambous, Xiaoping Lin, Briony Dow, Carolyne Jones, Jean Tinney & Christina Bryant, *Depression in older age: A scoping study*, National Ageing Research Institute, Melbourne, 2009.

37 DHCS, *op cit*.

5.2.2 Older Women's Focus Group

The participants of the older women's focus group did not discuss carer responsibilities and how these impact upon older women's social connectedness, which was most likely a result of none of the women having carer responsibilities at the time of the focus group discussion.

One participant did say that she spends much of her time supporting her son, a single dad, and her grandchildren:

> *I mean the main thing at the moment I'm very involved in [is] my grandchildren. One of my sons he's a single father so I couldn't sleep if I didn't help him out. But I'm very adaptable; everything else just has to wait. I wouldn't feel good if I couldn't [help].*

5.2.3 Service Providers Focus Group

The participants of the service providers' focus group offered valuable insight into the ways in which older women are affected by caring responsibilities, addressing firstly the increased formalising of grandparents' care for grandchildren and secondly, the lack of access to emergency respite.

Several participants felt that an increasing number of older women were taking on formal caring responsibilities for their grandchildren. One participant explained that based on her experience, older women gain these responsibilities when there are difficulties in their families—often related to drug and alcohol use or financial pressures. She felt that these older women are...

> *Left with grandchildren and they don't necessarily, honestly, want to be looking after them but they feel it is their duty to look after them. And that isolates them. And that takes them out of what they should be doing and what they deserve to be doing and it takes them back into that isolation.*

Another participant questioned the perceived rise in older women formally caring for grandchildren, wondering if public perception was based more on increased recognition of grandparents caring for grandchildren than an actual increase in this care arrangement:

> *It's not necessarily a new paradigm because for many generations grandparents have helped look after the kids. It's just that with the media, it's highlighted as a bigger issue. Perhaps...it's more recognised that grandparents are doing it instead of the kids going into childcare centres or because statistics have been gathered—I don't know if that's necessarily things have changed too much because grandparents have often had in some shape or form informally looked after kids.*

Irrespective of whom older women care for, the participants acknowledged that caring responsibilities place an enormous strain on their health and wellbeing.

> *The majority of our women clients are actually caring for their husbands...and a lot of them are exhausted. A lot of them are really tired and have their own illnesses as well to deal with.*

The participants were particularly concerned about the lack of access to emergency respite in the ACT and the effect this has on the health and wellbeing of the care giver. One participant said:

> *There are some people who get access to a system and utilise it really well but I think there are a lot of people who just can't seem to get respite care, particularly in an emergency...So people will suffer regardless of their own needs because they just can't get the person they are caring for into a respite centre.*

To which another participant commented:

> *One of the ongoing things at every forum I have gone to has been the battle*

to get short term emergency respite. I have scenarios where a family member is getting married; mum and dad still live in the home, the granddaughter is getting married and the grandfather has dementia. Grandmother is going to have various family members come stay for the wedding but it's going to be very awkward having granddad there. So we need short term respite for Saturday night, nothing in Canberra.

Another participant contributed:

I've had someone on a list for organ donation—kidney transplant—and her major concern when she got the phone call was what she was going to do about the person she was caring for. And we worked for months and months to try and get that sorted. He ended up having to go into a nursing home, for a really long period of time…that was the only way she could make herself available...Because [she] never knew when that phone call was going to come.

And finally, a fourth participant added:

I recently had a client whose husband has quite severe dementia and she was on the waiting list for day surgery. If any of you have had experienced that, they'll ring you and go 'don't come…yes come, no don't come'. Anyway she got the call 'we've got you booked in, one o'clock tomorrow'. 'Well what do I do with my husband, he has got severe dementia I can't leave him at home'. We tried, I tried every service in Canberra to get someone to look after him, take him out of the home because she was going in for day surgery and then had to come home and have rest. The neighbour ended up taking him to her place and looking after him for the night. There is a big failure there in Canberra for emergency overnight respite.

Despite the issues that the participants identified with access to emergency respite in the ACT, several also acknowledged that many organisations cannot afford to offer emergency overnight respite.

5.3 What This Means

The data from the survey reveals that those respondents who reported having carer responsibilities were likely caring for more than one person. While a substantial proportion of these respondents felt that their carer responsibilities had either a slightly positive impact upon their social connectedness or no impact, a significant minority (40 percent) felt that their carer responsibilities had a slightly negative impact upon their ability to be socially connected.

The discussion that took place between the participants of the service providers' focus group did not directly address the relationship between carer responsibilities and social connectedness, however, it did highlight the toll that caring takes on the older women's health and wellbeing. Taking a moment to think back to the findings from chapter three on health status—which emphasised a link between poor health status and reduced social connectedness—we can foresee a roll-on effect whereby carer responsibilities take a toll on older women's own health and wellbeing, which in turn can lead to reduced social connectedness.

There were respondents to the survey who felt that their carer responsibilities enhance their ability to be socially connected, particularly their ability to be connected to their family. Based on this, it is important to not conclude that all carer responsibilities negatively impact upon older women's health and wellbeing status and social connectedness, but rather to remain mindful that there are some older women who need more appropriate supports—in the form of emergency respite—in their caring role.

6 Retirement

6.1 What the Literature Told Us

Retirement is an important event in older women's lives. As work provides frequent access to social networks, the move from work to retirement can contribute to social isolation—particularly if women feel that their skills and knowledge are no longer needed.

Due to longer life expectancies Australian women are expected to live for 17 years after retirement, and yet many women feel that they cannot access sufficient support for this transition.[38] Nearly 50 percent of women who participated in the YWCA survey identified that they could not access support in the move from work to retirement.[39]

Financial security is also a concern for women preparing for retirement. A report conducted by the Commonwealth Office for Women found that a majority of retired women (52.8 percent) felt that they were less financially secure than when they were working.[40]

There are some positive stories however. Other research cites no direct link between the onset of retirement and a drop in social connectedness, finding rather that most retired women remain in frequent contact with their social networks and that their level of life satisfaction after retirement was positive.

The literature is therefore undecided on the impact of retirement on older women's social connectedness, with some sources identifying a positive correlation and other sources a negative one.

6.2 What We Found

6.2.1 The Survey

The three words I would use to describe retirement are:

The three words most commonly used by the respondents to describe retirement were: freedom (listed 23 times); busy (listed 11 times); and opportunity and relaxation (each listed 6 times).

I am retired:

Fifty-three respondents (71 percent) were retired.

Some comments from the survey included:

> *Sometimes I feel lonely because I live alone and this could be a serious problem if I became ill and therefore less mobile.*
>
> *...I am not bored with my life but I do miss the professional stimulation and feel somewhat isolated from my former profession.*
>
> *People tend to regard retired folk as being 'past the use-by' date; not enough value given to life experience and retired people's skills.*
>
> *As a single woman with little disposable income I will be more isolated because of my inability to participate in the activities that contemporary Canberrans will enjoy, less likely to enjoy male company as the male/female ratio becomes more unbalanced with time, and less physically capable of enjoying those things that I now can, such as bushwalking and dancing. Society currently favours youth over age at all cost.*
>
> *I miss the interpersonal opportunities that working provided and the interaction with mature adults.*

38 Australian Government Office for Women, *op cit.*

39 YWCA, *op cit.*

40 Australian Government Office for Women, *op cit.*

I think retirement will make/has made me feel:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
Able to participate in the community	23% (n=17)	**38% (n=28)**	23% (n=17)	3% (n=2)	Nil	14% (n=10)
Connected with people in my social network/s	20% (n=15)	**41% (n=30)**	24% (n=18)	1% (n=1)	Nil	14% (n=10)
Physically active	18% (n=13)	**36% (n=27)**	28% (n=21)	1% (n=1)	1% (n=1)	15% (n=11)
Lonely	1% (n=1)	18% (n=13)	**27% (n=20)**	23% (n=17)	8% (n=6)	23% (n=17)
Happy	14% (n=10)	**47% (n=35)**	22% (n=16)	1% (n=1)	1% (n=1)	15% (n=11)
Bored	4% (n=3)	5% (n=4)	24% (n=18)	**32% (n=24)**	12% (n=9)	22% (n=16)

Graph reflects 100 percent of answers to this question, not 100 percent of the survey sample.

Retirement will affect/has affected my level of social connectedness.

Fifty-one percent (n=38) of respondents felt that retirement will affect or has affected their level of social connectedness very positively or somewhat positively; 14 percent (n=10) felt that retirement will or has affected their level of social connectedness somewhat negatively; and 27 percent (n=20) neither agreed nor disagreed with this statement.

6.2.2 Older Women's Focus Group

The participants of the older women's focus group did not discuss retirement as an issue that impacts upon their social connectedness. Two participants did, however, reference retirement while talking about other issues.

The first participant, while talking about her marriage and carer responsibilities, mentioned that work was something that made her feel valued and connected:

> *Well, I feel I was socially isolated even when I was married and I had my husband and his father to take care of. The only place I didn't feel I was isolated was my work, where I felt I was important; I was doing an important job. And there was communication and everything.*

The second participant referenced retirement while discussing the changes in her life over the years:

> *Now it's sort of a different lifestyle because I've retired and my husband's just retired and I have a big social network of friends and I go to the gym, I play tennis…*
>
> *Facilitator: And has your network been maintained through retirement?*
>
> *Yes because a lot of my friends were retired and some of them were women who lost husbands or single women, so I still, well in fact I see them more now because I've got more time to see them. Well in fact it's fitting everything in that's probably [harder] and then I think I'd better look as if I'm doing something with my husband (laughter)...And we are sort of in a position now where we can do a little bit of travelling, so I suppose I feel quite socially connected.*

6.3 What This Means

The answers provided by the older women who responded to the survey indicate that women in the ACT feel very positively about retirement, particularly in terms of how much more they are able to participate and how they feel this participation has improved or anticipate will improve

their social connected ess. The comments provided to the survey (listed above) demonstrate that despite this however, older women are aware of the risks—financial and social—to being retired, including having their skills and experiences devalued or being adversely affected by poor health.

The fact that retirement was not discussed—in its own right—as an issue that impacts older women's social connectedness in either the older women's or service providers' focus groups supports the finding from the survey that older women in the ACT are not worried about the transition to retirement.

However, the findings from the literature review that women cannot access adequate information and support about this important life transition is important and is part of a bigger issue identified by the participants of both focus groups relating to access to information, which is discussed further below.

7 Relocation

7.1 What the Literature Told Us

Older women may relocate for a range of reasons, which affect their levels of social connectedness in various ways. When older women relocate to be closer to services or infrastructure it can mean that they move away from key social and support networks.[41] But similarly, when older women relocate to be nearer to their families, they may experience the loss of close friendship networks, despite gaining proximity to their families.

Relocations take time to adapt to and can prove to be isolating and lonely.[42] They can also, however, be seen as a positive change, as some older women spend more time with their families and have greater access to services, social activities and facilities than where they were living previously.

7.2 What We Found

7.2.1 The Survey

I have relocated due to age factors:

Thirteen respondents (18 percent) had relocated due to age factors.

The main reasons for relocation were:

Six respondents relocated to move closer to family or other social networks; three respondents relocated to gain access to better facilities or infrastructure; one respondent relocated to a safer area; and one relocated to gain better access to health services.

Other respondents attributed their relocation to: "20 year plan", "access to transport", "becoming too old to run our farm effectively" and "to downsize from large family home to small, more easily manageable home".

I found the relocation easy to adapt to:

Ten respondents agreed or strongly agreed that they found the relocation easy to adapt to, while two respondents disagreed with this statement.

The effect this relocation has had on my ability to be socially connected is:

Nine respondents felt that their relocation had a positive effect on their ability to be socially connected; two respondents felt that the relocation had affected their ability to be socially connected somewhat negatively; and one respondent felt that the effect was neither positive nor negative.

7.2.2 Older Women's Focus Group

None of the participants in the older women's focus group had relocated due to age factors, despite the fact that one participant had relocated—as an older women—to continue tertiary study. In this respect the participants could not discuss relocation from a personal perspective. They did, however, discuss the expectation on them to move to be closer to their families. One participant said:

> *One of the things that happened when I retired...people said to me 'where are you going to go? Are you going to go to the coast or down [to where your children are]' and I said 'why?' [and] they said 'your family'. And I said 'I have friends'. Friends is what it's all about, at this time. I can get to my family and I do, we have big parties. We are a very family-family. But people thought it was odd that I wouldn't chaff off now that I was free. All my friends are here!*

The participants agreed that conflict can arise when children believe it is best that their mother relocate to be closer to them, when often they do not realise that their mother would be leaving behind well established networks and familiarity with their community. Some of the participants felt that relocation away from an established community to

41 DHCS, *op cit.*

42 *Ibid.*

be nearer to children could actually lead to increased isolation for older women.

One participant explained that her daughter has encouraged her to relocate to another country so that the two could be closer. The participant explained that her daughter doesn't recognise that by moving to a foreign country where she would have no established networks, no understanding of the community and no access to driving would result in her becoming isolated, even if it would mean that she would spend more time with her grandchildren. She felt that her daughter did not understand that she already had a very strong community consisting of extended family members, friends, church and interest groups. Further, she explained that her daughter didn't understand that she valued the fact that she knows *how* to live in Australia and navigate the systems that she will need as she ages. Another participant agreed pointing out that even moving within Australia can be unsettling in terms of understanding service systems and gaining access to networks.

One participant highlighted that relocation interstate is not the only move that older women make. She had relocated within the ACT during the previous years and described the process she and her husband went through to ensure that they would be able to age in their own home:

> *18 months ago we realised we needed to move house…but we were very clear about what we wanted; we wanted to be near bus routes, near a bike path, near a shop...I dragged my husband off to the Independent living centre, we got all this information; we made sure….we had a walk-in shower, [that] you could open all the doors, [we] did everything [we] could think off to make it easier…Everything we could think of doing to stay in it.*

7.3 What This Means

Overall, the literature, the survey findings and the focus group findings indicate that there is no direct negative or positive correlation between relocation and social connectedness for older women. The participants of the service providers' focus group for example, did not discuss relocation as an issue impacting upon older women's social connectedness at all.

Unlike other issues discussed in this report which have direct and strong impacts—whether positive or negative—on older women's social connectedness, the context and circumstances of each woman's relocation are what determines whether the impact on her social connectedness (if any) will be positive or negative.

8 Transport

8.1 What the Literature Told Us

Transport—whether public, private or community—has a significant impact upon older women's level of social connection. The degree to which older women can remain independent and connected to their social networks is affected by their access to available, accessible and affordable transport.[43] Many older people in the ACT continue to rely upon private transport, however, when they or their partner lose their ability to drive, they frequently have to rely upon public or community transport or a friend or family member to ensure their access to services and social events.[44]

Older women have identified the ACT's public transport system as confusing and isolating.[45] Those who do rely on public transport experience a number of barriers such as high cost, poor bus timetabling and lack of public transport options in Canberra's surrounding regions. Poor timetabling can result in reliance on taxis, which brings an additional burden of cost. Older women are less likely to use public transport than their younger counterparts with 93 percent reporting that they would not use public transport after dark.[46]

Transport poses a particular challenge to women with disabilities or mobility constraints who are not able to travel independently but who also have difficulty navigating bus services and taxis. Unless women in this circumstance can access community transport, they may have to rely heavily upon family members or social networks. Worse still, they may find that a lack of transport options causes them to access fewer services and attend fewer social activities.

The ACT government is working towards a more updated bus network which aims to meet the needs of people aged 65. In 2008, the ACT Regional Community Bus Service (RCBS) was launched, which aims to help a range of people at risk of social isolation due to transport access, including older women.[47] RCBS—operating through the ACT Community Services Directorate and regional community services—runs from Monday to Friday and is a service that individuals who are vulnerable to experiencing social isolation register for by undergoing an assessment with their regional community service.[48] The RCBS does go some way to offering an additional safety net for vulnerable older women—with mobility or confidence issues—who rely on public transport.[49]

8.2 What We Found

8.2.1 The Survey

The factors that influence which mode of transport I use are:

Eighty-two percent (n=61) of respondents reported that ease of access influences which mode of transport they use; 77 percent (n=57) of respondents reported that the desire to maintain independence influences which mode of transport they use; health factors influence 34 percent (n=25) of respondents; 11 percent (n=8) were influenced by the associated low costs of particular transport modes; and 54 percent (n=40) were influenced by the associated time factors.

43 DHCS, *op cit*.

44 *Ibid*.

45 *Ibid*.

46 Karen Barnett, Laurie Buys, Jan Lovie-Kitchin, Gillian Boulton-Lewis, Dianne Smith & Maree Heffernan, "Older women's fears of violence: The need for interventions that enable active ageing", *Journal of Women and Ageing*, Vol. 19, No. 3/4, 2007, pp. 179-194.

47 DHCS, *op cit*.

48 ACT Community Services Directorate (CSD), *ACT Regional Community Bus Services*, 2011, reviewed 12 August 2011 <http://www.dhcs.act.gov.au/wac/community/community_bus_services>

49 *Ibid*.

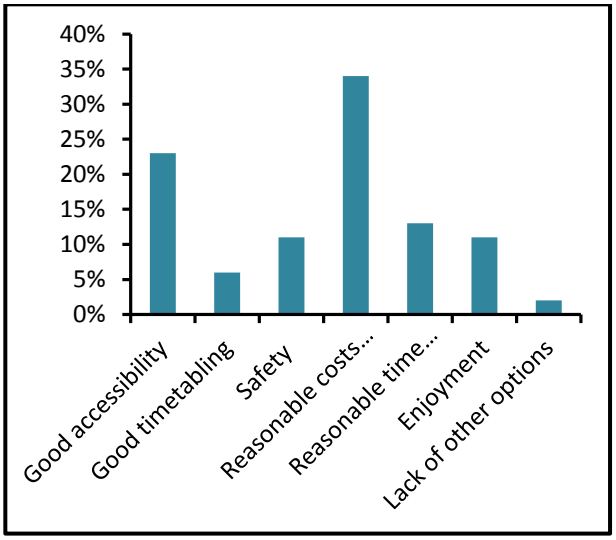
I use the following modes of transport:

	Daily	5-6 times per week	3-4 times per week	1-2 times per week	Less than once a week	Never	N/A
Car	**50% (n=37)**	22% (n=16)	14% (n=10)	7% (n=5)	1% (n=1)	3% (n=2)	4% (n=3)
Bus	1% (n=1)	1% (n=1)	4% (n=3)	5% (n=4)	20% (n=15)	**43% (n=32)**	24% (n=18)
Community vehicle	Nil	Nil	Nil	4% (n=3)	4% (n=3)	**66% (n=49)**	26% (n=19)
Taxi	Nil	Nil	Nil	3% (n=2)	**38% (n=28)**	34% (n=25)	26% (n=19)

I use public transport because:

Of the respondents who do use public transport, 11 felt that public transport is accessible; three felt that public transport has good timetabling; five felt that public transport is a safe option; 16 felt that the costs associated are reasonable; six felt that the time associated is reasonable; five said that they enjoy using public transport; and one respondent said that she had no other options available to her.

Figure 9: Respondents' reasons for using public transport

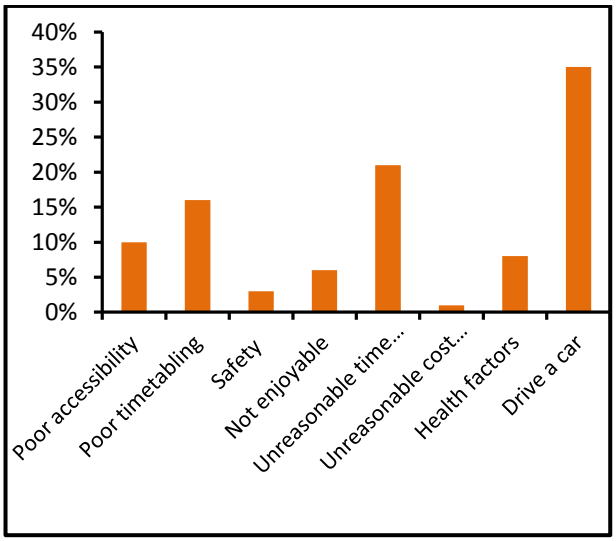


Graph reflects 100 percent of answers to this question, not 100 percent of the survey sample.

I do not use public transport because:

Of the respondents who do not use public transport, 14 felt that public transport is not accessible; 22 felt that public transport timetabling is poor; four felt that public transport is not a safe option; 8 felt they would not enjoy using public transport; 30 felt the time associated is too long; two felt that the costs associated are too high; 11 did not use public transport because of health factors; and 49 drive a car.

Figure 10: Respondents' reasons for not using public transport



Graph reflects 100 percent of answers to this question, not 100 percent of the survey sample.

Some comments from the survey included:

> *My car makes it possible to get around and be involved as a volunteer/activist in community organisations. Canberra's poor public transport system would inhibit this flexibility, I believe.*

> *I have my own car, therefore I am free to go when and where I wish whenever I feel the need.*

I feel there are enough transport options available to me.

Forty-seven percent (n=35) of respondents agreed or strongly agreed that there are enough transport options available to them; 23 percent (n=17) disagreed or strongly disagreed that there are enough transport options available to them; and 23 percent (n=17) neither agreed nor disagreed with this statement.

The transport options available to me help me access my social network/s.

Forty-nine percent (n=36) of respondents agreed or strongly agreed that the transport options available to them help them to access their social networks; 19 percent (n=14) disagreed or strongly disagreed that the transport options available to them help them to access their social networks; and 26 percent (n=19) neither agreed nor disagreed with this statement.

8.2.2 Older Women's Focus Group

It was not until the end of the focus group that transport emerged as an issue for the focus group participants. In particular the participants reflected on the limited availability of public transport on the weekend and how this, combined with limited transport options overall, hinder their ability to be socially connected.

The limited availability of public transport on the weekend presented particular issues for those participants who rely upon Canberra's bus system. These women reflected that while Canberra is a hive of community events and activity over the weekend, it is difficult to attend and participate if you have to rely on the bus system. A brief conversation between two of the participants about why they do not participate in community events over the weekend supports this:

> Participant One: *I guess [the] main thing...would be the transport, because there are quite a lot of things on [on the weekend].*
>
> Participant Two: *That's when the public transport is almost non-existent.*

Cost was another issue that concerned the participants about public transport. Currently in the ACT public transport is free for those aged 75 and over. A number of the participants, however, felt that the age limit should be reduced to that of retirement in order to encourage older women to participate in community life. "I think on retirement age it should be free, especially on the weekends."

Another participant who was aged over 75 felt more concerned that a number of people in the ACT aged 75 and over do not know that they are entitled to free travel on public transport. This had happened to her, and were it not for one bus driver who took the time to enquire about her age, she would have continued to pay fares past her 80th birthday. The participants agreed that when it came to public transport "you've got to know how to work the system".

Several of the participants felt that there is an assumption that Canberra is small, easy to navigate, with services conveniently co-located, a view which they felt undermines the difficulty of travel throughout the city without private transport. One participant said that the view that Canberra is easy to navigate "assumes you can afford a car, it assumes you are able to run it, [and] assumes you can physically and safely drive it". Other participants agreed that Canberra is a "car city".

8.2.3 Service providers Focus Group

Transport was identified as a key issue impacting upon older women's social connectedness in the service providers' focus group. The participants were concerned about the lack of disabled or accessible car parking spaces for elderly Canberrans who still drive and the difficulties with transport that arise when older women can no longer rely on private transport.

As was identified through the survey findings and the older women's focus group discussion, Canberra is a car town with a majority of individuals

driving or travelling in a private vehicle rather than accessing public transport. One participant in the service providers' focus group drew attention to this fact, taking issue not with the fact that older women continue to drive or be driven, but that there is limited disabled or accessible parking available in many city centres.

> *Just going back to mobility: One of the interesting things is that there are quite a number of seniors in the ACT per population who actually drive to quite an extended age, but there are very few disabled parking spots and in all the major centres parking is actually limited.*

Staying with the theme of private transport, the participants acknowledged that a very real problem for older women in the ACT is that they are accustomed to using private transport, whether by driving or being driven, and are therefore unaccustomed to relying on community or public transport when private transport is no longer an option.

> *I find a lot of women who are in their 70s plus now or 65 plus didn't have a license, their husbands were the drivers and when their husbands pass away or he loses his license because he is no longer able to drive, isolation hits straight away because they just aren't used to using public transport, they're used to being driven.*

Another participant agreed:

> *Their husbands pass away, they don't drive, have never driven, and they are stuck at home. They won't go out and I know women who will not go out because [they say] 'oh my husband used to take me and I won't catch a bus'. They stay at home.*

Other participants felt that improved access to free public or community transport would increase transport options for older women and make them feel less overwhelmed by no longer having access to private transport.

> *I think the difficulty is that we have...community transport...but there's not enough of it. There's also not enough of those vehicles with the hoists, wheelchair hoists.*

The participants agreed that part of making public transport more user-friendly for older women would include improved timetabling, well-maintained and accessible bus stops and cheap or free access.

8.3 What This Means

The literature highlighted that transport is one of the most significant issues impacting upon older women's social connectedness; a finding which was supported through the responses to the survey and both focus group discussions.

The participants of the older women's focus group discussed the fact that Canberra is a "car city", lacking the infrastructure for a public transport system that would be comprehensive and efficient enough to enable older women to rely on it alone. The survey responses demonstrate that a majority of older women continue to rely upon private transport, with 52 percent of respondents reporting using a car daily. However, for many older women diminishing health status or widowhood can mean that private transport is no longer an option leaving them with little choice but to rely on public transport or friends and family members.

It may be that the assumption that "everyone has access to a car in Canberra" (quoted above) helps to limit the development of more comprehensive public transport system. It's more likely, however, that the current public transport system results in more Canberrans feeling as though they need a car to be able to participate in the community and access services.

The literature highlighted that older women view Canberra's bus system as "confusing and isolating" and this research was supported by the older women's focus group. The participants highlighted

the link between lack of transport and a decline in social connectedness.

The participants were also concerned about the issue of “assumed knowledge” around using public transport, which can hinder those who have never used public transport from using it in the first place. Many older women may lose their partner who acted as their main car driver and find they have to rely on using a form of transport they know next-to-nothing about and have never used before. For some women this fear of the unknown can result in social isolation because they opt for not going out without a car.

There is a need to ensure public transport is far more accessible in the ACT for all people. Older women especially experience trouble using the current bus system when timetabling is poor and bus routes are cut back. Poor health status further impedes the use of public transport as access becomes more difficult.

Access to sufficient and accessible transport options represents a vital factor in maintaining the independence of older women in the ACT and maintaining connections with social networks. The findings show that although car use is high amongst older women, the amount of disabled car parking spaces is low. And for women who do not travel by car, the other transport options currently available to them (for example buses, taxis and community transport) are either expensive or inaccessible making maintaining independence and connection with social networks difficult to preserve.

9 Volunteering

9.1 What the Literature Told Us

Volunteering has been shown to enhance health and wellbeing and to positively impact upon social connectedness. This is especially valuable for older women who identify personal satisfaction and social contact as the two main reasons they engage in volunteer work.[50] Volunteering offers older women the opportunity to utilise their time, skills and knowledge to the community, in return offering them access to social networks, information and a diverse range of individuals. Volunteering also has positive effects on self-esteem and confidence.

The number of older women in the ACT participating in volunteering continues to increase; in their 2009 study, the YWCA found that 69 percent of research participants volunteer their time outside the family.

9.2 What We Found

9.2.1 The Survey

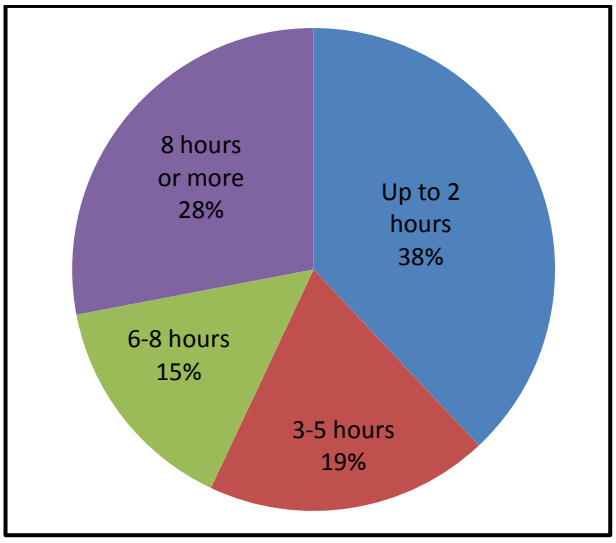
I participate in volunteer work.

Sixty-four percent (n=47) of respondents participate in volunteer work.

The numbers of hours an average week I spend volunteering is:

Thirty-eight percent (n=18) volunteer for up to two hours per week; 19 percent (n=9) volunteer for 3-5 hours per week; 15 percent (n=7) volunteer for 6-8 hours per week; and 28 percent (n=13) volunteer for eight hours or more per week.

Figure 11: Respondents' average number of hours per week spent volunteering



Graph reflects 100 percent of answers to this question, not 100 percent of the survey sample.

I volunteer because:

Sixty-two percent (n=29) of respondents felt that volunteering is a good use of their time; 79 percent (n=37) felt that volunteering is a good use of their knowledge and skills; 83 percent (n=39) felt that volunteering is valuable to the community; 81 percent (n=38) felt that volunteering helps them to interact with others; 55 percent (n=26) felt that volunteering benefits their health and wellbeing; and 70 percent (n=33) felt that volunteering benefits their social connectedness.

50 AIHW, *op cit.*

When I volunteer I feel:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
Socially connected	38% (n=18)	**43% (n=20)**	15% (n=7)	Nil	Nil	4% (n=2)
Valued by the community	32% (n=15)	**53% (n=25)**	11% (n=5)	Nil	Nil	4% (n=2)
Happy	30% (n=14)	**60% (n=28)**	11% (n=5)	Nil	Nil	Nil
Tired	11% (n=5)	21% (n=10)	**32% (n=15)**	15% (n=7)	9% (n=4)	13% (n=6)
Stressed	4% (n=2)	15% (n=7)	**36% (n=17)**	21% (n=10)	13% (n=6)	11% (n=5)

Other comments from the survey included:

> *I am a volunteer because it makes me feel good, and because I feel the need to help when asked.*
>
> *I am exhausted by the extra time I spend in the service of others, particularly because of my own health issues.*
>
> *Sometimes tired and stressed, depending on the circumstances, on individual occasions.*
>
> *Stressed sometimes because of time demands.*
>
> *Volunteering includes all of the above, but the rewards are so worthwhile. The grateful thanks and friendship expressed to me cannot be put into words. People express their appreciation in so many different ways. It may have been only a phone call that has put them at their ease. It may have been one on one session or just their attendance at the Self Help Groups with which I am involved. One does not volunteer for rewards, but their expressions when you have been able to alleviate the problem or concern, are very special.*
>
> *Benefits the future for others.*
>
> *I prefer to work for charity by voluntarily providing my time, skills and resources to the underprivileged such as children and seniors and the unwell rather than simply donating cash.*
>
> *Keeps me curious about aspects of life not familiar to me.*
>
> *Volunteering provides challenge and stimulation.*

Volunteering makes me feel socially connected:
Eighty-seven percent (n=41) of the respondents agreed or strongly agreed that volunteering makes them feel socially connected, while six respondents neither agreed nor disagreed with this statement. None of the respondents disagreed.

9.2.2 Older Women's Focus Group

The participants in the older women's focus group discussed volunteering only in relation to the opportunity it provides to make a contribution to the community and to feel valued for that contribution. One participant described her volunteer work as integral to good social connectedness:

> *Social roles and being able to make a contribution and being valued for that contribution, to me that's a really important part [of social connectedness].*

Another participant reflected on the way her volunteering enables her to engage with young people, which she relishes:

> *Their youth...and their creativity and their appreciation, when you challenge them in the right way, and they grow and they know you have pleasure in their growth...That's how I am as a teacher and that nourishes me.*

A critical part of good social connectedness for the participants of the focus group was the opportunity to contribute to the community through fulfilling social roles. The participants did not simply want to be recipients of services, programs, companionship and care, but wanted to feel that their life experience, skills and knowledge were valued and valuable to the community. This giving to and receiving recognition in return made the participants feel that they were truly connected to a community. This sentiment was stronger when they contributed to the lives of young people.

9.3 What This Means

The findings from the literature review, survey and focus group all demonstrate that volunteering positively impacts upon older women's social connectedness. Perhaps the fact that volunteering was not discussed in the service providers' focus group—where the participants are accustomed to interacting with older women who are more at risk of social isolation—further proves this point.

What did emerge is that volunteering is not only an opportunity for older women to give their time and access social networks. Volunteering is critical to social connectedness because of the process of giving to and receiving recognition from a particular community. The process of being valued for contributing and the feeling that what they have to contribute is valuable is the part of the volunteering process that is particularly significant. This is even more so the case when the connection gained through volunteering is intergenerational.

10 Access to Information

While access to information did not emerge in the literature as a factor that impacts upon older women's social connectedness, it did emerge as a significant issue in both the older women's and service providers' focus groups.

10.1 What We Found

10.1.1 Older Women's Focus Group

The participants of the older women's focus group were concerned about gaining access to information about how to stay connected to the community, participate in activities and access services. The participants felt that while there probably is information available to older women on all of these things, it is (or may be) assumed that older women know how to find this information.

One participant felt that this was part of a bigger shift in society away from individual professionals and services—such as librarians and libraries—who could assist individuals to navigate information sources in order to locate the information they need.

> *I was a librarian for 35 years, I've lost track of the different kind of libraries I've worked in. I can tell you as a student that when you go into the university libraries now it is like going to the dentist and there's is only the receptionist; compared with the reader's advice I would've given students 30 years ago. Now the same thing has happened in libraries; now I can tell by just looking at people whether they are professional or fresh out of school. And now it is very nice because you can reserve a book at home and check it out yourself, but the kind of person who would say to you 'what do you really want, have you thought of the Citizens Advice Bureau' is not there anymore. So that kind of thing is called in library science, 'the reference interview', where you subtly engage somebody and find out what they think they want is not really what they want and in fact it might be really quite sensitive because they think their 16 yr old boy is gay, and they're in a fundamentalist church so they don't want to tell somebody but they really need to borrow a book about it. There is absolutely no help anymore*.

Not all participants agreed with this. One participant felt that knowledge about information services such as the Citizens' Advice Bureau is high in the community.

A third participant was more concerned about there being sufficient access to information for older women about making friends and connecting to networks in the new technological age:

> *I really feel strongly about some sort of information or educational system on social networking for the elderly; anybody who retires as to how to go about making friends, what you can do.*

10.1.2 Service Providers Focus Group

Participants of the service providers' focus group were equally concerned with the issue of access to information, however, their discussion focussed on the struggle services can face in disseminating relevant and timely information to older women.

One participant highlighted the difficulty for older women in not only obtaining information about what is happening in the community, but in updating that information. She reflected that this is especially difficult for older women who are experiencing social isolation:

> *I guess one of the things I'm curious about is the dissemination of information about what's out there in the community because for the cohort that I work with, isolation can be a major issue. And it's not always easy to find what's*

happening, programmes change, so you get one bunch of information this term and six months down the track, different programmes are running.

A second participant agreed:

There are a lot of things happening...that people don't know about. I guess the more isolated people become the less access they have to that information in their broader community.

A third participant wondered if it could be the role of GPs—who older women see most frequently—to provide them with relevant information on community participation. Another participant replied:

The division of general practice will say there are just too many small and large programmes to keep their heads around. But the ACT is quite unique, if you went to NSW or Victoria—and I will just give those two as examples because I have worked in both of those states—you can either go to your local council or your local community health centre to find out any information about programmes that exist or events that are coming up in your area. ACT works like one big council that has one place you can go to, and we don't have anything that is set up in regions. And in the aged care consultations that took place only about two years ago, seniors that came to those consultations, one of the biggest things they were saying was "we don't have anywhere locally we can go and get information".

She went on to explain to the other participants that as a result of the circumstances just mentioned, her service actually...

Trialled and set up an information service in the Weston Creek area for any seniors or anyone who comes in who wants to find out where things are in the area and the region (we are not resourced by the government to do that, we are using it out of our own resources) and basically providing that information point, not just for our programmes and our services but for anything in the area for seniors. And so we are sort of trialling it for a number of months to see how it goes. But we are actually changing the face of our own shop fronts, as a regional service provider, to make sure we don't just have reception staff there, we have community service workers who know what's happening in the community. So we will see how it goes.

She acknowledged that even though the new information service at her organisation was responding to a stated need in the community, there is also an issue the service providers experience with older clients where they don't want to travel to the service:

The problem I think we face—and I'm sure other people here face it too—that's fine for people to come in but a lot of seniors will not come in. They will not come to something; you've got to get the word to them. Sitting there and saying "we are going to have a shop front where they can come to", it will service a percentage but it won't service a large percentage.

Another participant agreed with this:

That's when that outreach network becomes very important in meeting that person out there. If they are determined to stay in their own home and that's what they want then...we have to go to them.

The participants agreed that as an increasing number of seniors will want to age in their homes, it is more important than ever that agencies ensure that they are innovative in their approach to information provision.

10.2 What this means

That access to information emerged as a significant component of good social connectedness was a surprise to the researchers. WCHM has previously

undertaken research into ACT women's views about access to health and wellbeing information, which highlighted the importance of access to good quality health and wellbeing information in women's ability to maintain good health and wellbeing and be engaged and feel empowered in the health-decision making process. This research did not uncover a relationship between access to information and social connectedness, although there may not have been the scope for such issues to emerge. What is significant about this finding is that the issues raised in the current research and the issues identified in the previous research are the same: older women can feel overwhelmed by the sheer volume of information available that they want systems and services that enable them to access the information that is most relevant to their individual needs and circumstances. Wading through masses of information to find that which is most up-to-date and relevant—on whatever topic—is not what older women want.

This was proved by the synergy between the concerns of the participants in the older women's focus group (about the diminishment of professionals or services who aide access to personally relevant information for older women) and those of the participants in the service providers focus group (about the need to provide personalised one-on-one information services to older women). It is heartening that services in the ACT are already shifting their approach to information provision in order to better meet the needs of older women.

When older women cannot access information that enables them to know about services, support and opportunities that will keep them socially connected as they age, they are at risk of social isolation, which in turn, impacts upon their physical and mental health and wellbeing and motivation to be connected.

Conclusion

This report has identified the major factors impacting upon older women's social connectedness in the ACT. It is by no means comprehensive, but rather, an initial step into understanding the needs of older women in maintaining connection or reconnecting to their communities and the impact this connection has upon their health, wellbeing and successful ageing.

There are many steps that can be and are being taken in the ACT—by government and community agencies—to ensure that women can maintain good social connectedness as they age. There are also many other ways in which older women can participate in the community, contributing their experience, skills and knowledge to the community in a meaningful and reciprocal way, whether through teaching, mentoring or volunteering in other capacities. But for older women to be truly engaged with the community in this way requires a realisation of the breadth of opportunities that are yet untapped and effective communication of these opportunities, to both older women and those who could benefit by including them.

Therefore, the conversation this report has started about social connectedness for older women is also about respect for older women. Older women do not want to just be the passive recipients of care, support and knowledge—through the provision of "communities" and "engagement" via the myriad government, community and social programs. These programs are useful and vital for a society that cares for those who are isolated or at risk of experiencing isolation, as the ACT does, however, we should also strive for a society where the inclusion of older women is organic and comprehensive, born out of a genuine respect for age and desire to benefit from it. This requires a slightly more radical rethinking of what it means to be socially connected.

It also requires an understanding of the barriers that can impact upon women and reduce their ability to maintain their independence ad connections, which in turn may lead to poor mental and physical health.

It is through this that the other factors that impact upon older women's social connectedness can be addressed. The issues identified in this report, such as lack of access to transport and poor financial status, and the negative impacts they can have on an older woman's social connectedness, need not be absolute. They are, however, a good starting point to measures that will ensure that older women can maintain good social connectedness.

The ACT has one of the fastest growing populations of people aged 60 years and over in Australia. It is expected that, with a life expectancy of 81.3 years, ACT women will experience increasing rates of chronic illness and disability, which will have a direct impact upon their ability to be social connected. Now is the time to look for ways to adjust current thinking and approaches within the ACT to assist older women to increase control over, and to improve, their health and wellbeing and to realise their aspirations and satisfy their needs to connect, maintain connection or reconnect with their community, and thus to have a positive impact on the experience of ageing.

It is hoped that the insight gained through this research provides some guidance to those interested in positive ageing in the ACT.

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