VITAL CONVERSATIONS

GIVING OLDER WOMEN IN GREATER MELBOURNE A VOICE

THIS REPORT WAS PREPARED BY DR SUSAN FELDMAN & DR HARRIET RADERMACHER FOR LORD MAYOR’S CHARITABLE FOUNDATION
ACKNOWLEDGEMENTS

The researchers would like to acknowledge the generosity of all the women who took part in this study, and who so openly and enthusiastically offered their views and opinions. Thank you for sharing your hopes, fears, tears and laughter.

We would also like to acknowledge the kindness and motivation of all the individuals and organisations who so willingly offered help and assistance to identify and recruit such a wonderful mass of women to speak to.

Lord Mayor’s Charitable Foundation wishes to acknowledge the traditional custodians of the land on which we work and celebrate our events, the People of the Kulin Nation. We pass on our respects to their Ancestors and Elders, both past, present and emerging. We acknowledge their tireless work in continuing their traditional lore and practices, and their commitment to protecting their traditional land and waterways.
FOREWORD

The findings of the Greater Melbourne Vital Signs 2017 indicated that older women were facing challenges and, in some cases, extreme disadvantage across diverse aspects of their lives. Between 2012 and 2017, the number of older women couch surfing increased by 83 per cent and a 75 per cent increase in older women sleeping in their cars and presenting at homelessness services.¹ Financial security is now the most common factor influencing a person’s decision to retire.² On top of this, at least one in ten people aged over 60 experience isolation and loneliness.³

Lord Mayor’s Charitable Foundation wanted to hear more directly from older women about their lives, the challenges they face and potential solutions.

We commissioned Dr Susan Feldman and Dr Harriet Radermacher to consult with older women and give them a voice on the issues they are facing as part of our Vital Conversations series.

Social connectedness emerged as the enabler (or barrier) to positive outcomes in housing, financial security, health and wellbeing, and technical literacy.

Social connectedness is not only about participation in the community but also a deep sense of belonging. Connectedness provides the foundation for economic participation leading to financial security and housing affordability, access to and knowledge of digital tools, which help combat isolation and enhance participation in many areas of life including unpaid and paid work and recreation. All these factors together lead to older women having a sense of self-worth as active and valued participants in our community. Social connectedness is the glue that makes a valued life possible.

What this report also finds is an untapped resource of older women with a great deal to contribute. Some are doing it very tough. Despite a lifetime working in paid and unpaid roles in the workplace, their families and local communities, the life they experience today is not the later life they expected. For some a stable home is out of reach. Others face financial insecurity. Many of these women feel sidelined and disconnected from mainstream policy development and economic and social opportunities.

Older women are in fact a missing powerhouse of wisdom and energy.

This report provides some concrete recommendations for the Foundation and our colleagues in philanthropy, the not-for-profit, enterprise and government sectors to action. We look forward to developing collaborations to help make sure older women are a respected and vital part of our community.

Catherine Brown
Chief Executive Officer
Lord Mayor’s Charitable Foundation

¹. Council for Homeless Persons, Hidden Homelessness on the Rise, 2017
². Australian Bureau of Statistics Table 0.1 Labour Force Status by Age, Social, Marital Status and Sex, August 2017
³. Commissioner for Senior Victorians, Ageing is everyone’s business, Department of Health and Human Services, Melbourne, 2016
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## Innovations, strategies, and good models

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## Summary of the findings

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## Conclusion

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EXECUTIVE SUMMARY

In the words of one woman who participated in the Vital Conversations study and which reflected the views of many of the other contributors:

“Stamina and persistence. You have to keep at it and at it and at it... you’ve got to be seen. We’ll be ignored if we don’t get out there.”

(Group 7)

PROJECT AIMS

• To engage with groups of older women over 55 years from a range of cultural, geographic and economic backgrounds living in Greater Melbourne to discuss their experiences of ageing, particularly in the context of health, housing, demographic and climate change.

• To inform and build on the development of innovative strategies and solutions to address the issues highlighted in Greater Melbourne Vital Signs 2017 relevant to older women.

KEY RESEARCH QUESTION

• Given demographic changes and urban development across Greater Melbourne, what matters to older women as they grow older?

PROJECT DESIGN AND METHODS

• A qualitative research project comprised of facilitated semi-structured group discussions conducted with older women across Greater Melbourne.

18 group conversations
| 127 women | 22 local government areas
| 50 - 91 years (average age 70)
PARTICIPANTS

- 18 group conversations were conducted with 127 women. The women lived in 22 Local Government Areas (LGAs) across Greater Melbourne, and ranged in age between 50 and 91 years (average 70). They were born in 28 different countries (56% in Australia) and 23% spoke a language other than English at home.

- Just over half of participants (56%) were widowed, divorced or single, and 48% lived alone. 43% of participants were married or in a de facto relationship, and 61% lived in their own home. 75% of participants were retired, the majority were on a full (35%) or part (19%) pension, and 41% of participants had tertiary qualifications.

KEY THEMES

- Addressing the key research question – what matters to older women as they grow older – the overarching theme is social connectedness and belonging. Seven sub-themes encapsulate both the challenges and enablers for social connectedness, and while they are distinct they are also inextricably interrelated with each other.
SUMMARY OF THE FINDINGS

01 Social connectedness and a sense of belonging coupled with concepts of autonomy, choice and respect are key to the health and wellbeing of older women.

02 Housing insecurity is increasing and of prime concern to older women.

03 Rising costs and unaffordability of electricity, gas and water impact older women’s quality of life.

04 Affordable housing and rental only properties specifically designed for single older women are a missing component in proposals for housing developments within the Greater Melbourne area.

05 Excessive and exploitative child care responsibilities exist within family settings and can often lead to compromised physical, mental and social health.

06 Increasingly poor mental health of older women is of growing concern.

07 Family breakdown and abuse of older women is a hidden issue requiring immediate attention.

08 Universal design principles including those related to the environment and energy efficiency are fundamental to planning for neighbourhood housing developments.

09 Physical changes that may accompany growing older do not necessarily limit a woman’s participation in family and community.

10 The over development and changing face of neighbourhoods can be alienating for older women.

11 Transport is vital for engagement and participation within the community.

12 Public transport networks are not particularly reliable, regular or take into account the needs of older women travellers.

13 Culturally and linguistically diverse (CALD) older women who do not speak English are at risk and form part of the hidden face in the community on account of not being able to communicate with or participate in the wider community.
CONCLUSION

• This project, by specifically including and valuing the views of older women themselves, has addressed a gap identified in previous work commissioned by the Foundation.

• The study has served to generate deeper insight into Vital Signs 2017 through the eyes of older women and make important connections between the domains.

• This study has added an important dimension to existing knowledge about women’s health and wellbeing, revealing a nuanced picture of their lives and added depth to an understanding of the changes that they face associated with growing older in a wide range of areas.

• This study identified and confirmed the importance of social connection and of having a sense of belonging over and above anything else.

• The importance of social connectedness is perhaps not surprising, given the huge shifts in pace of society today, in which people find themselves with less and less time for meaningful connections.

• Older women want to be included in public life and contribute their experiences and ideas to policy and planning.

• Engaging with older women in discussions about subjects of concern to them is positive for their health and wellbeing.

Potential areas for further research and funding for the Foundation might include:

• Reviewing the literature around the value of heat registers for connecting and supporting vulnerable older women with other community members on extremely hot or cold days.

• Investigating the hidden face of extensive child care responsibilities on older women’s health and wellbeing, including more recently arrived migrant women.

• Exploring the potential of short and longer term, mutually beneficial, shared living arrangements to address concerns around social connectedness and housing affordability.

14 Lack of access to up-to-date, timely, relevant and accurate information about a range of topics, including financial management, legal rights, available services and support, greatly reduces the capacity of older women to be in control and make informed decision about their own affairs.

15 Inexperience or difficulties encountered with new technologies can be alienating and undermine an older woman’s confidence and self-determination.

16 The extensive volunteering activities of older women provide meaningful and invaluable contributions to community.

17 Whilst involvement in volunteering activities provides older women with a sense of purpose and belonging, there is the potential for exploitation and abuse.
RECOMMENDATIONS

Several recommendations have been identified for consideration by Lord Mayor’s Charitable Foundation (the Foundation) and other philanthropists, government, and policy makers. These recommendations incorporate the innovative ideas and strategies of older women themselves, as they talked about what it is like living in Greater Melbourne as an older woman.

We encourage the Foundation to distribute the next ‘Vital Signs’ report widely across Greater Melbourne including to local peak bodies, CALD community representatives, Local Government and service providers.

We urge the Foundation to promote the inclusion of older women by continuing to support and fund demonstration projects that target key areas impacting the overall quality of their lives including housing, economic security and social connectedness.

In the words of the women who participated in the Vital Conversations study:

“[Older women] are forced to sell their properties [by their children] to solve their problems and are then left to go to different children to stay. They go to the bungalow at the back. They do all the work, it’s like slavery. It is very common I know in some communities.”
I found it difficult to keep up with amenities and utilities. I was still working initially and then I retired and it got to the point where I didn’t know how I would afford where I was – I was renting.”

“I feel fortunate to be in work, have family and friends and the capacity to pay my way in life so far. I’m hopeful for a basic (not extravagant) retirement. Melbourne is essentially a great city but I am glad that I am not alone here.”

**SOME ACTIONS TO CONSIDER:**

**HOUSING AND HOMELESSNESS**

- Continue to engage with building industry about incorporating principles of universal design, accessibility, and environmental sustainability, and to promote social connectedness between multi-generations within neighbourhoods.
- Build on and lead discussions with the private sector and government around innovative incentives to encourage investors to build rental only properties, including those suitable to single older women in locations beyond the inner suburbs of Melbourne.
- Explore potential models for matching and supporting older women in shared housing in the private sector through formal rental arrangements.
- Take the opportunity to lead the debate about development of appropriate models for prevention and early intervention for older women at risk of first time homelessness.
• Acknowledge that housing insecurity and unaffordability require investment in creative strategies specifically targeting older women who may face a trajectory towards first time homelessness.

• Facilitate cross sector collaboration between older persons, peak bodies and the Real Estate industry to develop strategies to inform real estate agents about widespread discrimination and how ageist attitudes keep older women out of the rental market.

• Advocate for greater awareness about the circumstances of older women who are often hidden victims of family abuse and exploitation and their needs for secure housing.

**ECONOMIC AND FINANCIAL**

• Draw on existing models of good practice to promote innovative approaches for assisting communities of older women who have extensive child care responsibilities.

• Encourage and support existing financial and counselling services to ensure that older women are included in their policy and program development.

• Collaborate with existing financial services to ensure that older women have access to information and assistance with their financial circumstances before they face a crisis.

• Continue to advocate for and support initiatives that promote the skills of older women and their value in the workplace.

• Engage with CALD groups to ensure that older women are informed about their legal and financial rights, particularly in relation to property, financial abuse and exploitation.

• Encourage the development of activities and strategies that inform older women about conserving energy and water and reducing heating and cooling bills, including women in CALD communities.

**SOCIAL INCLUSION AND PARTICIPATION**

• Consult with leaders of CALD communities to develop strategies to encourage participation and inclusion of older women in civic life.

• Support local activities that connect isolated older women with others, bringing them together to share meals, cook, and shop.

• Implement strategies at the Foundation to ensure that older women are included in a diverse range of planning, policy and advisory committee arenas.

• Recognise and value the extensive and diverse contributions of older women within their communities as formal and informal volunteers and advocates.

• Initiate collaborations and partnerships with key government and peak organisations to address older women’s ongoing concerns about access to public transport across Greater Melbourne.

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Continue to advocate for and support initiatives that promote the skills of older women and their value in the workplace.
Much of the research about growing older to date has been quantitative in nature and the views of older women themselves largely not sought or overlooked. Of particular interest to this project was an exploration of the challenges older women face related to changing life circumstances as they age, including maintaining social connectedness and inclusion, health concerns, housing insecurity and the risk of homelessness. This project built on a number of the key findings of previous work undertaken by the Foundation – *Time of Our Lives?* (2016) and *Greater Melbourne Vital Signs* (2017).

The *Time of Our Lives?* report engaged with policy makers and service providers to explore the economic and social participation of older women in Victoria. A key finding was that there is value in talking to older women about their own lives, and it was recommended that further studies include the views of older women themselves. This current project was initiated to specifically address this gap.

Vital Signs is an international program established in Canada in 2001 that measures the health and vitality of communities and builds community engagement around core issues of liveability. As a member of the international Vital Signs network, the Foundation has released two Vital Signs reports. The 2017 Vital Signs report focused on information and quantitative data for the Greater Melbourne area which comprises 31 Local Government Areas (LGAs) stretching from the Yarra Ranges to Wyndham and the Mornington Peninsula to Whittlesea. These data, sourced from a range of institutions, have indicated that older women’s housing, social and economic circumstances and health is of growing concern. A ‘Vital Conversation’ is a community engagement strategy which extends the Vital Signs activities and takes the findings of the quantitative report to the broader community.
There are many structural, demographic, environmental and psychosocial factors which impact on the experiences of women as they grow older. This section provides a brief overview of the societal milieu in which the women who participated in this study find themselves, so as to set the scene for their voices.
CULTURAL DIVERSITY

The number of Australians born overseas increased by almost one million people between 2011 and 2016, rising from 25% of the population in 2011 to 26% in 2016 (ABS, 2016). Of the 6,163,667 overseas-born persons, nearly one in five (18%) have arrived since the start of 2012. Where people come from and the languages they speak has continued to change over the years, and this information can be useful for forecasting future ageing and aged care needs. Ultimately, not including people from culturally and linguistically diverse (CALD) backgrounds in research is not only unethical but results in a huge gap in understanding the population's needs.

Older people from CALD backgrounds in Australia are not a homogenous group. Rather, old age can be described as a period of diversity and variation in an individual's life. Understanding diversity in later life may include discussions around culture, ethnicity, family, socio-economic status, gender and sexual orientation to name but a few. This biographical diversity means that understanding and meeting the health and wellbeing needs of Australia’s older people from CALD backgrounds – and in relation to this project – women – is highly complex, and should be informed by research and evidence. Indeed, there is an extensive body of international literature which highlights the heterogeneity of experience amongst people from different ethnic groups and it is well recognised that heterogeneity, ‘diversity within diversity’, has obvious implications and challenges for developing effective and responsive policy and service delivery models.

Furthermore, acknowledging diversity may in some way counteract stereotyping of older people and in this way the process of growing old itself and an acceptance that there are multiple pathways in later life.

SOCIAL CONNECTEDNESS, LONELINESS AND SOCIAL ISOLATION

Being connected in meaningful ways to other people is a fundamental human need. In addition, feelings of loneliness or isolation from family, community or social networks also forms part of what it is to be human.

An important element in relation to any discussions about the increasing population of older women is how they maintain their sense of social connectedness, purpose and meaningful engagement with the world around them. By definition connectedness is complex and multidimensional in nature and takes into account a range of capacities and
perspectives of individuals. Connectedness with others also varies over the life-course especially in light of changing circumstances and transitions (O’Rourke & Sidani, 2017; Townsend & McWhirter, 2005).

However, being able to engage in meaningful and reciprocal connections with family and community is central to ensuring the health and wellbeing of older women. When individuals become disconnected from the world around them without a supportive environment, they may feel lost, alone and without a sense of purpose. These feelings of lack of sense of belonging have the potential for loneliness and isolation (Lim, 2018).

Increasingly, diminished opportunities for social connectedness and inclusion are being recognised as a significant psychosocial health concern for older women.

**HEALTH AND WELLBEING**

Ageing is a dynamic process across the life course. Regardless of cultural, ethnic, religious or socio-economic backgrounds, health and wellbeing are inextricably linked to an individual’s capacity for continued social connectedness and inclusion that brings with it a sense of belonging through meaningful and positive engagements with family, social networks and community. Of overriding concern to many older women as they navigate key life events or changing health circumstances, is being able to get out and about, and continue relating to and engaging with the world around them. Although good health is recognised as a key determinant of independence and autonomy, changes to health should not necessarily be assumed as eroding the capacity for an individual to participate and be included in social activities and networks.
HOUSING AND HOMELESSNESS

Increasingly of concern to older women is the risk to their housing arrangements especially for those individuals who live in rental accommodation. Many older women and especially those who live on a low income, and do not own their own home are particularly at risk (Daley et al. 2018; Power, 2018). In addition, mortgage debt in the older population is of growing concern with an increase in older homeowners who are at risk of having to leave their homes and seek alternative housing (Collett, 2018). Of particular concern is the increasing numbers of older women being reported as ‘couch surfing’ or living in cars – or in other words having insecure housing and experiencing ‘secondary homelessness’ often following an unexpected crisis such as the death of a spouse or divorce (Council to Homeless Persons, 2017; Old Colonists’ Association of Victoria, 2018; Power, 2018).

The Australian Bureau of Statistics (2008) has defined secondary homelessness as people staying in accommodation services or those with no secure accommodation, insecure rental agreements, staying temporarily with friends or relatives in private dwellings. In addition, these women are particularly at risk of becoming long-term homeless in their older years. There is also concern about older women who are potentially hidden from the mainstream, who may be non-English speakers and rely on family for their material support including a range of housing options (Ip, Lui & Chui, 2007).

CLIMATE CHANGE

The impact of climate change on the health and wellbeing of older people and especially older women, has to date been largely neglected in research. Heatwaves, for example, kill more people than all other extreme weather events, such as floods or bushfires – older people, homeless people, and people with health problems or disabilities are particularly at risk from these events (Hughes, Hanna & Fenwick, 2016). Inappropriate and inadequate housing, inability to pay for cooling and safe heating, hazardous interactions of medication and rising body temperatures are just some examples of the potential detrimental implications of environmental changes.
PROJECT AIMS

• To engage with groups of older women over 55 years from a range of cultural, geographic and economic backgrounds living in Greater Melbourne to discuss their experiences of ageing, particularly in the context of health, housing, demographic and climate change.

• To inform and build on the development of innovative strategies and solutions to address the issues highlighted in Greater Melbourne Vital Signs 2017 relevant to older women.

KEY RESEARCH QUESTION

• Given demographic changes and urban development across Greater Melbourne, what matters to older women as they grow older?

VITAL CONVERSATIONS METHODOLOGY

A ‘Vital Conversation’ is a community engagement strategy which extends the Vital Signs activities and takes the findings of the quantitative report to the broader community. A Vital Conversation builds on the findings of the Vital Signs data and gathers data, evidence and information within facilitated community-based conversations. A Vital Conversation is designed to explore emerging issues of significance to communities.

PROJECT DESIGN AND PROCEDURE

This qualitative research project comprised of facilitated semi-structured group discussions conducted with older women.

Further analysis of Greater Melbourne Vital Signs 2017 data, the Vital Conversations toolkit, and ongoing consultation with the Foundation informed the development of the guiding research question, research design, and sampling and recruitment strategies. This included the decision to target women living in six Local Government Areas (LGAs: Brimbank, Greater Dandenong, Melbourne, Melton Shire, Mornington Shire and Nillumbik).

Key informants and organisations were approached with information about the study and asked to assist in the recruitment of the women (See Appendix 4 for a list of supporting organisations). Groups were convened in locations convenient for the older women, and discussions took 90 minutes. On account of the recruitment strategy, some of the women in the groups were known to each other.

The women were asked to complete consent forms and provide some background demographic information. Conversations were initiated and guided by circulating laminated cards with selected infographics drawn from Greater Melbourne Vital Signs 2017. At the end of the discussions women were also invited to write down a final message or comment.

Women were invited to talk about not only their own experiences, but to reflect on the experiences of friends and acquaintances. This allowed them to speak more freely about the experiences of older women.

Conversations were recorded and selectively transcribed as appropriate. Data were thematically analysed using both inductive and deductive techniques guided by the key research question to identify key domains.
A total of 127 women participated in a conversation, with group sizes ranging between 3 and 11 women. Participants resided in 22 Local Government Areas (LGAs). The most common LGAs were Nillumbik, Melton, Greater Dandenong, Mornington, and Brimbank which reflected the target recruitment areas (see Figure 2 for the distribution of participants’ residential locations).

Women were invited to talk about not only their own experiences, but to reflect on the experiences of friends and acquaintances.

The written messages were transcribed, and a content analysis was conducted to identify the frequency of different themes. A word cloud was also created by entering in all the data into a free online software program (wordclouds.com).

The aim of the analysis was not to compare the experiences of women by demographic or geographic factors, but rather to ensure a good representation of women were involved in the discussions.

Further details about the procedure are described in Appendix 1.

PARTICIPANT PROFILE

In total, 18 group conversations were conducted between July and November 2018 across 9 LGAs: the six target LGAs as well as Glen Eira, Port Phillip and Wyndham (see Figure 1 for group locations by size).
FIGURE 2. 

Participant residential locations

The women ranged in age between 50 and 91 years (average 70 years old). The majority (56%) were born in Australia, followed by United Kingdom (13%), Afghanistan (4%), Germany (3%) and India (2%) (see Figure 3). In total, participants were born in 27 different countries, and 23% spoke a language other than English at home.

FIGURE 3. 

Participant country of birth
Just over half of participants (56%) were widowed, divorced or single, and 48% lived alone. 43% of participants were married or in a de facto relationship, and 61% lived in their own home. 75% of participants were retired, the majority were on a full (35%) or part (19%) pension, and 41% of participants had tertiary qualifications. (See Figure 4 for participant demographics)

With regards to self-rated wellbeing, the proportion of women who rated themselves excellent, very good or good was as follows (See Figure 5):

- Health 88%
- Financial security 79%
- Social activities 91%
- Social support 85%
FIGURE 4. Participant demographics continued...

EDUCATION

- Certificate/Diploma/Trade: 25%
- Other: 2%
- Secondary: 32%
- Tertiary: 41%

PENSION

- Yes, full: 35%
- Yes, part: 19%
- No: 46%

HOUSING STATUS

- Mortgage: 6%
- Shared home ownership: 2%
- Public rental: 1%
- Private rental: 7%
- Other: 23%
- Living in own home: 61%

LIVING ARRANGEMENTS

- Other family members: 6%
- Child/Children: 2%
- Other: 2%
- Spouse/Partner: 42%
- Live alone: 48%
Table 1 compares the project sample to the demographic characteristics of women 55 years living in Greater Melbourne based on ABS census data. This information provides a useful context to interpret the findings. These data indicate that despite using a methodology that could not ensure a representative sample, the project sample reflected well the Greater Melbourne population of women over 55 particularly in relation to proportion born in Australia, level of tertiary education, and marital status. However, the project sample had a lower proportion of women who spoke a language other than English at home, were employed in the labour force, and living with a spouse. The project sample had higher proportions of women living alone and not in the labour force.

**TABLE 1.**

Comparison of project sample demographics to women over 55 living in Greater Melbourne

Further details about the demographic background of participants is in Appendix 2.
The project generated a wide range of interest indicating that older women want to have opportunities to be involved in discussions, forums and platforms, where they can contribute to and talk about issues that are important to them as they grow older in Melbourne. A number of groups requested that the researchers return and conduct further ‘conversations’.

Further to the 2017 Greater Melbourne Vital Signs report, this project has provided an opportunity to catalyse a ‘Vital Conversation’ with and about the wellbeing of older women. This project has brought together small groups of older women to express their opinions, learn from one another and make connections with other women in their local areas.
Key people in a range of organisations who assisted with the recruitment and publicity related to the project – non-government organisations, local government and peak bodies – have asked to be kept informed of the results of the conversations because they regard them as a valuable tool for future policy and planning.

Local government councils in the designated six locations and beyond have shown a keen interest in this project and were particularly helpful in offering assistance regarding contacting local communities of older women.

Women described how they have integrated creative strategies in their everyday lives to deal with the transitions and challenges of growing older in Greater Melbourne. In having these conversations, the women revealed their vast reserves of personal resources and capacity to navigate these challenges.

The following section presents the overarching theme, social connectedness and belonging, along with seven sub-themes (see Figure 6) which address the key research question – what matters to older women as they grow older.

The sub-themes represent both challenges and enablers for social connectedness, and while they are distinct they are also inextricably interrelated with each other.

A quote selected from the group discussions introduces each theme and aims to encapsulate the essence of each theme. This is followed by a narrative summary of the range of experiences and views of the women. See Appendix 3 for a selection of further relevant quotes.
PROJECT FINDINGS

Social Connectedness and Belonging

“I feel fortunate to be in work, have family and friends and the capacity to pay my way in life so far. I’m hopeful for a basic (not extravagant) retirement. Melbourne is essentially a great city but I am glad that I am not alone here.” (Group 1)

Older women in all groups regardless of where they lived in Greater Melbourne, recognised the importance of social connectedness and inclusion with family, friends and community. There was agreement by many women that relationships and accompanying sense of belonging were central to the quality of their health and wellbeing.

Underpinning the women’s conversations were concerns about whether they could maintain connections and relationships as they grew older. Women acknowledged that changes in physical capacity and decreasing ability to get out and about independently were key factors in diminishing social connectedness and subsequently the potential erosion of their sense of belonging to the community at large. In particular, many women spoke about changes to their financial and living circumstances or alternatively to those that they had observed in friends, recognising that changes related to growing older are not only of a physical nature.

Ensuring that they maintained social connectedness and included was described as a series of complex and dynamic interactions. For example, there was a general agreement across most groups that key life transitions such as widowhood, breakdown in family relationships, friendship networks or changing financial circumstances placed a strain on past relationships.

It was these significant life events some women noted as significantly diminishing their capacity to participate in established activities or to join new ones. This in turn negatively impacts their sense of wellbeing which is enhanced by social connectedness, inclusion and belonging.

Conversations also reflected the desire on the part of the majority of women – regardless of where they lived in Greater Melbourne – to continue to get out and about independently, participating where possible in activities, connecting with people or meeting their daily needs e.g. shopping for food. The majority of women, and in particular non-drivers who lived outside of Inner
Melbourne, emphasised that they often faced significant challenges related to their reliance on irregular or unreliable public transport. This particular scenario was a feature of the discussions held in the outer regions of Greater Melbourne. Where one lives in Greater Melbourne appears to play a significant role in how women continue to engage with their community networks and activities.

Importantly, a number of groups flagged the difficult circumstances facing older women whose interactions outside of their immediate family or community were limited, particularly in some Culturally and Linguistically Diverse (CALD) communities. This was attributed to factors including extensive child care responsibilities, the lack of English language skills or restrictive cultural practices. The opportunities for CALD women to engage and connect with the broader community were restricted because men exerted control over older women supervising and checking their movements. This practice was described as being common in specific religious and cultural communities.

While social participation and connectedness to family and community were of central importance for many women, others drew the distinction between living alone and loneliness. It is possible they observed for some women to be disengaged from family and friends, be living alone and yet not have overwhelming feelings of loneliness. It was clear from the conversations that there were a diverse range of experiences of growing older and not all women want to participate in social or cultural activities. Some individuals were described as being self-sufficient and content with their own company and for some women this had been an established life-long way of being.

While the majority of women valued social connectedness highly, it was clear that for many women it required energy and determination to forge and maintain connections with others. Moreover, putting yourself out there was perceived to be easier for some women than others.

There was a pervasive and underlying sense that society has changed a lot over their lifetime. Everyone has become increasingly busy, particularly the younger generation, and people have less time for each other and for making meaningful connections. This shift has impacted hugely on the potential for social connectedness.

Women acknowledged that changes in physical capacity and decreasing ability to get out and about independently were key factors in diminishing social connectedness and subsequently the potential erosion of their sense of belonging to the community at large.
Stereotypes about older women and ageing abound and this prejudice is most commonly related to their health and wellbeing. The women in the majority of the groups accepted that they would experience changes to their health and wellbeing as they aged but there were limited discussions about their specific health conditions or illnesses. As might be expected, the topic of health and wellbeing was integral and interrelated to all other themes including social connectedness, financial and housing insecurity and family and generational change.

The women’s conversations conveyed the idea that for them health is a relative state of existence, multidimensional and specific for each individual. The vast majority of the women reported that their health was either good or excellent, despite dealing with some of the physical and functional changes that accompany growing older. In the main, women focused on how changing physical health had an impact on their overall quality of life, especially their determination to continue to function as independently as possible for as long as they were able. Women said that despite the physical and emotional changes that they were facing as they grow older, it was incorrect to assume that some degree of ill health should result in their loss of independence or quality of life.

Mental health problems facing women was a topic of conversation in most groups. Some women had experienced poor mental health over the course of their life and they said that this might be exacerbated by ageing or changing health circumstances. Women talked about how social isolation coupled with loneliness often leads to increased anxiety and depression and that older women who were living alone on a limited income were more likely to be anxious about their economic security. Anxiety was also prevalent in the lives of women who were living in insecure housing or rental accommodation. Worry and anxiety about their future living arrangements was ever present for them as was contending with potentially exploitative relationships within family.

Some women were fearful of the future in light of changes to their health needs or financial circumstances and their reluctance to ask for help from family or services providers. An overriding concern of the women was the potential loss of autonomy and self-respect which they also observed in other women as leading to dependence on others particularly children or family members.

Emotional wellbeing was recognised as important and could be attributed in part to maintaining social interactions and strong social bonds.

“...[It (health) is often affected and it makes you sick if you do not converse with others and you feel terrible and isolated.”] (Group 5)
Having a sense of belonging to a neighbourhood mattered to most of the women. Many agreed that they intended to ‘age in place’ and stay where they were for as long as was possible. The changing nature of their neighbourhoods was a central feature for discussion in the majority of the groups regardless of where women lived in Greater Melbourne. Underpinning these discussions was the recognition that the city was changing particularly in relation to development of new housing estates, units and apartments often in older established suburbs.

Most of the participants agreed that housing density had altered their sense of neighbourhood. This they attributed to the changing landscape of their neighbourhood with the replacement of one house on a block being over developed and replaced by multiple units or apartments many of which were rental properties. This was often accompanied by a reduction in the opportunity for communication and interactions with their new neighbours, especially younger people who tended to be gone all day at work.

Women were also concerned that developments were sometimes unsuitable or not in keeping with the area. They were troubled that both new and old developments may not meet environmental standards and universal design principles, particularly in light of rising energy costs. New developments were also described as being expensive and unaffordable, especially for those women who wanted to ‘down size’ and continue to live in their own neighbourhood. Some women were also worried that new developments provided little opportunity for those older women who were renters, had limited financial resources or only wanted smaller one bedroom units.

Not all of the women were in agreement however that the situation was all negative. Some women described how their move to apartment complexes provided them with better opportunities to join groups, gave them a sense of social connectedness as there was a sense of community within their buildings. They felt safe and did not have to face the same difficulties with transport in order to participate in groups or activities.

A number of women who continued to drive highlighted the need for them to modify their established driving habits, so that they could cope with the increasing traffic and congestion across much of the Greater Melbourne area. Having to negotiate increased and fast moving traffic on freeways, ring roads and bridges was a challenge to the confidence for even the most experienced drivers.
Women talked about the limitations associated with arranging medical and other appointments outside of peak hours as they felt that they only had a very small window of opportunity available to them if they wanted to avoid driving in the Melbourne peak traffic conditions.

There was general agreement that medical, family, social or community activities were often restricted to those within their local area and easily reachable by public transport or walking. This was particularly the case for women who talked about how their physical health was compromised in some way or another. Accessing public transport for many of these non-drivers and who lived further out from the inner city was described as problematic. Not only did some women need to manage unreliable and infrequent transport service, but as many also observed, put them at risk of increased social isolation and loneliness. Alternatively, some conversations turned to the women’s increasing reliance on the kindness of others who were either available or willing to provide transport which enabled them to continue to be involved in family and community activities and to meet their health and other social needs.
Many of those women emphasised that because they had not had expensive lifestyles in the past and because of established patterns of spending, they would continue to live within their means and in this way could make do. Some women even those describing themselves as ‘middle class,’ indicated that they also needed to be even more selective in how they spent their money, even if this meant cutting back on small luxury items including coffee or wine and shopping for clothes in second hand stores. But in more extreme examples women talked about facing the difficult choice between paying the rent, buying food or taking care of their health needs such as having a hip operation.

As previously indicated, the importance for most of the older women of social connectedness and belonging was paramount to their overall sense of health and wellbeing. Nearly all of the women emphasised that the value of being part of a group and participating in a range of activities cannot be underestimated. However, some raised the point that they needed to have enough extra money left over from their daily living expenses before they could participate in regular activities available in their particular area. Some of the women talked about their need to set priorities and think about whether they could afford to join groups for outings, stating that there were women on limited incomes or pensions who may be less inclined or able to participate as often as they would like, if at all.

Climate change was not discussed as an issue directly affecting older women. However, the implications of climate change in relation to coping with extreme weather conditions was widely acknowledged particularly in relation to high costs of heating and cooling. The high cost of utilities including electricity, gas and water placed a strain on these older women, especially those on fixed incomes. It was noted that regardless of whether women lived in their own homes or rental accommodation, energy efficient home modifications were unaffordable for many of them. Women shared their strategies with each other for reducing the costs of heating and cooling their homes in the face of extreme weather.

“I certainly think it’s hard to age well if you don’t have housing, and some money. If you’ve got economic insecurity then your old age is going to be pretty crappy.” (Group 7)
PROJECT FINDINGS

FINANCIAL AND HOUSING INSECURITY

*Continued...*

These included using microwaves instead of ovens, leaving oven doors open after cooking to heat the kitchen or dressing more warmly in the colder months. Coping with hot summer months also required creative thinking and some women said that they resorted to spending time in air conditioned shopping centres.

Coupled with financial concerns was the issue of housing insecurity. Home ownership was described by many women in the older cohorts as being the key to security for them. As younger married women, home ownership was something they were encouraged to strive for and, in most cases, were able to achieve. Of course, not all of the older women in this project had been or were current home owners and the women understood the position of increasing numbers of older women who rent.

Conversations described the circumstances of some older women renters as being precarious and insecure. In addition, groups discussed the anxiety associated with insecure housing arrangements and how in their observations this insecurity played a role in exacerbating the poor mental health of some older women. Nevertheless, there was a recognition that being a renter is okay for some women, until there is a financial crisis which in the experience of some women is often caused by a landlord raising the rent to unaffordable levels or alternatively selling the house. These actions were described as giving older women no choice but to seek alternative or as in the case of some, more affordable rental housing arrangements which were often substandard.

Some participants shared their concerns about the circumstances of older women in their communities who lived with their extended family, often after contributing considerable financial and housing support to adult family members. In turn, these older women now depended upon family members to provide them with financial and housing security particularly as they grow older. They described how some women including those in CALD communities, were especially vulnerable and insecure in light of negative family attitudes to older women, conflict, breakdown in marriage or financial difficulties facing the younger generations.

Key life transitions including widowhood and divorce were recognised by the women as often the triggers to the erosion in their financial security and in some cases their previously established homes. Women also described how even past marital breakdowns or falling out with significant family members had been the catalyst for some women currently facing the risk of first time homelessness in their old age.
It was evident from most of the conversations that close and positive familial relationships across multi generations continues to provide the majority of the women with a sense of connectedness and belonging, support and security as they age.

Maintaining an independent and established way of life for most women meant living apart from family members and this was of paramount importance. The majority of the women lived in their own homes, however there was general acceptance that there would more than likely be a time when they may not be able to continue their independent lifestyle without some support from family or services. Nevertheless, when the time came women indicated that they did not especially want to live with family members as it was important for them to maintain a sense of autonomy and self-determination regardless of their age or health circumstances.

Women noted that not all family members lived in close proximity to them as many of their adult children had moved to more affordable and newer suburbs and housing developments. These changes in traditional or extended family living arrangements presented some women, particularly those who relied on public transport, with a number of challenges. There was agreement that access to transport was a key ingredient to independence and continuing to be an active member of their family.

One of the challenges facing older women for example, was the inordinate amount of time involved in negotiating public transport and this some said presented them with a barrier to regular involvement in family activities. Some women described having to travel on public transport for up to two hours a day or stay overnight so that they could keep in touch with family members or meet child minding responsibilities.

Women shared their worries about the breakdown in traditional family structures because of conflict, financial difficulties, divorce or separation. Conversations included extensive reference to how the financial and work pressures experienced by many younger family members continue to have a direct impact on the quality of older women’s lives.
A number of women either talked personally about the pressures being exerted on them or other older women they knew, usually by younger adult family members. These demands as women understood them to be were usually concerned with the provision of unreasonable financial and housing assistance. In addition, some older women reflected that in these cases adult children also made relentless demands for access to their financial resources or inappropriately used bank accounts or credit cards.

Worrying about younger family members was described by some women as having a negative impact on their own quality of health and wellbeing. Women also talked about the predicament of other older women who from their observations seemed to have no relief from the demands of younger family members, particularly those with employment or financial difficulties or who might also be experiencing marriage breakdown. Often these older women were expected to take full responsibility for extensive child caring duties which in turn prevented them from participating in community or social activities. Women said that they worried about the mental health and wellbeing of these often hidden women who faced long hours of loneliness while undertaking their child caring duties each day, often without respite.

The breakdown or changes in family relations and traditional structures was discussed in groups as also having the potential to pose a threat to older women’s future housing and care needs. It was the view of some women that children could not necessarily be relied upon to provide assistance and support as one grew older.
Participants also recognised how ageist attitudes affected an older woman’s sense of self-determination and dignity. The effect of this was, for some, a loss of status often accompanied by a sense of powerless and control over the direction of their own lives. This in turn they observed, can also enable elder abuse to flourish.

Women in most groups indicated that as well as influencing popular perceptions about them as older women, ageism and ageist attitudes may have played a significant role in their experience of losing long held jobs. Some women who needed or wanted to continue in paid work attributed their lack of success in gaining new employment to age discrimination. Some of these women were explicit in their description of their strategies to appear younger including fudging their CV’s or colouring their hair.

As well as shaping popular perceptions of ageing, ageism also influences institutions and professional practitioners and enables discriminatory practices. Some women who relied on the rental housing market recalled their experiences of negative attitudes towards them from Estate Agents, attitudes they saw as directly impacting their access to appropriate or affordable rental housing. These were barriers which they attributed to their age and gender.

Medical practitioners were also the topic of lively conversations with some women noting that even long term relationships had changed over the years and that their encounters with professional medical practitioners were often patronising, less tolerant or dismissive.

Abuse of older women in its many forms was a topic of great concern to many of the participants across all groups and regardless of their locations in the Greater Melbourne area. Of special worry was the predicament of the older women in CALD communities whose life circumstances often go unnoticed.
Many stressed that abuse was not limited to any one group or geographic location. They talked about how hidden abuse of older women that they know of often includes their financial exploitation, unsuitable housing arrangements and excessive child care responsibilities. These issues women emphasised, were not exclusively limited to CALD communities. In this regard women did voice concern that some particular cultural or religious practices do limit the capacity of individuals, particularly older widowed women, to participate in activities outside of their home or community. Conversations focused on the circumstances of older women who may not know about their legal or financial rights, or have access to any relevant information about these matters. The lack of information was flagged as a further restrictive element and one which reduced a woman’s capacity to make informed decisions and take control of their own destiny.
A large proportion of the women identified as volunteers. Some of the women indicated that to volunteer was not something they consciously sought to do, but rather was founded on Christian values and a part of their psyche. It was an altruistic act without seeking to gain personally, of giving not receiving. Other women were more consciously aware of the personal benefits of volunteering, particularly in how it afforded them a means of social engagement.

Many of the women grew up in an era where they were expected to get married, have kids and look after the home. Giving their time to the community was often a part of the picture. In a sense, these roles took the place of employment for those women who did not have to work, affording them a sense of identity and purpose.

Regardless of the motivation for volunteering, these activities and contributions were widely regarded to be mutually beneficial – so, while the women recognised that people were benefitting from the assistance they provided, they also acknowledged that the act of giving offered volunteers and advocates an invaluable sense of purpose, identity, inclusion and belonging.

“\nI have been a volunteer all my life actually. I only worked for 12 months and then I started to have my children and then I became involved with the primary school and everything else in my life, sporting clubs and all those things... I have always found that a rich thing in my life, and I am very big on volunteers, especially about this place [community centre], because I think here, the volunteers actually get as much as the participants...I have seen people like Mary who has finished work and what do you do? Your life changes and you need something to fill in that space, and I have seen them, lots of people who come here and that’s how they contribute, so they therefore support other people but they are actually being supported themselves.” (Group 13)
In a couple of groups the women talked about how their time spent in their local opportunity shop, not only raises money for the charitable organisation, but that they have conversations and engage with many people who come into the shop. It is in these kinds of moments that the women acknowledged and remind themselves about how lucky and fortunate they are.

Some of the women also talked about the importance of having a voice, raising awareness about their issues and advocating for their rights. This often took the form of participation on a group or committee. Women talked about the need for them to speak up against being silenced, to ‘annoy’ people, and overcome feelings of shame and fear of being judged. Taking part in these conversations appeared to assist them to reflect on this further. Many women talked about feeling invisible and ignored, and while some women saw that they needed to be more active in taking a stand others thought that the onus was on government processes and systems to be more inclusive.

Further still, while women indicated the importance of giving back to the community, the women in one group discussed how they need to be wary of being used, and for it not to end up as free labour. One woman suggested that things would grind to a halt if it wasn’t for older volunteers.

While many women talked about having formal volunteering roles, many women also discussed more informal activities which they said serve the same purpose of assisting others whether it be family, friends or community. Coupled with this was speculation about the changing nature of volunteering across the generations.
Knowing where to go for up-to-date and relevant information about a range of topics of concern to older women featured in almost all of the conversations. Women expressed surprise that others in their group had little knowledge either about services or support available to them in their particular community.

As one example, the direction of some conversations included how women wanted information about the range of transport options available to them including those provided by Local Government, Public Transport authorities or community based options supported by volunteer drivers. There was a dearth of information available about changes to schedules or outlining the different transport options and how these linked one to the other. The provision of this information was vital so that they could maintain their independence, social connectedness and move around their neighbourhood and beyond with confidence and ease.

Discussions highlighted how vital it was for older women and again, especially those in CALD communities, to be able to access information about their legal rights in relation to their financial and housing circumstances. Many women observed that at the very least up-to-date information would enable women to contact appropriate professionals for guidance and support in a range of domains.

It was agreed that information about how to go about applying for extensions for payment of outstanding electricity and other utility bills in light of facing financial or family difficulties, was important and available to women, but most of the participants said that they did not know how to find the appropriate way to access these options.

In addition, some women said that there was a lack of information about the eligibility criteria for rental assistance. There were implications they said for older women once again in general and specifically in CALD communities who may have benefited with information about the program. Once again it was older women who were missing out and consequently continued to struggle with their poor financial and housing circumstances.

“Technology changes the way people interact and there is no communication on the street or in the neighbourhood.” (Group 3)

7

INFORMATION AND TECHNOLOGICAL LITERACY

Technology changes the way people interact and there is no communication on the street or in the neighbourhood.” (Group 3)
A number of women, including women from refugee backgrounds, indicated that they preferred to consult with female doctors about their health needs and especially around their mental health concerns. They felt that female medical practitioners would be more sympathetic and understanding about their situations, but they highlighted that there was a lack of information available to them about female practitioners in their particular areas.

In contrast to these observations a few women said that they were suffering from information overload and that unfortunately some community services were not much more than ‘pamphlet dealers’ (Group 8.) and that women were drowning in printed information brochures and pamphlets.

As might be expected there was a desire and a need on the part of some participants to find employment. Along with others, these particular women acknowledged the challenges they faced when attempting to keep up to speed with the changes in work based technology. The fear of acquiring new skills in turn had the effect on increasing some women’s feelings of being incompetent and inadequate, but also undermined their confidence to seek work.

Computer literate women urged others to take steps to develop their skills and become computer and technologically competent. The provision of computer generated information as well as the use of alternative communication technologies to distribute information does not suit all older women. There were discussions that in this regard older women were being left behind, unable to access information that is vital to the quality of their lives and particularly their ability to make informed choices about a range of key life concerns. Women also indicated that not all of them had a computer in their home. Thus, women often turned to younger members of the family for assistance with technological or online tasks that meant that younger people were having access to an older woman’s personal or private information in order to complete the required tasks.

The role of technology in delivering traditional services were sometimes described as being hard for some older women to comprehend and navigate. It was noted however that by choosing to not engage with technological changes also has the capacity to undermine an older woman’s confidence to move out and about without relying on others. Of particular note was the increasing need to use bank ATM’s to access their accounts, being scared of electronic airport check-in counters and reluctance to use Myki transport cards. All of these innovations came under scrutiny and many women were not convinced that they currently had the skills to negotiate these and other new technologies.

Technology can be alienating and as some women observed has an impact on social connectedness with more people, including family members relying on social media platforms as a substitute for regular face to face contact. This according to some women adds another level of anxiety for older women and may be disempowering for those who cannot navigate the technology.
At the end of the discussions, 106 women (87%) took up the offer of writing down a final message or comment. A word cloud was created using all of their comments (see Figure 7). The most common words used are the most prominent in the cloud.

A content analysis of the written comments revealed that the top domains (out of a total of 16) referred to by the women were as follows, which reflect the key themes identified from the discussions:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social connectedness</td>
<td>46%</td>
</tr>
<tr>
<td>Housing/living arrangements</td>
<td>24%</td>
</tr>
<tr>
<td>Financial</td>
<td>21%</td>
</tr>
<tr>
<td>Transport</td>
<td>18%</td>
</tr>
<tr>
<td>Health/mobility</td>
<td>15%</td>
</tr>
<tr>
<td>Employment/volunteering</td>
<td>14%</td>
</tr>
<tr>
<td>Discrimination/abuse</td>
<td>14%</td>
</tr>
</tbody>
</table>
INNOVATIONS, STRATEGIES, AND GOOD MODELS

Women shared their ideas and strategies for innovative approaches to address the many concerns raised in their group conversations. Their ideas varied across groups, were wide ranging and not limited to any one topic. For example, some of the ideas were as simple as taking steps to ensure that community information about activities for older women in their area was widely distributed. This idea was mainly targeting women outside of existing networks or clubs who were seen as missing out and the endeavour could be taken up by women’s clubs and organisations.

Information for women from CALD communities were also included in this strategy. In addition, strategies included providing information about where older women can go to find out about specific professional services including financial, legal and health, and also those run by Local Government or community agencies in their local area. Some innovative ideas were simple, while others would require time, advocacy or funding and remained ‘blue sky.’

One of the innovations to have significant support was the idea of occasionally sharing their homes with women who might be facing housing or financial insecurity, were isolated or just wanted to have company from time to time. Despite the underdeveloped nature of some of the concepts a number had the potential to be advanced into innovative projects or good models. For example, information and education about surviving extreme weather conditions or creative approaches for conserving energy and saving money on bills was deemed limited and also not readily available to older women from CALD communities.

See Appendix 5 for the list of existing good models and Appendix 6 for the list of selected strategies and innovations, all identified by participants themselves.
SUMMARY OF THE FINDINGS

01 Social connectedness and a sense of belonging coupled with concepts of autonomy, choice and respect are key to the health and wellbeing of older women.

02 Housing insecurity is increasing and of prime concern to older women.

03 Rising costs and unaffordability of electricity, gas and water impact older women’s quality of life.

04 Affordable housing and rental only properties specifically designed for single older women are a missing component in proposals for housing developments within the Greater Melbourne area.

05 Excessive and exploitative child care responsibilities exist within family settings and can often lead to compromised physical, mental and social health.

06 Increasingly poor mental health of older women is of growing concern.

07 Family breakdown and abuse of older women is a hidden issue requiring immediate attention.

08 Universal design principles including those related to the environment and energy efficiency are fundamental to planning for neighbourhood housing developments.

09 Physical changes that may accompany growing older do not necessarily limit a woman’s participation in family and community.

10 The over development and changing face of neighbourhoods can be alienating for older women.

11 Transport is vital for engagement and participation within the community.

12 Public transport networks are not particularly reliable, regular or take into account the needs of older women travellers.

13 Culturally and linguistically diverse (CALD) older women who do not speak English are at risk and form part of the hidden face in the community on account of not being able to communicate with or participate in the wider community.

14 Lack of access to up-to-date, timely, relevant and accurate information about a range of topics, including financial management, legal rights, available services and support, greatly reduces the capacity of older women to be in control and make informed decision about their own affairs.

15 Inexperience or difficulties encountered with new technologies can be alienating and undermine an older woman’s confidence and self-determination.

16 The extensive volunteering activities of older women provide meaningful and invaluable contributions to community.

17 Whilst involvement in volunteering activities provides older women with a sense of purpose and belonging, there is the potential for exploitation and abuse.
Older women across Greater Melbourne participated in small group discussions, or ‘Vital Conversations’, to talk about and reflect upon their experiences of growing older. This project, by specifically including and valuing the views of older women themselves, addressed a gap identified in previous work commissioned by the Foundation (Time of Our Lives?).

In addition, Vital Signs 2017 provides a snapshot of Greater Melbourne across a whole range of domains for people of all ages. This study served to generate deeper insight into these snapshots through the eyes of older women and make important connections between the domains. The women’s perspectives revealed the complexity behind the statistics and a more comprehensive picture.

Engaging with a broad range of women over 55 years – including those from multicultural backgrounds and those in the older cohorts – has added an important dimension to the existing knowledge about their health and wellbeing. The study has revealed a nuanced picture of their lives and added depth to an understanding of the changes that they face associated with growing older in a wide range of domains.

Engaging with communities of older women, although time consuming was fundamental in the identification and better understanding about the complex interaction of life experiences, risk factors and opportunities for women over the age of 55 years.

This study identified and confirmed the importance of social connection and of having a sense of belonging over and above anything else. Being connected to other people is a fundamental human need. The importance of social connectedness is perhaps not surprising, given the huge shifts in pace of society today, in which people find themselves with less and less time for meaningful connections.

The study identified some additional factors that can either enable or hinder the development of the sense of being and feeling connected: health and wellbeing; neighbourhood, urban development and infrastructure; financial and housing security; family and generational change; ageism and abuse; volunteering and advocacy; and information and technological literacy.

Climate change was not discussed as an issue directly affecting older women. However, the implications of climate change in relation to coping with extreme weather conditions was widely acknowledged particularly in relation to high costs of heating and cooling. In this regard, there was strong support for developers to consider energy efficiency of housing.
The trajectory of the lives of many of the older women who participated in this research clearly demonstrates a sense of resilience and adaptation to changing life circumstances. In addition, engaging with older women to better understand their personal resources and experiences and how they continue to play a valuable role in family and community life must be central to any future understanding about the life course of older women.

The wide-ranging conversations offered new insights and perspectives which will assist the Foundation, as well as other funding bodies, policy makers, communities and services to better support community dwelling women as they grow older in Greater Melbourne. In particular, the study revealed alternative ways to tackle specific problems from the view of the older women themselves.

This project not only provided important insights into the lives of older women, but in bringing together groups of women it also served to unite them further, increasing their sense of connection with others, and inspiring both reflection and ongoing action. Older women want to be included in public life and contribute their experiences and ideas to policy and planning. Furthermore, engaging with older women in discussions about subjects of concern to them is positive for their health and wellbeing.

Potential areas for further research and funding for the Foundation might include:

• Reviewing the literature around the value of heat registers for connecting and supporting vulnerable older women with other community members on extremely hot or cold days.

• Investigating the hidden face of extensive child care responsibilities on older women’s health and wellbeing, including more recently arrived migrant women.

• Exploring the potential of short and longer term, mutually beneficial, shared living arrangements to address concerns around social connectedness and housing affordability.
PROJECT MANAGEMENT
AND COMMUNICATION

• The research consultants managed the project and liaised regularly with the Foundation to seek input at all stages of the process.

SAMPLING AND RECRUITMENT

• Vital Signs and ABS data were mined to identify key local government areas (LGAs) where there may be high numbers of older women experiencing disadvantage. Six LGAs were identified to target recruitment: Greater Dandenong, Mornington, Melton, Brimbank, Nillumbik and Melbourne.

• Scoping exercise was conducted in collaboration with the Foundation to identify potential key informants and organisations in Greater Melbourne area to approach for assistance with recruitment of women in the target LGAs.

• Consultants met with key personnel from a variety of agencies and communities across Greater Melbourne advising them of the project and seeking their advice regarding recruitment of older women.

• A list of about 40 potential key informants was created. Key informants were approached (in person, via email and over the phone) in stages with letters from the CEO of the Foundation to identify and facilitate access to appropriate groups of women. Not all those approached resulted in direct access to recruitment, and some contacts led to suggestions of additional people to contact.

• Information and related flyers seeking expressions of interest in the project were circulated to key organisations who had connections and contacts to communities of older women in the 6 designated areas of Greater Melbourne.

• While women residing in the 6 designated LGAs were targeted, organisations and individual women outside of the 6 designated areas continued throughout the life of the project to request to participate in this project.

• A strategic decision was made to include a couple of key organisations outside of the chosen 6 Greater Melbourne geographic locations in this
project as their members are from a wide range of multicultural and socio-economic backgrounds, have an extensive volunteer base and provide social and support activities for older independently living women (e.g. Glen Eira and Port Phillip).

- Project materials (e.g. explanatory statements, consent forms, discussion questions, and information about the Foundation and Vital Signs) were developed and collated.

**GROUP DISCUSSIONS**

- Potential and/or interested participants were sent information about the time, location and length of the ‘conversations.’ All participants were part of a group discussion with groups ranging from 3 – 11 women.

- The vast majority of the discussions were held in community centres, non-government organisations, and local government facilities.

- All group discussions were facilitated by both research consultants, with one member writing detailed field notes.

- Participants signed a consent form and were fully informed about the project and its process including how to access the study findings.

- Participants were asked to complete a background information sheet which provided a demographic profile of the women and informed the interpretation of the data.

- Discussions were initiated and guided by sharing laminated infographics of relevant data from the *Vital Signs Report 2017* with the groups. Participants were asked to comment and respond about how the snapshots relate to older women living in Greater Melbourne.

- Women were invited to talk not only about their own experiences, but to reflect on the experiences of friends and acquaintances. This allowed them to speak more freely about the experiences of older women.

- At the conclusion of the discussion, participants were invited to write down a ‘take-home’ message on a Post-It. They were prompted to write something that they thought was the most important thing about living in Melbourne as an older woman which may or may not have been something discussed in the group.

- Discussions were audio recorded. Audio-recordings and summary documents were securely stored on a hard drive.

**DATA ANALYSIS**

- Summaries of the group discussion were written up soon after the discussion.

- The research consultants discussed and identified the key points from each group discussion as part of a preliminary analysis of the data.

- The summary notes of each group discussion were analysed thematically. Key nodes were grouped in categories to create larger overarching themes. When the key themes and findings were identified, the recordings were reviewed to retrieve verbatim quotes relevant to the theme.

- The Post-It messages were transcribed. A content analysis was conducted to identify the frequency of different domains. A word cloud was also created by entering in all the data into a free online software program (wordclouds.com).

- Participant background information was entered into Excel and descriptive analysis of the numerical data was conducted.

**REFLECTIONS ON PROCESS**

- There was from the start, keen interest in the project. There was unanimous agreement from all concerned – organisations, community groups and older women themselves, that this project, these conversations, are welcomed, very relevant and to be supported.

- There was overwhelming support for the project with unsolicited individual older women and community organisations not only asking for information and seeking participation, but also arranging their own groups for the project by circulating the information flyers broadly.

- Observations from the women generated flowing and interactive ‘conversations.’ The women participants proved to have much to offer through their observations and experiences.

- Local Government in the designated 6 locations and beyond has shown an interest in this project and were particularly helpful in offering assistance regarding contacting local communities of older women.
Appendix 2.
Additional participant demographic data

AGE

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LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME (LOTE)

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Appendix 3.
Selected quotes by theme

SOCIAL CONNECTEDNESS AND BELONGING

“I think other older women need company and socialising, so that they don’t feel isolated and lonely.” (Group 16)

“You’ve got to put yourself out there...You’ve probably got that kind of personality, reaching out. Some people don’t have it...some people just don’t reach out...some people really are shy, and not outward moving people...You can’t afford to be shy in this time of our lives...otherwise you’ll be lonely. You’ve got to get out and about.” (Group 6)

“I work with different community and ethnic background groups. A big issue some other cultures for instance women [from a particular religious group], what can I say? They are left out and men are the breadwinners, the providers and the women are left at home to do the domestic duties and this is another big issue. I am working with the [ethnic group] community and I have two groups, women’s groups. And they are very happy that they are going out and meeting with other communities and cultures.” (Group 12)

“Men are really strict in those cultures and only allow them (women) to participate with their own communities. No one else and no other communities. But now they are meeting with other women from other communities.” (Group 12)

“A sense of belonging and I saw something about choirs recently and how they bring a sense of belonging and it does bring that to people and that is important. You belong somewhere.” (Group 13)

“When we were growing up 90% of the women were still at home and they had women in the neighbourhood but now it has turned the other corner and 90% working and there is no one to call in to see and so places like this gives you a connection with the community. Walking in the door and people say how are you today?” (Group 13)

“A dog is a way of meeting people.” (Group 6)
HEALTH AND WELLBEING

“Isolation is a huge thing. And mental health this is a big issue at the moment and there is now a big discussion about mental health even if it has been there for some time. Now we can see the effect on the community of older women and the best way for us to help them is to meet their main needs and tackle the main needs and the problems.” (Group 12)

“I work as a volunteer and I see women with financial riches and they have a miserable life.” (Group 7)

“We are middle class women. We are ashamed, and too proud. We are brought up with a feeling of being okay and frightened of being judged as a failure so we keep up appearances.” (Group 10)

“It is a woman’s thinking about being able to be seen as coping and if we are not we do not want people to know.” (Group 10)

“You just realise that things are pretty tough out there, and in a heartbeat they can be tough, they can be running very smoothly, very happily, and then whammo.” (Group 1)

NEIGHBOURHOOD, URBAN DEVELOPMENT AND INFRASTRUCTURE

“Really basic when it comes to transport...Infrastructure is terrible. Public transport is pretty ordinary...especially if you don't have a car anymore. You see we're all heading towards not driving a car in the future and that would be a major worry for all of us...housebound.” (Group 5).

“We've had a lot of changes in our street lately, a lot of new families moving in, children...When we started [arrived in neighbourhood] we knew everybody then gradually places have sold and...people invested...they're working and they don't really want to know...and life's so busy for families today, children, away at work, they're just in and out...” (Group 6).

“We've got them out of isolation. In our community lots of widows post world war refugees and arrived in Australia. In our community for a weird reason the male dominant person he drove, she stayed home to look after the children. A lot of them didn't learn how to drive and now in their 60's 70's will not learn to drive so a lot of them are isolated. They have to catch a bus or walk and I organise people of my generation 60 70 to pick up and drive them.” (Group 12)

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“I think they go out further where public transport is not good and there is a bit of isolation not being able to get anywhere. It is not as regular, even though they have a public transport network.” (Group 13)

“They re-zoned the area to make it high density. So I had a modest weatherboard house and they were knocking the other weatherboards and brick houses around me and knocking them down, and putting up high rise units and flats, so it went from a small house like to this to this up and down the street.” (Group 11)

“Well I shifted out because I didn't feel safe...it was a very safe street when I shifted 16 years ago, but the neighbours all changed, the traffic got very busy, all I could hear all the time was sirens...so the street got very noisy. I had hoons driving up and down the street all the time...so I wasn't happy.” (Group 11)

FINANCIAL AND HOUSING SECURITY

“I think too about a few of my friends, and I don't think they're unusual, is that they're...one of them's a widow and the other two are divorced, they have enough to get them through the day, the week, or the month, but they don't have any spare money to do things that give them pleasure, none at all...or for an emergency.” (Group 4)

“Renting – It is insecure because you just get a letter saying they are going to sell or rent it at a higher price.” (Group 17)

“My daughter would say put the heater on to keep warm so I had a TV in my bedroom and I would get into bed to keep warm.” (Group 17)

“Without warning a hand grenade is thrown into your life and you are just picking up the pieces.” (Group 8)

“Loss of pride and dignity when you lose your home.” (Group 8)

“We were paying private rental going up every 6 months and had joined [community housing cooperative] and have a beautiful apartment through them. 92 apartments and all landscaped, social activities... not allowed to own a home to get in and low income and the same as ministry of housing and join a co-op and be over 55 years...Next door neighbour is my best friend and three of us love music and we sort of socialise together... There is peace and quiet and no wild parties. While we are mobile can stay there. A very good model.” (Group 13)

“Rental in this area is extremely high and I know families have difficulty in finding places and for nothing fancy they can charge a lot of money.” (Group 13)
“Home ownership versus precarious housing. We are lucky generation being able to own our own homes. Our parents came through the depression and they took a long time to pay off their homes and they wanted us to own our own homes... I have always been single, but the goal of my parents was you must get a house as the foundation of security.” (Group 7)

“We owned our own home and that is a huge thing…. [Talking about a community activist] I think she was such a wise older woman but that she was in precarious housing because she did not own her own home.” (Group 7)

“Home ownership is the basis of security and I own mine, but because I am not middle class I do not worry about the same things. My lifestyle does not require a lot of disposable income. Depends on your expectations.” (Group 7)

“Financial reasons for being here [affordable retirement village] because I lost count of my rental properties and at 60 finally moved here and could afford to have a roof over my head and I am so happy.” (Group 17)

“I found it difficult to keep up with amenities and utilities. I was still working initially and then I retired and it got to the point where I didn’t know how I would afford where I was – I was renting.” (Group 17)

“I had my name down for a council one [house] and was offered one but when I went for an interview because I had over $4000 I couldn’t get in to one.” (Group 17)

“We knew the owner [landlord] and we were lucky.” (Group 17)

“Pushed from pillar to post when renting.” (Group 17)

“I have a very positive outlook about my old age. I can survive on the old age pension, write and travel and it depends on where you live of course.” (Group 7)

“I love my life and I love Melbourne and I do not live a lavish life style. We bought a house near a railway station so that I can use public transport. I did not have super, no public service jobs but rather an NGO organisations that didn’t care about super.” (Group 7)

“As we get older we are very conscious of falling into a hole.” (Group 10)

“A lot of friendship groups of women that I had when I first settled here had breakdowns in their marriage in the [country of orgin] community and beyond it – is such a shock to the system to come to another country and the women start to step into their own space as I did and that disturbs the equilibrium of that place where they had lived – the hierarchy of that place and as a result those women have become border line so far as being able to support themselves.” (Group 10)

“I know people involved in financial literacy of older women and this is an increasing statistic – a woman over 55 is two pay packets away from financial disaster. Scary because we are not in a position normally to have to worry about a pay packet. But if you lose your job you are on the street.” (Group 10)

“Never managed household money. Wealthy [religious group] households where women have no idea or cannot pay a bill, do not know how. Women my age in their 50’s are very likely to be left with no financial resources. What do I do? I have no idea.” (Group 10)

“Older women living in unsuitable conditions. Everyone thinks of everyone in [high SES area] as being well educated, well off, low crime. But what we found in [high SES area] which is the largest catholic part of Melbourne the number of women with children, who were living in a big house when they were married but the marriage has gone and the money gone and they live in the house and keep up appearances and pride prevents them from getting help it is staggering. We all think about those outer or inner Melbourne suburbs with older people as disadvantaged but not the green tree suburbs. But you get all of these big old houses, probably got resources so far as resources and they have no cash and they are very isolated.” (Group 10)

**FAMILY AND GENERATIONAL CHANGE**

“Well, at the moment, we in our old age group are looking after our younger, because they don’t have the jobs, they don’t have the security, we have to help them with housing…and a lot of our generation are doing the same, grandchildren are being supported by the grandparents, not the other way around.” (Group 3)

“Can’t and don’t want to rely on family. Want to be independent. Don’t want to live with family.” (Group 15)

“Knowing that it’s draining to look after parents from experience, I don’t want to put my kids through that.” (Group 15)

“Lots of people follow their children to (suburb) then sometimes children move away.” (Group 14)

“Helping children with financial woes and home ownership may mean living out of your own home, renting it to kids at a low rental and “couch surfing” or living with children.” (Group 5)
“I am very fortunate – have 3 sons and daughters all very helpful, respect elders etc.” (Group 14)

“I want to be a grandmother and do what a grandmother does.” (Group 17)

**AGEISM AND ABUSE**

“Couch surfing, and that kind of stuff and being forced to sell the house. I know two incidences in our community …They come and ask me what to do. Houses in [suburb] have become expensive. I know one whose son annoys her and he is living a couple of suburbs away. He has a big loan on his house. He comes to her and says Mum sell the house and hand it out to the kids and we will divvy up the money and give it to the kids. No waiting until she dies. He keeps sending her letters and they are anonymous but I had a look at them and they are from him. He wants her to go in a retirement village or something or nursing home or something like that.” (Group 12)

“Everyone thinks it’s more expensive [to find a place to rent in high SES area], but it’s not the expense so much it’s being able to get in the place in the first place because they want younger ones, who are on wages etc. They look at you when you walk in and think God, ‘look at this old thing walking in’. That’s how I feel sometimes…They either think in 12 months you’re going to kick the bucket, and re rent the place or something...it’s the young one’s that take you around.” (Group 3)

“My landlord preferred an older person in their home, and renting their unit.” (Group 17)

“I am sick of being ignored.” (Group 16)

“Perhaps that you are not relevant and influential or you are not of any value. Treated condescendingly sometimes, then your self-worth is questioned.” (Group 10)

“If I ring someone for assistance around the house they ask, ‘Have you got a man in the house that can help you or a 12-year-old that can help you?’” (Group 10)

“My family structure is terrific but I do not have financial independence as all of my money I earned went into the family and we had a lot of arguments about this. How can I buy you a present that I paid for but I never got anywhere… I wonder if a man is that controlling and that abusive. Imagine being in abusive relationship that you have to leave and if that male partner is abusive to you then all the nice things that are set out for you super etc is within the relationship and I would need Jewish Care I guess.” (Group 10)

“Men are really strict in those cultures and only allow them [women] to participate with their own communities. No one else and no other communities. But now they are meeting with other women from other communities.” (Group 12)

“Experiences of ageing for older women. How can we change the perception that we are frail and need guidance with managing our lives!” (Group 2)

“Need to be...valued as older women. All educated women who have been out in the workforce most of our lives and now as older women we are pigeon holed as retired therefore we are not valued anymore. Once you retire you are considered that you have lost your ability to “think” or express yourself.” (Group 9)

“To be valued and able to share my knowledge and life experience” (Group 14)

“We are in a no man’s land, no woman’s land, not working but volunteering work is not particularly valued by community and sort of like we don’t have a place.” (Group 10)

“Doing computer classes here to get up to scratch and I needed to be up to scratch. When I first started doing it was to get employment but now it is just an interest. I had a daunting experience when I was made redundant and in the first 12 months was not in a good place.... They closed the bank branch but when we were given package details the manager said to me this is good money. In other words they didn’t want me.” (Group 13)

“My job opportunities were very narrow as I had only worked in the banking industry all my life with no other experiences. But my age being over 60 years was very daunting to start again and get the training to get into other employment.” (Group 13)

**VOLUNTEERING AND ADVOCACY**

“I love my life because I am in my 70’s and I love my life because I believe the world is my oyster. I am fortunate to have good health and that is a big bonus. I have good support and one of things I enjoy is supporting seniors and my life is full. Supporting other people big time as I believe in karma. It comes back to you. It gives me the reason to get up each morning.” (Group 13)

“As a community leader assisting people in many ways is very rewarding and it does not have a price.” (Group 12)

“When I became a widow and went to a club and they wanted me to be the secretary of my Spanish
club. I had a mentor here and she taught me everything I know how to deal with groups and about meetings and the benefits”. (Group 12)

“Gives you a sense of worth and you have a purpose. Because I live by myself and my children are interstate and mum is in a nursing home so there is not a lot around so this gives me sense of being and purpose and doing something and getting something back. But then I get a lot back. So when I first started here and I heard the participants here and what they were engaged in to learn English and things and it was a powerful thing for me to see.” (Group 13)

“I would like to help people because people have helped me and I have gone through violence and would like to help women who are like me.” (Group 13)

“Why does it matter to you? Yes I meet a lot of new people from other countries and they have a lot of different problems and it gives me a different experience about how their lives are going and compared to their lives I am making it better than them. My life is better than them.” (Group 13)

INFORMATION AND TECHNOLOGICAL LITERACY

“Most of them do not know their rights.” (Group 12)

“I have been witnessing people who have been put out or pushed away by their own families. To sell their houses then to get their inheritance. They said that they would protect like living with them moving from one house to another house – “surfing” because they cannot get on with in laws or grandchildren or can be that they are being used as child minders. So I think the lack of information is part of this happening. Need information about the rights of people, the elderly to keep the roofs over their heads. that kind of things.” (Group 12)

“I’d like to see program of education (maybe through TAFE) for practical current information about how to retire and live as a single woman”. (Group 2)

“So, not enough information about old people activities, not needs. A lot about needs, health care, but not about activities.” (Group 18).

Appendix 4.
Supporting organisations

Brimbank City Council
CoHealth
Department of Health and Human Services
Bayside Peninsula
Fitted for Work
Good Shepherd
Housing for the Aged Action Group
Old Colonists’ Association of Victoria
(St Helena)
Melton City Council
Mornington Peninsula Shire
National Council of Jewish Women (Vic)
Rosebud Seniors
St Kilda Community Housing
Union of Australian Women
National Council of Women
U3A Hastings
Wellsprings for Women (Dandenong)
Wallaroo Community Centre (Hastings)

We also acknowledge the assistance of many other individuals and organisations who helped us to identify potential participants for this project.
GOOD MODELS IDENTIFIED
BY PARTICIPANTS:

• ‘Home at Last’ - Housing for the Aged Action Group. Provides free and confidential advice, support and advocacy to older people who are homeless or at risk or wanting to plan their future housing needs. Seen as agency of Last choice.

• ‘Linton Estate’ in Ballan Victoria focuses on community and is the first residential retirement village for gay, lesbian, transgender, intersex and like-minded people.

• Women’s Property Initiative is a community housing organisation that provides housing, support and advocacy for single women and mothers who face homelessness.

• Smith Family VIEW Club is a national women’s volunteering organisation with over 15,000 members exclusively supporting the Smith Foundation’s work with disadvantaged children and youth. Women build friendships, connections and are empowered through their advocacy and policy work.

• Including older women as community advisory committee members – e.g. Government Carnegie Rail Link advisory committee.

• Common Equity Housing Limited (CEHL) as a provider and developer of affordable housing in a range of locations across Melbourne.

• Coburns Road Brookfield (Melton) because it was rental-only retirement village accommodation with meals service and does not require a bond payment from residents.

• Old Colonists Association of Victoria - an affordable housing model for life along a continuum of care from independent living, assisted living and aged care.

GOOD MODELS IDENTIFIED
BY THE RESEARCHERS:

• Fitted for Work

• St Kilda Community Housing Initiative for Women

• Good Shepherd Financial and Counselling Services for Women

• Wellsprings (Dandenong) Assist and support individuals and families who are experiencing crisis and in particular migrant and refugee women

• Burnside Community Centre – specific design of co-location of long term child care combined with purpose built facilities for older people

• Peninsula Transport Assist and Dial a Bus program (Mornington Peninsula Shire)
Appendix 6. Innovative strategies and solutions

The following is the extensive list of innovative strategies and solutions in their raw form and as summed up by the participants.

The recommendations in the body of the report have been condensed to reflect the creative thinking of the women in this project.

PREVENTION OF HOMELESSNESS

• Develop models for prevention and early intervention for older women who maybe facing housing insecurity before they face homelessness

• Promote community awareness campaigns targeting women of all ages emphasising the importance of understanding their financial circumstances before they face a crisis

• Acknowledge that older women may be subjected to abuse – financial, emotional, and mental and may need assistance in leaving their family home and to find secure appropriate rental property within their community location

HOUSING

• Advocate for more rental assistance programs to be more accessible to single older women, especially those women who are on a journey to homelessness and can see it coming

• Develop incentives to encourage investors to invest in building rental only properties suitable to single older women especially in areas outside of inner city

• Develop longer term strategies with developers and investors to build high quality longer term rental only properties particularly in areas where there is low rental stock

• Work with developers to include one bedroom, social housing and affordable apartments mixed with larger accommodation in any development.

• Encourage developers to think about and build multigenerational developments which facilitate interactions between residents of all ages

• Apply principles of universal design, for accessibility but also for sustainability, economic viability and social connectedness

• Insist that there be greater and ongoing dialogue between government, developers and NGO’s about providing housing for older women

• Take new approaches to high density housing which includes consideration of older women

• Utilise the housing resources of older women who live in larger houses through developing new models for short term stay options

• Develop models for matching and supporting older women in shared housing in the private sector through formal and informal mutually negotiated arrangements

AGEISM IN EMPLOYMENT MARKET

• Continue to develop to acknowledge the desire of older women to work.

• Continue to develop awareness and strategies about older women wanting to participate in the workforce especially through part time flexible work

• Formulate strategies that promote the skills of older women, their life experiences and their value in the workplace

AGEISM IN HOUSING MARKET

• Counter pervasive ageist attitudes in the real estate industry towards older women as a poor rental risk – e.g. on pension, ill, unable to pay the rent or keep the property in good order

• Educate real estate agents to understand how discrimination and ageist attitudes are placing older women at risk of homelessness

• Inform real estate agents that older women do make reliable tenants who in the majority of cases can afford the rent

HEALTH

• Develop and distribute local information about health services especially registries of female doctors in area

• Develop an education and information strategy around hearing loss and its impact on overall quality of life, social isolation and stigma

• Recognise how the substantial child caring and domestic duties of older women has serious effects on physical and mental wellbeing
ISOLATION AND LONELINESS

- Consider the circumstances of the invisible older women who are carers for grandchildren, more recently arrived, poor English language skills and little connection to their community networks. They often exist in a situation of housing and income insecurity particularly as they grow older and are unable to contribute to the household or are in need of care.
- Develop models for informal shared housing through short stay arrangements which bring women together for meals, company and counters entrenched isolation.
- Explore local initiatives that connect older women with each other through the sharing of food shopping, cooking and meals for company but the sharing of food.

VOLUNTEERING

- Promote volunteering in its role as a key strategy to ensure community engagement, to combat isolation and loneliness.

TRANSPORT

- Develop creative solutions to strengthen community transport options particularly for women living in areas outside of inner Melbourne.
- Develop strategies for ensuring that older women are included on community planning and steering committees (e.g. Carnegie Rail Link Community Committee).
- Teach women about using public transport, moving around Melbourne schedules etc.
- Explore the potential of a volunteer coordinated care pooling scheme to assist older women non-drivers.
- Update and circulate readily accessible information about changes and access to transport throughout Greater Melbourne.

COMMUNITY ENGAGEMENT

- Engage long term with communities to overcome the stigma older women encounter especially CALD, related to them talking about social issues outside of their community.
- Develop strategies that encourage older women from particular CALD groups to utilise services outside of their specific community.
- Refer to the many innovative models available that demonstrate ways to build community e.g. community gardens, volunteering etc.
- Highlight how social connections are so important and they can build a sense of connection with neighbours and community.
- Explore existing co-location models which provide longer child care facilities and seniors activity centres and which enable older people with child care responsibilities to engage with their peers.

COMMUNICATION STRATEGIES

- Develop and strengthen communication strategies between relevant NGO, Council and Government.
- Develop strategies with the input of NGO, Council and Government to prevent duplication, replication and wasted resources re services, policies and action plans.
- Engage information and community education strategies for older women that are culturally appropriate and that do acknowledge the difficulty of going outside of one’s community for assistance.
EDUCATION AND INFORMATION
• Develop and distribute information and community education strategies that encourage older women to seek community assistance
• Access education offered through TAFE related to practical information about how to retire and live as a single older woman e.g. health, networking
• Educate younger people especially girls about financial matters including budgeting, inequality and respect for all older people
• Ensure that women have up to date information about legal rights related to financial abuse and exploitation particularly within the family
• Develop a ‘one stop shop’ for information for older women especially in relation to government benefits (CALD women)

EDUCATION AND INFORMATION – ENERGY EFFICIENCY
• Develop Information about strategies for conserving energy and water and cutting heating and cooling bills especially in CALD communities
• Initiate a ‘heat register’ for women to access community members on extremely hot days and go to a cooler or warmer home or centre

HIDDEN ABUSE
• Consult with local government and local groups to develop strategies to reach very isolated older women in the area particularly CALD
• Provide older women with information through established groups and networks about acceptable cultural practices in relation to abuse and exploitation
• Provide communities of older women with information and guidance related to legal issues, financial abuse and exploitation within the family

BEING INCLUDED AND HEARD (ADVOCACY AND ACTION)
• Promote the importance of including older women on community and government advisory, reference, policy etc. committees so as to present relevant views and perspectives of a growing demographic
• Actively encourage an environment where older women in Melbourne will have their knowledge and experience taken seriously across a wide range of debates – e.g. Carnegie rail link
• Explore ways in which older women can influence and shape policy
• Opportunities for older women to talk to older women
• Foster organisations that develop policy initiatives related to older women.

TECHNOLOGY
• Acknowledge the importance of being included in a technological world by assisting older women to be savvy – enable them to develop skills, confidence and access affordable computers or community hubs
• Advocate for something government could do easily and that is set up government mobile computing units that move around community locations

MENTORING
• Explore opportunities to formally mentor and exchange skills with younger people in the workforce and wider community
REFERENCES


Dr. Susan Feldman was the founding Director of The Alma Unit for Women and Ageing established in 1994 at the University of Melbourne. The Unit was Australia’s first multidisciplinary research and teaching unit dedicated to promoting an understanding of the health and wellbeing of older women. She continued to direct the unit for more than 20 years. Susan has held the position of Associate Professor Monash University’s Healthy Ageing Unit Faculty of Medicine, Nursing and health Sciences and until most recently the position of Adjunct Associate Professor in that Faculty.

As a qualitative researcher Susan has been involved in multidisciplinary research engaging with communities of older women in order to understand the range and nature of health and wellbeing issues facing them as they age. Her work has included research about the impact of the death of a spouse and widowhood on the quality of life of older women. Susan has also focused on gender issues for older women and men, including individuals from multi-cultural and diverse backgrounds. Susan also has a keen interest in the relationships between generations and their role in the quality of life of individuals, family and community and has researched, written and published extensively about these topics. Dr Feldman has undertaken research for government, non-government and philanthropic organisations.

Dr Harriet Radermacher is a research and evaluation consultant. Her work over the last 15 years has focused on the experiences of people from diverse backgrounds in a range of areas including ageing, gambling, disability and palliative care. Harriet is an adjunct lecturer at Monash University and also works as a policy officer at the Australian Psychological Society. She completed a doctorate in Community Psychology in 2006, and is currently on the editorial team for the Australian Community Psychologist.

Underpinning Harriet’s research interests is her desire to give voice to the lived experiences of those people who are often excluded and marginalised in current society; and to contribute to knowledge about how to better access and include these voices in research. She is committed to working in ethical, strengths-based and participatory ways with the community to ensure that her work is relevant, meaningful and useful for those that are the focus of the research.