Social Wellbeing, Locality and Ageing: A Snapshot of the Social Lives of Older People in Rural Australia

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The older population in Australia (65+) is expected to double in coming decades, creating many multi-faceted implications for Australian society. The sociology of ageing suggests that older people experience their social world in a distinct way that is uniquely shaped by their memories, historical life events and group membership. Moreover, it is deeply influenced by where they choose to live as they grow older. This paper summarises research currently being undertaken at the University of South Australia within the school of Natural and Built Environments. The central objective of this research is to identify the various roadblocks to achieving social wellbeing for older Australians with diverse demographic characteristics in a variety of urban and rural living environments. The services available in different localities vary, as do the local community networks, and the collective attitudes and life experiences of older people in the community. This paper begins by presenting a summary of current ageing trends and offers a review of published gerontology research. The paper considers the social construction of age, and the role that social capital; social isolation and loneliness play in shaping the dynamic social experiences and well being of older people in rural settings.

Keywords: Ageing, Wellbeing, Rural Ageing, Social Isolation, Loneliness, Social Capital

Introduction: A Snapshot of Ageing Statistics

Australia’s population is ageing at an unprecedented rate, parallel to global population trends. Global ageing, in the latter half of the twentieth century, has been driven by fertility decline, rapid urbanisation and improved life expectancy (United Nations 2013). In 2000 the median global age was 26.6 years and this has been predicted to reach 37.3 in 2050 and 45.6 by the year 2100 (Lutz, Sanderson & Scherbov 2008). In western countries like Australia, this trend will be enhanced in the coming two decades as the ‘Baby Boomer’ population continue to move into the over 65 age group (Anderson & Hussey 2000; Rowland 2003). Current predictions suggest that by the mid 2050’s there will be around 40,000 Australians over the age of 100, in 1975 there were 122 (Australian Government - The Treasury 2015). Furthermore, the number of Australians 65 years and over, is predicted to double between now and the mid 2050’s, and the number of older people in the age group of 85 and over, will increase from the current 2 per cent, to close to 5 per cent (Australian Government - The Treasury 2015). This trend will continue as long as mortality and fertility rates remain in decline.
Ageing is further compounded for Australian rural population groups. Older cohorts are over represented in rural areas in most Australian states and territories (Davis & Bartlett 2008; EPSA 2011). Approximately 36% of older Australians live rurally and outmigration of younger Australians from rural towns to cities, means that rural Australia continues to grow older more rapidly than other parts of Australia (Davis & Bartlett 2008).

The Sociology of Ageing and the Significance of Space and Place
The sociology of ageing suggests that older people’s experience of their social world is distinctly shaped by their memories, earlier life experiences and group membership (Harper 2006; Willson 2007). Sociological approaches to ageing recognise the social aspects of ageing from an individual as well as societal perspective (Willson 2007). By adding a life course approach to the sociological ageing lens, we can recognise that an individual’s experience at a certain age is not just about their chronological age in years, but about the generation to which they belong, and the collective experiences they have had through their racial, gender and/or class affiliations. The life course approach considers the timing of these experiences and which life course events occurred prior to one another (Harper 2006). This recognises the limitation of simple age stratification in analysis of the issues facing older people in society. Further to this, memories, life experiences and group membership, can be inherently linked with space and place, as suggested by Rowles (1978).

An individual’s experience of space an place is distinctly dynamic and complex (Milbourne 2012; Rowles 1978). In a study completed in the 1970s in an inner city suburb in the United States, Rowles (1978) argued that three changes occur in the relationship with space as an individual grows older. First is the constriction that occurs as physical movement and social engagement is limited, individuals become more dependent on their immediate home and local community. Second is their attitude to and intensification of attachment to certain spaces that they are spending more time in, and the third is a sense of enrichment that emerges when a geographical space is acknowledged in comparison and connection to the myriad of spaces that the individuals has witnessed in their life. With a focus on the rural context, Milbourne (2012) suggests that this holds significant weight for modern day assessments of the experiences of space and place in the process of growing older and posits that place satisfaction, quality of life and social capital are reportedly strong in rural communities across the globe.

Social Wellbeing and Older People
Social isolation and loneliness are prevalent among older people (Grenade & Boldy 2008; Shahtahmasebi & Scott 1996; Victor, Scambler & Bond 2009) and the experience of these can be markedly influenced by the relationship that an older person has with the area in which they live. Social isolation is defined by low levels of contact with others (de Jong Gierveld, Van Tilburg & Dykstra 2006; Havens et al. 2004) (in some cases intentionally due to preference), loneliness however, is the perceived negative emotions resulting from that isolation (Chappell & Badger 1989; de Jong Gierveld, Van Tilburg & Dykstra 2006; Grenade & Boldy 2008; Havens et al. 2004; Van Baarsen et al. 2001). Wellbeing, quality of life and improved physical and mental health are negatively impacted by social isolation and loneliness (Patulny 2009). The experience of these can vary significantly at different times throughout the life course and can be triggered by many factors, including; gender, ethnicity, being widowed, family networks, situations of care, childlessness, living situations, i.e. housing and neighbourhood design, having other health related problems or experiencing grief gender (Grenade & Boldy 2008; Shahtahmasebi & Scott 1996).

Measuring, predicting and preventing loneliness and/or social isolation are difficult. Once identified, however, our understanding of what can be done to abate them can be enhanced through investigating the lived experience of older people using qualitative research methods
Understanding what helps older people mitigate loneliness and isolation in various settings can promote greater wellbeing (Koopman-Boyden & Waldegrave 2009). Location and the ability to participate socially in local communities as well as with long distance contacts are vastly important for the experience of wellbeing for older people (Bartlett 2003).

In a study assessing the wellbeing of older rural Australians, Inder et al. (2012) attributed greater well-being in older rural Australians (as compared to younger rural Australians) to a generational ‘survivor’ attitude. The authors argued that wellbeing can be enhanced when there is a perception of community and personal support (Inder, Lewin & Kelly 2012). Local community engagement and the development of social capital significantly influence experiences of social isolation, loneliness and wellbeing. The rural setting can both enrich and hinder the propensity for loneliness and social isolation however.

Social Capital, Social Engagement in Rural Australia
Older people typically socialise and seek support through local community groups, clubs and associations (Findlay 2003; Grenade & Boldy 2008). Milbourne (2012) draws on evidence from the National Seniors Australia ‘Getting Involved in the Country’ report (2010) that found that older people in rural Australia reportedly feel safer and experience greater social connection and interaction than their urban counterparts. When studying measures of trust and reciprocity, there aren’t substantial differences in social capital between rural and urban localities (Ziersch et al. 2009). Social capital has been strongly correlated with socio-economic status and thus the demographic context of the rural or metropolitan setting plays a significant role when measuring social capital outcomes.

Some literature suggests however that Australian rural communities typically score very high on counts of bonding social capital, which encompasses trust affiliations between community members, but score low on counts of bridging social capital, which encompasses the trust between community members and government groups and also new and unfamiliar groups and individuals (Davis & Bartlett 2008; Onyx & Bullen 2000; Ziersch et al. 2009). Australian rural communities tend to foster camaraderie, particularly for longstanding locals. However whilst rural communities tend to be more homogenous that their urban counterparts, and have a typical stronger social glue so to speak, complex challenges in the social relationships within these communities do exist, i.e. indigenous and non-indigenous population groups, land owners and labourers etc. Strong social capital in rural areas could be associated with greater homogeneity and the natural interdependence that emerges when there are limitations around local formal services. Maximising social capital and networks of trust at the local level has been at the forefront of rural policy consideration in the past two decades; the social and economic decline in rural Australian communities has increased demand for informal networks of trust and reciprocity.

Disadvantages and Pressures for Older people in Rural Australia
Despite the fact that rural areas offer prosperous platforms to foster social capital, which at the local level can aid in overcoming disadvantage (Alston 2002), disadvantages such as poor health, poverty, educational disadvantage, unemployment, disability and shorter life expectancy are also more common in rural Australia (Alston 2002; Ziersch et al. 2009). It has also been argued that the deregulation/restructuring of the welfare state in Australia shifted responsibility for disadvantage to local community organisations where the impetus moved to local networks fostering informal support. As a result many of the most disadvantaged people living in remote areas have lost adequate access to essential services (Alston 2002). As ageing has become more and more apparent, volunteering organisations have often been stretched where services like public transport are often lacking or non-existent.
Many rural areas are faced with growing service demands and diminishing work force participation. In very remote parts of rural Australia, older resident numbers are in some cases diminishing due to migration to regional centres and coastal retirement destinations that are more amenity and service rich, thus placing more pressure on service in these destination towns (Davis & Bartlett 2008). This trend is exacerbated as younger people leave remote areas to seek education and employment opportunities in the city. Many rural populations are ageing more rapidly than their metropolitan counterparts as a result of this youth out-migration (Argent & Walmsley 2008; Davis & Bartlett 2008; EPSA 2011). For older people in the community this means there is a smaller workforce available to manage local aged and health care services, or initiate progress for physical community infrastructure development like transport and footpaths (Davis & Bartlett 2008; Humphreys, Wakerman & Wells 2006), further compounding disadvantage in some settings. There is in fact some suggestion that the ‘National strategy for an Ageing Australia’ has failed to focus on flexible policy with scope to address the unique needs of older people living in remote and isolated situations (Conley, Venz & Watkins 2009).

The Social Implications of Ageing in Place
HACC (Home and Community Care) has been a national program for providing in-home care in rural and metropolitan areas that has been highly regarded for its promotion of service equity and enabling older people to 'age in place' (Keleher 2003). As of July 2015 the HACC program, along with three other core commonwealth government care programs, has been transitioned into the Home Support Programme (HSP) (Department of Social Services 2015). The current service approach towards 'ageing in place' has evolved over many decades and is founded on the notion that familiarity with both home and neighbourhood and inherent connections enable autonomy; most older people prefer to remain independent within their home community for as long as possible (Jeong & Stein 2003; Lehning, Scharlach & Dal Santo 2010). Jeong and Stein (2003) however, also consider the prospect that ageing in place can deepen isolation, particularly as individuals become less mobile and in some instances are reluctant to request help.

The issues faced by older persons in rural communities are multifaceted and depend on distance, mobility, family and kinship ties, and local services just to name a few (Bartlett 2003). It cannot be assumed that every older person wants to be socially engaged, but the facilitation of social engagement ultimately seeks to foster improved wellbeing.

Summary and Conclusion
There is a lack of Australian literature offering comparisons between rural and metropolitan settings to identify the social implications of location for the ageing population. This paper discusses some of the core sociological issues underpinning current PhD research at the University of South Australia exploring the impact of social capital, community engagement and location on the wellbeing of older people in both rural and metropolitan settings, research that seeks to investigate individual perceptions around loneliness and unique community opportunities. Many factors can impede wellbeing, but social isolation and loneliness are known to be core contenders. Proximity to and availability of services and social groups is central in mitigating loneliness and social isolation. Empirically, it has been suggested that rural communities have stronger social fabric, but there are negative aspects to rural living in older age, in some instances and settings social opportunities and access to adequate services are vastly limited. Gaining a greater understanding of these issues through in-depth discussions is integral as a means of adequately shaping local policy decisions for a future population that is remarkably older than that of the present.
References


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